

MMR Homecare Limited

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## Inspection report

115 High Street  
London  
NW10 4TR

Tel: 02089659317

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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

About the service: MMR Homecare Limited is a small domiciliary care service that provides support and personal care to people living in their own homes. At the time of our inspection the service was supporting four people with personal care.

People's experience of using this service: Relatives told us they felt they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures were put in place to manage them and minimise the risk of avoidable harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely by trained staff who ensured that people received medicines at the right time. Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs.

People's needs and choices were assessed and planned for. Staff had received a range of training and support to enable them to carry out their role safely. Relatives told us they received the right care and support from staff who were well trained and competent. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received.

Staff were motivated to deliver care in a person-centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and ensured that people's dignity was always maintained. People spoke positively about the care and support they received. Relatives told us their relative received support from regular staff who knew them well. They told us staff always arrived on time and stayed the right amount of time.

Care plans identified intended outcomes for people and how they were to be met in a way they preferred. Care was delivered in a personalised way which was in line with information recorded in people's care plans. Relatives knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. Relatives and staff all described the registered manager as supportive and approachable.

The registered manager showed a continued desire to improve on the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed. Systems and processes were in place to show that regular effective quality assessments were carried out and improvements were made if required.

Rating at last inspection: This was the first inspection since registering with the Care Quality Commission (CQC) in April 2018.

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# MMR Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector and one expert by experience who interviewed people who used the service and relatives over the telephone on 14th and 15th March 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

We reviewed information we had received about the service since registering with the CQC. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with one person who received personal care and two relatives to ask about their experience of the care provided. We spoke with three members of staff, including the registered manager.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files around staff recruitment. We looked at records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Family members told us they felt the service was safe. One relative told us, "Yes, my [relative] is safe, the staff are friendly and supportive."
- ☐ Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- ☐ The registered manager told us that they had no safeguarding incidents since registering with the CQC. However, the registered manager was aware of their role and responsibility when recording and reporting safeguarding incidents.

Assessing risk, safety monitoring and management

- ☐ Individual risks to people and the environment had been assessed and were managed appropriately.
- ☐ Care records provided clear information and guidance around identified risks for staff to keep people safe from avoidable harm or abuse.
- ☐ The service had a 24-hour on-call system. This enabled people who used the service, relatives or staff contact a senior member of staff out of hours for help or advice.

Staffing and recruitment

- ☐ Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- ☐ Staffing numbers were based on peoples assessed needs.
- ☐ People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
- ☐ Safe recruitment processes were being used in line with the recruitment policy to ensure that staff employed were safe to work with vulnerable people.

Using medicines safely

- ☐ Currently one person received support with applying topical creams. Records showed this was managed safely by suitably trained staff.

Preventing and controlling infection

- ☐ Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

Learning lessons when things go wrong

- ☐ There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- ☐ Systems were in place to assess people's needs and choices in line with legislation and best practice.
- ☐ Assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- ☐ Relatives told us that they were involved in the assessment process. One relative said, "The manager came and had a discussion with me about the care we want."
- ☐ Assessments and care plans included expected outcomes for people based on their needs and choices.
- ☐ Staff applied learning effectively in line with best practice. Staff knew people well and how best to meet their needs.

Staff support: induction, training, skills and experience

- ☐ Staff had the right skills and knowledge to support people and meet their needs.
- ☐ Training was relevant to people's needs. The training was provided on an ongoing basis and included online as well as classroom-based training sessions.
- ☐ Staff told us, "The training is very good and easy to access. It has helped me to understand my work better. Easy to access, and I found it very useful."
- ☐ New staff had a comprehensive induction which was based on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- ☐ Staff received an appropriate level of support for their job role through regular one to one and group meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ Where people received support to eat or drink this had been clearly documented in people's care plans.
- ☐ Information about eating and drinking reflected people's cultural background and personal choice.

Supporting people to live healthier lives, access healthcare services and support

- ☐ Where people received additional support from healthcare professionals this was recorded within their care records.
- ☐ The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- ☐ People were supported by staff to attend medical appointments when needed.



Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- ☐ At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- ☐ The registered manager and staff showed a basic awareness and understanding of the MCA.
- ☐ People's consent had been sought by the registered manager before care and support was provided.
- ☐ The registered manager was aware that where people were unable to consent, people who consent on their behalf required a lasting power of attorney.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ Staff spoken with demonstrated a good understanding and knowledge of people's support needs. They were able to describe to us what people's individual care needs were and how the people wanted staff to meet them.
- ☐ A staff member told us when supporting people, it was not just about delivering care and said, "It is important to take your time and listen what people need and want, this ensures they are satisfied."
- ☐ People were satisfied with the way they were supported. One person said, "My carers are excellent, they do understand me and do what I want, but we also have a laugh."

