

Memories Home Care Ltd.

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Inspection report

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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

We carried out an announced inspection on 19 December 2016. This was the first inspection of this service.

Memories Home Care is a domiciliary care service that provides care and support for people living with dementia, physical disabilities and mental health conditions.

A registered manager was in place at the time of the inspection. 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 service provided person centred care and support to people and took into account peoples preferences.

Staff could explain how they would recognise and report abuse and had received the appropriate training in safeguarding adults.

There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Staff had been trained in the administration of medicines and their competency assessed annually.

Person centred risk assessments had been undertaken. Plans were put in place to minimise any risks identified for people and staff to ensure they were safe from harm.

Staffing arrangements were adequate to meet the needs of people using the service.

There were appropriate procedures in place for the safe recruitment of staff and to ensure all relevant checks had been carried out.

Staff was up to date with their mandatory training which included basic life support health and safety, information governance, fire safety, moving and handling and infection control. Staff received regular one to one supervision and the content of supervision sessions recorded was relevant to individuals' roles.

The registered manager and the staff had a good understanding of the principles of the Mental Capacity Act (MCA).

Staff were very clear that treating people with dignity and respect was a fundamental expectation of the service. They had a good understanding of equality and diversity and understood the need to treat people

as individuals.

Care plans were personal and provided detailed information for staff to follow.

A complaints policy and procedure was in place, and structures were in place to address complaints effectively.

The culture at the service was positive and open and the registered manager was approachable. Regular spot checks on staff performance were undertaken to measure competency and if required, appropriate steps would be taken to address any shortfalls.

Quality assurance questionnaires were also undertaken twice yearly with people using the service and their relatives in order to measure satisfaction and ensure a high quality service was being delivered.

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. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks identified.

There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately.

There was sufficient staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff received induction training and relevant mandatory training.

Regular one to one supervision was provided to support staff to fulfil their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act 2005 and knew how to support people using the principles of the Act.

People were being supported to maintain a balanced diet and any assistance required with meal preparation was detailed clearly on the care plan.

Is the service caring?

Good ●

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff supported the same people as much as possible in order to ensure consistency and to build relationships with people.

There were detailed equality and diversity policies and procedures in place that gave clear guidance to staff in relation to the Equalities Act 2010.

Is the service responsive?

Good 

The service was responsive. People were supported to actively express their views and be actively involved in making decisions about their care and support.

Care plans were person centred and reviewed regularly.

The service had a complaints policy in place and people and their relatives knew how to use it.

Is the service well-led?

Good 

The service was responsive. People were supported to actively express their views and be actively involved in making decisions about their care and support.

Care plans were person centred and reviewed regularly.

The service had a complaints policy in place and people and their relatives knew how to use it.

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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 on 19 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team included one inspector. Two people were using the service at the time of the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with three staff including the registered manager and we gained feedback from two relatives. We reviewed two care records, two staff files as well as policies and procedures relating to the service.

Is the service safe?

Our findings

Relatives told us people were treated well by staff and that they felt their family members were safe with them. One relative said that they had used several homecare agencies before they started using Memories and they would send different care workers all of the time, which made their relative feel unsafe. This had not been the case with this service and they felt that the continuity of care had made both their relative and themselves feel reassured.

Staff could explain how they would recognise and report abuse. Records we saw confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. The registered manager understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority safeguarding team around investigations if the need arose.

Before people were offered a service, a pre-assessment was undertaken by the registered manager. This assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that person centred risk assessments had been undertaken in relation to support needs including, communication, mobility and falls, and the environment inside and outside of the home. Plans were put in place to minimise any risks identified for people and to ensure they were safe from harm. For example we saw that where a person used a cigarette lighter, risks were identified and reduced as much as possible.

People had an up to date Personal Emergency Evacuation Plan (PEEP) on their record. Their PEEP identified the level of support they needed to evacuate their home safely in the event of an emergency.

Relatives told us they thought there was adequate staff cover to meet the needs of their relative. We saw from the staff rotas that staffing arrangements were adequate to meet people's needs. Staff told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time to complete complex tasks or any additional tasks.

Recruitment checks were carried out before staff started working with people using the service. Each staff member had employment references, identity checks and a Disclosure and Barring Service certificate (DBS). This meant that staff were considered safe to work with people who used the service.

In each care plan we saw a medicine risk assessment and agreement and a list of people's medicines. Staff prompted people to take their medicines usually from blister packs and some medicines were also administered. They recorded this on a Medicine Administration Record (MAR) and we saw evidence that forms had been completed appropriately.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Staff had been trained in the administration of medicines and their competency assessed annually.

Is the service effective?

Our findings

Relatives told us they thought the service was effective and their family member's needs were being met. One relative said, "The staff have the right skills and are well trained."

Staff files we looked at confirmed that staff were up to date with their mandatory training which included safeguarding adults, health and safety, information governance, fire safety, moving and handling and infection control. The staff working at the agency had completed a national vocational qualification and the registered manager confirmed that any new staff would work towards the new Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

Staff told us the training was very good and assisted them to support and care for people appropriately as well as gaining an understanding of the different policies and procedures.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision on a regular basis. As staff members had been with the service for less than a year the registered manager told us they had not conducted an appraisal but that they would be completed annually. The content of supervision sessions recorded were relevant to individuals' roles and included topics such as service user issue, development needs and work issues. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive.

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.

The registered manager and staff had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment by people who used the service and staff understood the process to follow if people lacked the mental capacity to make decisions about their care and support. We saw that mental capacity assessments had been completed where appropriate, for example with regards to medicine administration and personal care. If a person lacked capacity, steps were taken to ensure decisions were made in people's best interest and the process involved relatives and professionals where appropriate.

