

# MTM Care Services Limited

# Leicester

## Inspection report

Unit 107, Greenacres  
The Sidings, Birstall  
Leicester  
LE4 3BR

Tel: 01162545926

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11 June 2021

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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

Leicester is a domiciliary care service. The service provides care and support to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were two people using the service.

### People's experience of using this service and what we found

People's safety was promoted. People felt safe with the staff and the care and support they received. Potential risks to people's safety had been assessed, managed and reviewed regularly.

People were supported by staff to take their medicines and to have a healthy and balanced diet where this was included in their package of care. People had access to health care services when needed and partnership working enabled effective outcomes for people.

Staff recruitment processes were followed. There were enough staff to support people. Systems were in place to ensure staff were fully trained to meet people's needs and protect them from avoidable harm. Staff had completed safeguarding training, recognised the signs of abuse and knew how to report concerns of potential abuse or poor practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was gained by staff before care was provided. Decisions made about how people wished to be cared for were recorded in their care plans.

People received person centred care. People and their relatives were involved in the development of their care plans. These were personalised, reviewed and updated as people's needs and wishes changed. People were supported by the same reliable, kind and caring staff who they trusted. This promoted consistency and continuity of care. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their lifestyle choices, cultural diversity and what was important to them.

The registered manager and provider were aware of their responsibilities in meeting their legal obligations. The registered manager kept their knowledge up to date and had maintained their professional registration. They had developed links with the local authority and worked in partnership with health and social care professionals.

Systems were in place to monitor and improve the quality and safety of the service provided. The quality of care people received was monitored. People's views about the service were sought regularly. Staff were supported, supervised and their training was kept up to date to provide safe care. Everyone we spoke with

told us the registered manager was approachable and they were confident concerns would be addressed.

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

#### Rating at last inspection

This service was registered with us on 17 October 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always 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.

# Leicester

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 June 2021 and ended on 14 June 2021. We visited the office location on 11 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and a relative about their experience of the care provided. We spoke with three members of staff including the provider, registered manager and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's wellbeing and safety was promoted. People said they felt safe with the staff and knew how to raise concerns. One person said, "I feel quite safe with [staff] I've got no concerns or issues. I would tell my [family member] first who will escalate to the authorities."
- There were policies and system in place to protect people from abuse. The registered manager understood their responsibility and how to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission (CQC).
- Staff were trained in topics related to safeguarding people from abuse and health and safety, and they knew how to report concerns. A staff member said, "We make sure the person is safe in their home. If I saw anything I have to report it to my [registered] manager. I can report concerns to the owner [provider], CQC, social services or the Police."

Assessing risk, safety monitoring and management

- Potential risks to people's safety and their home environment had been assessed. Care plans and risk assessments provided staff with guidance as to how to support people, the number of staff required and equipment to be used to maximise safety.
- People were happy with how risks were managed. Risks were monitored and the care provided was reviewed regularly to ensure the measures in place remained appropriate to keep people safe. A person told us staff they were supported by trained staff who understood how their health condition affected their ability which could vary on some days. A relative told us their family member's care had been reviewed regularly which assured them their care needs were met.
- A staff member told us they were informed when people's needs had changed and their care plans had been updated. They said, "Everything I need to know is written in the care plan but I still like to ask them what order they want to do things."
- People's care plans included emergency contact details of family and professionals such as the GP and essential information about their health and medication. This would enable staff to share information with health professionals in an emergency or hospital admission.

Staffing and recruitment

- Staff were recruited safely. Staff files contained a full employment history, a record of the interview and evidence of satisfactory references and a Disclosure and Barring Service check.
- Staff spoke about the training completed as part of their induction, which included working alongside the registered manager until they were confident and competent to support people.
- There were enough staff to support people. People were offered a rota so they knew which staff member

to expect. People told us they had regular reliable staff and they stayed for the agreed length of time. One person said, "[Registered manager and care worker] are always on time. If they are going to be a little late, they will call me to let me know - but that doesn't happen."

