

Metro Homecare Ltd

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Inspection report

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Date of publication:
18 October 2022

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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

Metro Homecare Ltd is a domiciliary care agency. The service provides support to older people living in their own homes.

Not everyone who used the service received personal care. 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 our inspection there were 21 people using the service.

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

People were supported by staff who knew how to protect them and keep them safe. Staff had been recruited safely with appropriate pre-employment checks carried out.

People received care from compassionate and kind staff. Staff delivered care in a dignified way and assisted people to maintain their independence as much as possible.

Staff protected people from harm and followed risk assessments to ensure they were supported in a safe way. Staff wore personal protective equipment (PPE), including face masks, when supporting people and were trained in infection control.

People's needs were fully assessed prior to the start of care. The provider ensured staff were trained to meet people's needs and kept them up to date with best practice guidance.

People's care needs and any equality characteristics were assessed. Care plans recorded how people's needs could be met and prevent discrimination. Medicines were managed safely.

People's healthcare needs were assessed, monitored and met in conjunction with healthcare professionals where necessary. Where people received help with their nutrition and hydration, care plans detailed how this should be provided.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported.

The provider actively engaged with people and staff to be able to continuously learn, expand and improve the service they provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 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.

Metro Homecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 04 August 2022 and ended on 09 August 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us 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.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager and four care staff. We also spoke with seven people and three relatives of people using the service.

We looked at a range of documents and written records including three people's care records, four staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us. We sought feedback from the local authority and professionals who work with the service but did not receive a response.

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 of 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 were protected from the risk of abuse.
- Information to help promote people's safety was provided to them. Care staff had been trained and understood how to identify and report potential abuse. One staff told us, "Yes I have received training in safeguarding and if I have any concerns I can contact the registered manager, the local authority or CQC."
- Policies and procedures were in place to protect people from the risk of abuse. The provider had made safeguarding referrals to the local authority when they had identified concerns.
- People and relatives told us they felt staff provided care safely. One relative told us, "They are attentive. They are careful with my relative." And "I feel safe with the carers."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Staff used risk assessments to support people safely. Risk assessments were personalised and were written in conjunction with people and their relatives.
- Risk assessments highlighted specific risks, detailed how to minimise risks and advised action to take in the event of an incident. One staff said, "The risk assessment help to support people in the safest way possible."
- Staff ensured people were supported in a safe environment. Risks in people's homes were assessed and reviewed regularly. If staff identified any new hazards they knew to report them to the registered manager and, where applicable, to people and their relatives.

Staffing and recruitment

- Some relatives told us staff could sometimes arrive at varying times and one relative told us they had spoken with the provider to improve this. Other relatives told us they were satisfied with their call times.
- The registered manager told us call times were kept under review and they worked with people to improve call times to their satisfaction where this had been raised with them.
- The provider ensured they had sufficient staff to meet people's needs, they told us they were actively recruiting to allow them to be able to support more people.
- Safe recruitment processes were in place. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as they had been prescribed.
- Staff had been trained and their competence to administer medicines assessed. Policies and procedures were in place for staff to follow and these reflected good practice guidance for the safe management of medicines. One staff said, "We have regular spot checks and completed a medicine competency assessment when giving people their medicines."
- Medicines administration record (MAR) charts were used by care staff to record what medicines people had been offered. These included when skin creams had been prescribed to people. These records helped to show people received their medicines as prescribed.

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff wore personal protective equipment (PPE), including face masks, when supporting people with personal care. The service provided staff with the PPE they required and ensured it was properly disposed of after use.
- Staff were trained in infection control and had regular updates as necessary.
- The service followed government and CQC guidance on infection control and carried out infection control and COVID-19 risk assessments. Staff understood that people were at high risk of contracting COVID-19 due to their age and/or medical conditions and ensured they followed best practice in order to keep people safe.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated as soon as any changes were noted.
- Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

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 received care and support in line with standards, guidance and the law. People's needs were holistically assessed to include their physical, mental and social needs.
- People's needs were assessed before they began using the service to ensure these could be met. If people were referred to the service in an emergency, assessments were carried out at the shortest delay possible. Following this staff wrote comprehensive personalised care plans and risk assessments for people.
- The service had clear policies and procedures in place to ensure people's health and social care needs were met.
- People and their relatives told us, "I had discussions with the agency when the care first started" and, "we had a visit at first when they started looking after my relative. Discussions took place for equipment to prevent accidents."

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles.
- Staff completed the Care Certificate as part of their induction. This is a nationally recognised qualification which aims to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care. New staff worked alongside experienced staff to ensure they could meet the needs of the people they supported.
- Staff completed a wide range of training courses including dementia care, mental health awareness, and equality and diversity. If specialised training was needed this was provided.
- One staff said, "I had all the required training when I started. I completed shadowing shifts before I started working on my own."
- People told us staff "know what they are doing."