People were being supported to maintain a balanced diet and any assistance required with meal preparation was detailed clearly on the care plan. We saw people's preferences were clearly highlighted, for example on one person's care plan it detailed that a person liked a specific type of milk and preferred to eat in small portions.

People were registered with a GP locally to their area as well as having access to other health services to

ensure they were able to maintain good health. People and their relatives shared relevant information regarding the outcomes from appointments with staff and the registered manager and this was recorded in their care records to ensure the person was supported appropriately.

Is the service caring?

Our findings

Relatives told us they liked the staff that supported their family members and that they were caring and treated people with kindness. One relative we spoke with told us, "They are helpful and understanding" and went to say they thought because it was a small agency the support their relative received was 'personalised' and staff considered every aspect of their needs.

The registered manager told us that their staff supported the same people in order to ensure consistency and for staff to build positive relationship with people. Staff confirmed that they supported the same people and this was important for the people they supported. One staff member told us that talking with people and building relationships was really important as well as listening and finding out what people liked and wanted. In our discussion with staff and the registered manager it was apparent that they displayed patience and kindness with people and this was confirmed in our conversation with relatives.

Staff focused on promoting a good quality of life and wellbeing for people. Relatives told us that staff listened to their family members and respected their choices and decisions. They also confirmed they were involved as much as they wanted in the planning of their care and support. Records showed that care plans incorporated the views of people using the service and their relatives.

Staff we spoke with was very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy whilst they undertook aspects of personal care as much as possible. One staff member said, "If I'm supporting a person with a wash, I always makes sure I cover the areas that are not being washed, it gives them privacy and dignity." The registered manager told us and records confirmed, that the service regularly communicated with professionals and families about people's needs to ensure their wellbeing was promoted and their quality of life was maximised.

Staff had a good understanding of equality and diversity and understood the need to treat people as individuals. There were detailed equality and diversity policies and procedures in place that gave clear guidance to staff in relation to the Equalities Act 2010.

People and their relative's views were taken into account and we saw that the registered manager had sign posted people and their relatives to the appropriate agencies for advice and further support if she felt it was required.

Is the service responsive?

Our findings

Relatives told us their family members received care and support that was responsive and met their needs. A relative told us their family member had received care from three different agencies before they decided to try Memories and each one had issues with being responsive to individual needs. They told us they felt that the care and support from Memories was excellent and although their relative hadn't been with them for long, so far they couldn't fault the care and support that was provided. They said the staff had a far greater understanding of how to care for their family member and they took things at a slow pace in order to build confidence and trust.

We looked at the care plans of people currently using the service. Care plans personal and provided detailed information for staff to follow. They contained detailed pre-admission information including evidence of assessments for physical, social care and mental health needs. The care records included input from the person receiving care and support and their relatives where possible, including, the level of support a person required. There was also a detailed life history and information about family and friends network for staff to refer to.

Activities on one care plan included, discussing the news, listening to music and discussing the heritage of the person being supported as this was something they enjoyed and found stimulating. A relative told us they had been very much involved in planning the support their family member received and said "We work closely with the staff and manager to make sure we get the best for [relative]."

Reviews were carried out by the registered manager at least six monthly or when a person's needs had changed. We saw that a review had been undertaken for a person recently discharged from hospital. Reviews included people using the service and relatives as much as possible. There was also regular communication with relatives of people using the service via telephone conversations and emails.

Relatives told us that any concerns were addressed effectively. We saw that a complaints policy was in place, with a review date to ensure any relevant changes were taken into account. No complaints had been made at the time of our inspection but there were structures in place to address complaints effectively should they arise. They included recording action taken to address the complaint and steps taken to ensure a satisfactory outcome. The registered manager told us that complaints were used for learning and to improve the support for people using the service.

Staff knew how to support people to raise issues or make a complaint. One staff member said, "There is information in the service user guide to assist people to make a complaint and if they asked me, I could assist them to call the office." The registered manager told us that they worked closely with people and their relatives to ensure any issues raised were resolved promptly and encouraged feedback in order to put things right and improve the service.

Is the service well-led?

Our findings

Relatives of people using the service were very positive about the registered manager and staff that supported their family members. One relative we spoke with said of the registered manager, "She's very patient and always communicates regularly." They told us they felt listened too and were able to approach the management about any concerns they had. They said the staff and registered manager's approach was open and the culture at the service was positive. They also told us the service provided was flexible, person centred and met the needs of people as well as family members; they described it as 'team work'.

It was clear from our discussions with staff that morale and motivation was high. We saw that staff were well supported via one to one supervisions that took place on a regular basis as well as regular phone calls and messages to update them of any changes. The registered manager and staff told us that training and development was seen as being very important to ensure people were supported appropriately and we saw a commitment to continuous learning and development via training and qualification courses.

Regular spot checks of staff practice were undertaken by the registered manager that looked at how staff were working practically with people as well as monitoring their performance. Appropriate training and development may be recommended as a result of these observations. Staff also had an opportunity to feedback to the registered manager via a written questionnaire that asked about their experiences as a staff member and how things could be improved. Any information shared by staff was considered to improve the service.

Quality assurance questionnaires were also undertaken twice yearly with people using the service and their relatives. These were undertaken in line with the CQC five key questions, Safe, Effective, Caring, Responsive and Well-led, in order measure satisfactory in each domain and ensure a high quality service was being delivered. We saw that feedback was positive. The registered manager told us that she welcomed feedback and if information was shared that suggested improvements could be made, they would be considered and used effectively.

We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided excellent support and guidance to staff regarding processes and good practice related to their work.

The registered manager told us she was happy with how the service was developing and the quality of the service provided to people. She said the vision now was to expand the service but to also ensure she could build on the good practices in place and to maintain the personal service and standards they had worked to achieve.