- Staff told us they had enough time to provide the care people needed. Any changes to the rota's was communicated to staff and people in a timely way.

#### Using medicines safely

- People were supported with their medicines when needed and this was done safely. Care plans provided guidance for staff to follow as to the level of support needed and how they took their medicine such as with water.
- Staff were trained to support people with their medicines and their competency was checked. Staff described the correct procedure followed when supporting people with their medicines and the action they would take if a person declined their medication, so action could be taken.
- The medicine policy and procedure was up to date and accessible to all. A system was in place to ensure people were supported with their medicines safely. This included audits on people's medication records to ensure staff had understood and used the correct codes on the records.

#### Preventing and controlling infection

- The infection prevention and control policy and procedure had been updated which took account of the COVID-19 pandemic. Staff had undertaken additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection. Staff had enough supply of PPE and accessed regular COVID-19 testing.
- People were informed about the measures taken by the service in response to the COVID-19 pandemic and the requirement for staff to use additional personal protective equipment (PPE), such as face masks. Everyone we spoke with said all staff used PPE, washed their hands and cleaned surfaces to reduce the risk of cross infection. A person said, "Everything is cleaned and tidy and they put [PPE] into a bag and bin it."
- The provider's COVID-19 contingency plan outlined the arrangements to ensure essential care continued to be provided based on people's individual needs through a risk-based approach.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents, accidents, complaints and safeguarding concerns so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to reduce the risk of things going wrong.
- Staff told us the registered manager was open and shared learning from incidents with them, including any action taken to reduce risks to people and additional training.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People and their relatives were involved in the process to identify and assess their care needs and in the development of the care plan. The registered manager used this to ensure staff had the skills and understood how people wished to be cared for.
- The registered manager said, "I look at the referral information and book an appointment with the client. Having a nursing background, we use the mental health core assessment tool. It's well-structured and covers people's physical and mental health and any social care needs. We gather as much information as possible even to speak with family, health staff, social workers. We will work with the other agency the person is support with too for consistency."
- Assessments were completed in line with best practice guidance, for example, using the mobility and falls risk assessments tool. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs.

Staff support: induction, training, skills and experience

- People told us staff were trained and confident to support them. A person said, "[Staff] is trained and knows what to do to make sure I'm safe. [Staff] guides me when I'm getting in and out of the shower."
- Staff completed induction and essential training for their role. New staff worked alongside the registered manager to gain practical experience and their competency was checked. Staff who had not worked in care were required to complete the care certificate. This provides staff with basic knowledge and skills needed to provide safe care.
- Training information showed staff had completed training in topics related to health and safety and promoting person-centred care. Additional training was provided to staff to support people with health care needs such as catheter care. This was provided by health care professionals and monitored by the registered manager who was also a qualified nurse. Staff competency was assessed where they supported people with specific health care needs.
- Staff told us they were well supported, had regular supervisions and attended meetings. A staff member said, "Supervisions are good, we talk about everything from my work, any concerns about my clients safety, training and if there's anything I need help with."

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

- People told us they were supported by staff to choose what they would like to eat and drink and maintain a healthy and balanced diet. One person said, "[Staff] heats up the frozen meal in the microwave. I can make a snack and drinks for myself but [staff] does offer."
- Where people needed support their care plans described their dietary needs and the level of support they

required.