Supporting people to express their views and be involved in making decisions about their care

- ☐ People's care records showed they had been involved in initial discussions about how they wished to receive their care and support. Support plans were reviewed and updated but not always signed by people or their representatives, but people told us they were always involved in reviews.
- ☐ People told us that they had been consulted about their care and that the manager visited regularly to ask them how things were or if anything needed to be changed.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care. Staff told us they respected people's privacy and dignity. One person said, "Yes, they treat me with dignity and respect and if I am not happy I would call the office or my social worker."
- ☐ Staff understood the importance of promoting equality and diversity. One care staff told us, "We had dignity training and it is very important to treat everyone the same. This is how I would like to be treated."
- ☐ People told us they enjoyed the company of staff. We were told staff also made sure they sat and spent time with people having a chat while preparing a meal or assisting them to have a bath. People valued these conversations and discussions, reduced isolation which promoted happiness and wellbeing.
- ☐ The registered manager told us during people's initial assessment they were asked if they had any religious needs. People we spoke with told us that staff understood their religious needs and spoke their language.
- ☐ Information about how the service was run was stored in the registered office. Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

- ☐ When people received support one person said, "I do tell them [carer] what I want them to do. I have a care plan which I have discussed with [name]. At the moment I am happy, no concerns."
- ☐ Care plans were found to be of good standard with sufficient detail about the person's needs, preferences and how the person wished their care to be provided.
- ☐ People and their relatives, where agreed had been involved in creating the care plans to make sure care was person centred.
- ☐ The registered manager regularly visited people in their homes. One person said, "The manager comes every other month to talk to me about the carers and if I want anything changed."
- ☐ People spoke positively about having the same staff support them regularly. One person talking about the staff said, "The staff are excellent."
- ☐ Staff told us their competency was regular assessed to make sure people's needs were met. One staff member said, "[Registered Managers Name] does regular visits and spot checks on us, which are unannounced. "The [registered manager] does regular [unannounced] spot checks on us."

Improving care quality in response to complaints or concerns

- ☐ People told us that they would contact the office and speak to the manager if they had any concerns or complaints. One person said, "I would call the office if I had a complaint, but I never had any problems."
- ☐ Since registering with the CQC, the service had two complaints, which had been dealt with appropriately.
- ☐ The registered manager was aware of the Accessible Information Standard which came in on 1 August 2016. This Standard made sure people who have a disability, impairment or sensory loss get information that they can access and understand from their service provider in the format they need. We saw that the service had translated some documentation in the language of one of the people they supported.

End of life care and support

- ☐ No one was receiving end of life care. The service had an end of life policy, which was found to be of good standard. However, due to the current needs of people who used the service the registered manager saw it not appropriate to discuss end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they create promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The registered manager conducted a comprehensive list of audits which included checking people's care plans, daily notes and medication administration charts if required monthly.
- ☐ The registered manager also completed spot checks on staff about six times a year. During spot checks they looked at staff appearance, attitude, records and time keeping. They also checked whether the person they were caring for was happy and content and if there were any concerns about the person's wellbeing.
- ☐ There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- ☐ The registered manager actively supported the care staff in their roles. One member of staff said, "[Manager's name] is very good, she is so helpful, she will always listen and give advice. I can't fault her."
- ☐ People and relatives, we spoke with were happy with service. One person said, "I am happy with MMR. They telephone me to check if I am happy with her care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ People, their relatives and staff told us the service was well led.
- ☐ The staff team said they felt supported by the registered manager and knew the standards and expectations required of them. Comments included, "She [name] is very supportive, you can always come to her" and "I like this agency, they are very supportive and clear about what I have to do."
- ☐ The registered manager could explain their responsibilities well and stated they were there to care.
- ☐ Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager was aware of the significant events they had to notify us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- ☐ People's views about the service they received was sought.
- ☐ Feedback questionnaires viewed were consistently positive regarding staffing, care and the management of the agency.
- ☐ Staff meetings were held monthly. Discussions included individual people but were also used as a development opportunity for staff.

Working in partnership with others

- ☐ The service worked well in partnership with a range of other agencies and professionals such as social workers and district nursing teams to best meet the needs of people.