MRL Healthcare Limited

MRL Healthcare Limited (Manchester)

Inspection report

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21 February 2019

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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

This inspection took place on 20 and 21 February 2019 and was announced.

This was the first inspection of MRL Healthcare Limited (Manchester) since their registration with the Care Quality Commission in March 2018.

MRL Healthcare Limited (Manchester) is a domiciliary care service located in Middleton, Greater Manchester. The service provides personal care to people living in their own homes. It provides the service to people with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, physical disability and sensory Impairment.

CQC only inspects the service being received by people provided with 'personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service provided care and support to 190 people who received personal care.

We were assisted throughout the inspection by the registered manager and an office manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at MRL Healthcare Limited (Manchester) had been registered since June 2018.

The service had appropriate safeguarding and whistle blowing policies. Staff had undertaken training and were confident how to recognise and report any concerns.

Staff recruitment was safe. There were sufficient staff employed to ensure people's needs were met. Calls were monitored to help ensure that visits were carried out.

General and individual risk assessments were in place. All appropriate health and safety measures were implemented by the service. Accidents and incidents were logged, along with actions taken to minimise any further risk.

Medicines systems were safe and staff had received training in medicines administration. Medicines audits and staff competence checks were undertaken as required.

Staff had received training and understood their infection control responsibilities.

Care files included an assessment of people's needs and person-centred support plans to meet these needs. People's nutritional and hydration needs were recorded within their care plans. Any dietary needs were documented and appropriate guidance was in place for staff.

There was good support in place for staff. Inductions were thorough and there was on-going training and development available for staff. Staff supervisions and appraisals were regular.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

People we spoke with felt the service was kind and caring. People's independence was promoted. Independent advocacy was promoted to help safeguard people's rights. Dignity and privacy was respected and staff had regard to equality and diversity when supporting people.

The service was committed to ensuring confidentiality and adhered to all data protection requirements.

People were fully involved with setting up and reviewing their care and support and people reported being happy with the care they received.

Care plans were person centred and the service met the accessible information standard.

The complaints policy was appropriate and up to date. Complaints were logged and responded to appropriately.

The service had a policy and procedure for end of life care to be implemented in the event of someone nearing the end of their life whilst receiving support from them.

There was good feedback received about the office manager and the registered manager. Staff reported feeling supported in their roles.

Regular audits and reviews supported good quality assurance and there was an appropriate business continuity plan.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

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.

The service had appropriate safeguarding and whistle blowing policies.

Medicines systems were safe and staff had received training in medicines administration. Medicines audits and staff competence checks were undertaken regularly.

Is the service effective?

Good

The service was effective.

Staff induction was thorough and there was on-going training and development for staff at the service.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People we spoke with felt the service was kind and caring. Dignity and privacy was respected and staff had regard to equality and diversity when supporting people.

Confidentiality and data protection were taken seriously.

Is the service responsive?

Good

The service was responsive.

People told us the service responded to their needs and documentation was person-centred.

The service had a policy and procedure for end of life care to be implemented in the event of someone nearing the end of their life whilst receiving support from them.

Is the service well-led?

Good

The service was well-led.

Staff felt well supported by the management and reported an open culture.

There were a number of audits and checks in place to aid continual service improvement.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as required.

MRL Healthcare Limited (Manchester)

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.

The inspection took place on 20 and 21 February and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to ensure there would be someone available to facilitate the inspection.

The inspection was carried out by one adult social care inspector and two experts 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.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan our inspection we reviewed information we held about the service. This included statutory notifications that had been sent to us. A statutory notification is information about important events, which the provider is required to send to us by law.

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service.

During the inspection visit we spoke with the registered manager, the officer manager and four staff members. We received fourteen responses to a survey sent to all staff. We visited five people in their own homes and spoke to thirteen people and seven relatives by phone. We received feedback form three health and social care professionals during the inspection.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, medication administration records, complaint records, four staff recruitment files, three staff training and supervision records, ten care plans, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management and safety of the service.

Good

Is the service safe?

Our findings

The people we spoke with reported feeling safe. People commented, "All the Carers are very nice, I don't feel unsafe with any of them", "I feel very comfortable with both of them, and I've never worried about anything. I definitely feel safe with them".