- Staff told us, and records showed they were trained in food hygiene and had a good insight about people's food preferences. For example, the preferred drink a person liked to have with their meal and how cultural meals were to be served. Staff knew what action to take if there were any concerns with eating and drinking.
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People were supported to lead healthier lives and accessed health care services when needed. Everyone we spoke with were confident staff were vigilant and would act quickly if they had any concerns about people's health. A person told us staff worked flexibly to provide care at a suitable time to enable them to attend medical appointments.
- Care plans provided clear guidance for staff to follow which included instructions provided by health care professionals. The provider, who also provides care and support to people gave an example of how they worked closely with a health care professional to support a person to manage their health condition.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. Staff were trained in this area. Staff gave examples of how they sought consent, involved and encouraged people to make daily decisions about all aspects of their care. A staff member said, "[Person] can be forgetful and will say what they want you to do next. I always ask and explain what I'm about to do."
- People's ability to make informed decisions had been assessed. People confirmed staff sought their consent before supporting them. Care plans reflected the decisions people had made about their care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative told us staff were kind, caring and respectful of them, their family members and their home. Comments included, "They are very kind and patient with me", "They are professionals and respect me, always" and "They treat [my family member] respectfully as an elder."
- Staff spoke about people they cared for in a warm and respectful manner. They were knowledgeable about people's preferences and gave examples of how they promoted and respected the things that were important to them. This indicated staff had developed caring relationships with people they looked after.
- We saw evidence the service had considered people's equality, diversity and cultural needs. Staff received training in this area, learnt about cultures and understood the importance of respecting people's diverse needs, lifestyle choices and beliefs. Care plans contained information about people's beliefs and their close relations.

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

- People and their relatives were involved in the planning of their care. Decisions made about people's care and their preferences were recorded and reviewed regularly. Staff had good insight about people's preferences and important close relations.
- People were supported by the same reliable staff member. A person said the registered manager and staff were respectful of their decisions, and culture and relatives they lived with.
- Staff said they had enough time to meet people's needs and talked with them to make sure they had everything they needed. They worked flexibly so people could attend appointments.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with respect and maintained their privacy and dignity. A person said, "[Staff] don't make me feel uncomfortable. They close the door when I'm on the toilet." A relative said, "[Person's] privacy has been respected. They've made sure [they] only has male carer." This promoted people's dignity as the preferred gender of staff supported them.
- Staff gave examples of how they protected people's privacy and dignity, such as draw the curtains, closed doors and knocked on the door before entering.
- People's independence was promoted, and their care plans reflected what they were able to do for themselves. Staff gave examples of how they encouraged people to maintain their independence. A staff member said, "[Person] also likes to keep his independence and I respect that. I would say to [person], shall we sit in the garden as it's a nice day, that way it encourages [them] to walk and [they] gets a bit exercise and fresh air."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning of their care. This enabled them to express their choice and control as to how they wished to be cared for to ensure they received person centred care. The registered manager supported people and were introduced to staff gradually to ensure they felt comfortable and confident their needs, preferences and routines were understood.
- Care plans contained person centred information as to how people wished to be supported by staff and considered their protected characteristics as defined by the Equality Act. Any ongoing treatment and involvement of other health and social care professionals was also documented.
- Staff confirmed any changes to people's care needs and their care plans was communicated to them in a timely way. People and a relative told us they were involved in the care review meetings. However, records only showed the date of the care review. The registered manager assured us they would record the people involved in the reviews and decisions made, even if there were no changes to be made.
- People told us staff respected their decisions. A person said, "They always listen to me and check I'm ok with what they're doing. We always have a laugh; it means I'm happy with them." A relative told us specific instructions had been added to the care plan which staff followed when supporting their family member with personal care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and the level of support required was recorded in their care plan, for instance, the best way for staff to present choices and supporting people with hearing loss. A staff member told us role of family members was important where the person's first language was not English and they needed clarity. The registered manager was able to provide information in a range of formats such as braille, large print and easy read.
- Everyone we spoke with said staff communicated well and effectively. A relative told us staff responded to their family member's wishes. A staff member told us people were able to communicate their wishes and in some instances pointed to the area they needed help with or could ask a relative who the person lived with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People required minimal support with social needs. Where people had social support as part of their

package of care, staff supported them. A person said, "We used to go for a walk and to my barber before Covid. If anyone asked, I'd say [staff name] was a family friend."

- The registered manager and staff had good insight about people's care, social and cultural needs and interests. They worked flexibly to enable people to maintain control of their lives. A staff member said, "We laugh and [person] knows I will encourage [them] to stay active."
- Care plans had information about people's early life, employment, interests and hobbies. This information provided staff with useful topics of conversation when they supported them.

#### Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain, when they first started to use the service. This included the contact details for advocacy services and the local government ombudsman. Everyone we spoke with knew how to complain if they needed to and were confident, they would be listened to. Comments included "I have no complaints. The company has given me the care I need which is what they said they would" and "I've got no complaints so far. I know I can speak with [registered manager] anytime."
- The service had not received any complaints since it was registered. There was a system in place to record and investigate complaints and when required, actions would be taken to prevent similar complaints from happening again.

#### End of life care and support

- At the time of our inspection no one was being supported with end of life care.
- The registered manager had systems and procedures in place to identify people's wishes and choices regarding their end of life care. Staff had received basic training information in this area.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end of life care. They also said they would contact and work with health care professionals and services if needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager. They and the provider understood their legal obligations and had notified CQC about events that they were required to do so by law. They understood the requirement to display the inspection report and rating when published.
- The provider and registered manager were clear about their roles and responsibilities and staff felt well supported by the registered manager. Staff knew how to access the provider's policies and procedures, which had been reviewed and kept up to date. People, relatives and staff all expressed confidence in how the service was managed. A person said, "I would highly recommend this agency; they are helpful and give a service with a smile."
- The quality of care being provided was monitored. Regular audits had been carried out on people's care and their records. People's views about their care were sought individually and during review meetings. This enabled the registered manager to make changes to people's package of care and their care plans. Arrangements were in place to ensure staff training was kept up to date. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs. Staff received feedback on their performance and were kept informed of changes and updates through meetings and other communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information, and a written apology.
- Notifiable incidents had been reported to CQC and other agencies such as the local safeguarding authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and staff were motivated, passionate and committed to providing person-centred care. People and a relative had complimented the staff and the registered manager and said they were approachable. Comments included, "Both [staff] and [registered manager] are easy to talk to about my care and are like family friends" and "I speak with [registered manager] as and when I need to."
- Staff were confident the registered manager would act on concerns in line with the provider's procedure. A

staff member said, "It's a small company, with just a few clients. They are organised and really care about the clients and staff. They care for me, have shown loyalty, respect and give me the support I need." Staff knew how to use the whistleblowing procedures.

- The registered manager valued and recognised staff contributions. They also worked alongside staff to provide care to people. This meant people could give feedback about the quality of care they received and the staff who supported them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People remained at the centre of their care. People's views about their care were sought during review meetings and completion of feedback forms and surveys. The recent survey results were positive and people were happy with the quality of care they received.

- Staff told us they felt valued and respected. We saw compliments and positive feedback received from people and relatives about the staff and the care provided. Comments included, 'Very helpful staff' and 'Excellent service and care'.

- People, relatives and staff all said communication with the registered manager was good. A person said, "I see [registered manager] everyday, he's a good manager and carer so if I need to say anything, I like to do it face to face." Staff told us the on-call support provided was valuable and they received guidance in when dealing with an emergency.

Continuous learning and improving care; Working in partnership with others

- The registered manager was responsive to feedback from people, staff and health care professionals. The provider's policies, procedures and business continuity plan were kept up to date and took account of BREXIT and the COVID-19 pandemic to ensure people continued to receive the care they needed.

- The registered manager ensured staff knowledge was kept up to date. There were regular staff meetings which included a discussion around reflective practice to explore whether they could improve the quality of care provided or people's safety, shared learning from complaints and incidents and they had also discussed a key policy, procedure and process. This enabled the registered manager to ensure staff understood their responsibilities and could influence improvements to the service.

- The registered manager had identified how to develop the service. This included the recruitment of staff to support more people and investing in an electronic care planning system. This would enable the registered manager to manage and monitor the service.

- The registered managers kept up to date with good practice and maintained their professional registration. They had developed links with the local authority care, other social care providers and worked in partnership with health and social care professionals to ensure people's needs were met.