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

- People were supported to maintain a balanced diet. Where people received support with their meals and drinks their dietary preferences and any allergies were recorded in their care plans. Daily care records showed staff offered people choices to meet their preferences.
- Staff had been trained in food safety. This helped to ensure they provided effective care when people needed support with their meals and drinks.
- People told us, "They put it together on a plate. I am vegetarian. They make it the way I like it" and "They make porridge. I don't really eat so they always try to make me something. I have two flasks which they normally put right by me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A staff told us, "I know my clients well and if I notice any changes in their health, I inform the manager and their family."
- Contact information of healthcare professionals who provided care to people was included in care plans. This helped care staff understand people's needs and the role of other professionals. For example, district nurse and the mental health team.

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 MCA 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. We checked whether the service was working within the principles of the MCA.

- The provider understood their responsibilities under the MCA and ensured staff were working within the principles of the MCA.
- People's capacity was considered at initial assessment and care staff were encouraged to support people to make their own decisions where they could.
- Staff were trained in the MCA and understood the importance of gaining consent from people and ensuring the care and support they received was in their best interests.

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

- Staff were respectful, kind and considerate towards people they supported and developed caring relationships with them. A relative said, "The girl that comes in the morning she is wonderful."
- Staff were trained in equality, diversity and human rights, and respected people's individuality. The service assessed people's equality and diversity needs and ensured they were met. The multicultural staff team understood the importance of respecting people's beliefs and upholding their human rights.
- Staff told us they enjoyed supporting people and making a difference for them. Care records were written in a respectful and caring way and showed people and their relatives were central to any decisions made.
- People said, "They are always smiling, they have a very good approach, are always in a good mood and always positive."

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

- People were involved in their care and were supported by the provider to actively express their views.
- Staff told us they always obtained consent from people before commencing care. This promoted trusting relationships and created an environment where staff, people, and relatives felt comfortable to express their views.
- The registered manager communicated with people regularly and valued people's individual choices.
- People's views were respected. Care plans contained people's views on their care and daily care records showed people were asked for their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported with dignity and respect.
- Staff supported people to maintain their independence as much as possible. For example, a staff said, "People are encouraged to independently take their medicines if they could rather than staff administering these."
- Staff were trained to provide discreet care and support. Where possible, people chose the gender of the staff supporting them.

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

- Care was person-centred and reflected people's choices and preferences.
- People's care plans were personalised and written from their perspective. They explained to staff what people would like them to do from when they first arrived at the person's home. They included people's preferences, for example, how they liked to dress and what they would like to eat and drink.
- People's care plans were comprehensive. They covered areas such as personal care, medicines, nutrition, and oral hygiene. Where people's relatives were involved in their care, care plans explained the breakdown of tasks, so staff and relatives could work in partnership with each other.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans reflected people's communication needs and detailed what actions were required to ensure people's communication needs were met.
- For people who had difficulty with their vision, information and care plans were available in large print.

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 were supported to avoid social isolation and encouraged to maintain links with family and friends. Where possible, timings of care calls were planned to help people attend social and cultural events. This helped prevent social isolation.
- Visits from staff helped people avoid social isolation. Staff told us they enjoyed chatting to the people they cared for.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process and policy in place.
- At the time of the inspection no formal complaints had been received by the service.
- People we spoke with had no complaints or concerns, however they knew they could speak with the provider if they did and felt comfortable to do so. One person said, "So far I have not had any complaints. Things have worked out well for us."

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.

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

- The service has a positive, person-centred culture. The provider, registered manager, and staff had a good understanding of equality, diversity and human rights. This was evident in our discussions with them and in the service's policies and procedures.
- A person said using the service had a positive effect on them. They told us, "They try to make me feel better. I am down a lot sometimes. The carer made me feel that it's ok."
- A staff member told us, "I feel respected, supported and valued by the provider and manager." This supported a positive and improvement driven culture.
- Staff felt able to raise concerns with the provider without fear of what might happen as a result. One staff said, "As a staff team we have been well-supported throughout the COVID-19 pandemic."

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Roles and responsibilities for the management of the service and staff team were clear.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The provider and registered manager understood and demonstrated compliance with regulatory and legislative requirements. They knew to notify CQC of incidents and events occurred at the service.
- Risks and quality were assessed, monitored and audited. Checks were completed regularly to help inform the management team whether people received a good quality service. These checks helped to identify where improvements could be made and whether any trends and themes could be identified.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were regularly asked for feedback about the service through meetings, phone calls and reviews. This information was used to further develop the service. One person said, "The manager calls me even if I don't have any problems and he will ask me what do I need."
- Staff told us their views were listened to and acted upon by the registered manager. Staff said they felt well supported.
- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met.
- Care records showed evidence of professionals working together. For example, GPs and various specialists specific to people's health conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- The provider kept up to date with national policy to inform improvements to the service.
- A number of audits and checks provided information which was used to inform improvements to areas of work, such as record keeping and care delivery.
- Spot checks were completed with staff to help ensure they continued to provide care as required.
- Regular surveys were undertaken to gain feedback from people who used the service and their relatives.