

MTrec Care Limited

# Mtrec Care Limited

## Inspection report

Mtrec House  
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Tel: 01912425640

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31 July 2018  
12 September 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

This service is a domiciliary care agency. It provides personal care to one person living in their own house. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' People and staff gave us mostly positive feedback about the management of the home.

The person and staff felt the service was safe. Staff had completed safeguarding training and knew how to report concerns.

Potential risks were managed and procedures had been developed to deal with emergency situations.

Staffing was appropriate to meet the person's needs. The service was personalised and flexible so that the person was able to choose how their care was provided. Staff had only been recruited following thorough checks having been completed.

Medicines were managed safely. Records showed the person received their medicines when they needed them.

Staff received good support and had access to the training they needed.

The person received the support they needed with nutrition and hydration and to access health care services.

Peoples' needs had been assessed and the information used to develop personalised care plans. Staff ensured consent was sought before providing care.

There were regular opportunities for the person and staff to give feedback about the service.

The provider continued to carry out a range of quality assurance checks.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 31 July and 12 September 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The local authority or CCG did not currently commission the service.

We spoke with the person using the service. We also spoke with the registered manager and two care staff. We looked at a range of records relating to the management and safety of the service.

## Is the service safe?

### Our findings

The person and staff told us the service was safe. The person said they felt safe and had no concerns with either the service or the staff team. One staff member told us, "Oh yes, it is very safe."

There had been no safeguarding concerns since our last inspection. The provider continued to have up to date policies to guide staff as to the appropriate action to take should they have concerns about people's safety. Safeguarding training for staff was up to date and staff knew how to report concerns about people's safety if required. For example, staff were aware of the provider's whistle blowing procedure, but had not needed to use it previously. One staff member commented, "I have not used it [whistle blowing procedure] but I would do it (raise concerns)."

The person received support from a consistent staff team that knew their needs well. Staff told us there were sufficient staff deployed to meet the person's needs. The person had been fully involved in the recruitment of new staff and in the decision as to whether to employ particular staff. The staff team had worked with the person for a number of years as most had been employed since the start of the service. The registered manager told us, "There is a very stable staff team at present." Recruitment records showed staff had been recruited safely with a range pre-employment checks having been carried out first.

Medicines were managed safely. Staff had completed relevant training to ensure they had the knowledge to administer medicines safely. Records showed the person had received their medicines when they needed them. The registered manager completed medicines audits to help ensure any issues with medicines were identified and dealt with quickly.

Risks were identified and managed effectively. Where potential risks had been identified, an assessment was completed to identify the measures needed to reduce the risk of harm. There had been no incidents or accidents at the service. The provider had procedures to ensure the person continued to receive the care they needed in an emergency situation. Staff had completed infection control training. The registered manager completed spot-checks, which included checking staff followed infection control procedures.

## Is the service effective?

### Our findings

The person's needs had been fully assessed to identify both their care needs and how they wanted their care provided. This was a comprehensive assessment covering a range of areas, such as communication, personal care, social life and religion.

Staff received the support and training they needed. Staff commented, "Quite a lot of support", "Brilliant support", and "[Registered manager] is happy to help with anything I have had trouble with." The provider had identified some training as essential for staff. This included safeguarding, equality and diversity and nutrition. Records showed training was up to date.

The registered manager and staff understood the principles of the MCA. Staff had completed MCA training. However, this knowledge was not currently required to be put into practice as the person had capacity to make all their own decisions. The person's care plans clearly articulated that staff should respect the person's choices and decisions.

The person was supported to meet their nutrition and hydration needs. A care plan described the support the person needed with eating and drinking and staff followed this guidance.

The registered manager told us the person had not recently required input from health care professionals. However, staff would provide the required support when needed.

## Is the service caring?

### Our findings

The person told us their staff team were "nice" and they were "happy with the carers". They said "They [staff] talk to me and take me shopping."

Staff had worked with the person since the start of the service so they had observed how the person had developed. They described how they had seen the person flourish since receiving support from the service. One staff member said, "We are very open to try different things. [Person] has come on leaps and bounds." The service was very flexible around the person's preferred lifestyle.

Care records were extremely personalised. They contained detailed information to help staff better understand the person they were caring for. This included information about their life history and preferences including likes and dislikes. Care records also clearly described how the person wanted to be supported and important things to ensure success. For instance, there was a document called 'Top tips for supporting me'. This was a list of key areas staff needed to respect including involving the person in everything, how to communicate with them and how to support the person in certain situations.

The person was aware of their right to have an independent advocate. The registered manager told us the person had exercised their right not to have an advocate and this decision had been respected.



## Is the service responsive?

### Our findings

Personalised care plans described the care the person needed and wanted from staff. The person had been involved in developing these care plans. These included information to guide staff about what was important to the person and the most effective ways of providing support. The person had given written consent to the content of their care plans. Care records clearly identified those areas where the person was independent and those areas requiring staff support. Goals had also been identified to work towards based around their personal interests, promoting independence and social inclusion. Care plans had been evaluated and updated as the person's needs had changed.

The person was supported to participate in activities and to access the local community. The person's social schedule was flexible around their needs and preferences. Staff supported the person to access activities in the local community, such as bowling, lunches with friends and shopping. The registered manager told us that if the person wanted certain staff to support them with a particular activity they could usually facilitate it.

There had been no complaints received since our last inspection. The provider had policies and procedures available to people should they wish to make a complaint. The person confirmed they had no concerns about the care they received or the staff team providing their care.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person and staff confirmed the registered manager was supportive and approachable. The person said, "[Registered manager] is alright." One staff member said, "[Registered manager] is so supportive and accommodating."

As with our last inspection, the registered manager completed a range of quality checks to help ensure the person received a good standard of care. This included unannounced spot checks, medicines audits and reviews of daily logs. These had been completed thoroughly and the findings used to improve the person's care. The person told us the registered manager came out to check on things. They said, "[Registered manager] last came out in August (2018)."

There were regular opportunities for the person and staff to share their views about the service. For example, meetings and feedback sessions. The person's care manager also attended these meetings. The person had been involved in a quality review of their care in 2017. They had stated they received good care and support. They also praised staff for their punctuality and willingness to do what they could for them. We noted this had not yet been completed for 2018.