Policies and procedures for safeguarding people from harm were in place. These provided staff with sufficient guidance on identifying and responding to signs and allegations of abuse. Guidance was also provided in the staff handbook which included relevant contact numbers for staff to use for advice and guidance. A safeguarding log was in place to record any concerns and each had been investigated appropriately. Staff we spoke with had undertaken safeguarding training and safeguarding was covered in the induction for new staff. Staff were aware of how to recognise a potential safeguarding issue and understood it was their responsibility to report any concerns.

The service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with felt confident about raising concerns if they needed to.

Staff were recruited safely. Recruitment procedures helped to protect people from the recruitment of unsuitable staff. Each staff file included an application form, employment history, two references and proof of identity. All staff had a Disclosure and Barring Service (DBS) check in place. DBS checks record any criminal convictions and help employers assess the suitability of the candidate for the job.

We looked at staff rotas and saw that all calls were covered by staff. The service used a call monitoring system to monitor visits and to complete rotas. Staff were required to log each visit via telephone. The system provided an alert to the main office if a visit was late or not completed. This helped ensure people who used the service did not have any missed visits.

We asked people who used the service if the carers ever missed a visit or if they were late. Most people told us that their care workers were punctual and stayed for as long as they were scheduled to. People commented, "They're usually on time but they always ring if they've been slightly delayed and they've never missed a visit", "They always turn up on time and they've never missed an appointment", "She's always on time for me and she's never missed me out", "They're always on time, buses permitting but they do phone if they're ever running late and let me know what time they'll be here".

There were individual and general risk assessments in place, in line with the service's policy and procedure. Environmental risk assessments were held within people's care files and included information about both the inside and outside of the property. This included a fire and smoking risk assessment including smoke alarms and escape routes. Individual risk assessments related to issues such as mobility, moving and handling, medication and oxygen storage. Each risk assessment contained sufficient information to minimise any risks identified.

Incidents and any concerns raised were appropriately recorded and included outcomes and learning to inform future practice. A monthly analysis enabled the registered manager to establish any emerging trends. The records demonstrated that there had been a reduction in the number of concerns raised since the new office manager had started in July 2018. This included no missed visits since October 2018. Missed visits prior to this date had been appropriately investigated and resolved.

There was a medicines policy and procedure which contained sufficient guidance for staff about the safe storage, administration and disposal of medicines. All staff received medicines training on induction and refresher training. Staff had regular competence assessments to help ensure their knowledge and skills in this area remained up to standard, and they were not allowed to administer medication until this had been completed. The medication administration records were audited monthly and action taken to resolve any concerns. The people we spoke with were pleased with their support. People commented, "They deal with all her medication three times a day. We've never had any problems with it, they double check everything", "They deal with everything to do with my medication and there's never been any problems", "Everything works well with my medication, they never let me forget", "Initially I was self-medicating but that's changed now. Everything's on a MAR Sheet".

People were protected from the risk of cross infection. Care workers had infection control training and people we spoke with told us that care workers followed procedure and used disposable personal protective equipment such as gloves and aprons when providing support. No concerns were raised about infection control. One person commented, "They couldn't be more helpful and respectful of my needs – yes they wear gloves. Their hygiene is excellent".

Good

Is the service effective?

Our findings

All the people we spoke with indicated that their carers were effective and knew what they were doing when providing care. People commented, "Yes, I am having a good experience with care", "Oh yes they are all lovely", "Yes, we have a laugh and joke and a cup of tea with me".

People supported by the service had received an assessment of their needs before carers commenced their visits. This ensured the service had information about the support needs of people and they could confirm these could be met. Following the assessment, they consulted the person using the service and produced a support plan for staff to follow. This included a schedule of tasks and times in which these were to be done. Support plans had information about all key areas of care including physical and mental health, nutrition, communication, personal care and mobility.

People's nutritional and hydration needs were recorded within their care plans and people told us they were happy with the support provided. People commented, "Yes and I choose what I eat", "Yes and they know my likes and dislikes and it is well presented, they will ask how much milk on cereal for example", "Yes I am happy with the food. The tea is good. The staff are lovely and they are never rushed", "They also make meals for me which are fine. It's always what I want, they usually show me what's in, you know my ready meals and I just chose. They know I like an egg in a morning".

The care records showed that people had access to external healthcare professionals and listed their contact details. The care files demonstrated that the service had regular contact with these professionals and were responsive to people's health needs and people we spoke with confirmed this. Positive feedback was received during the inspection from three health and social care professionals about the support offered by staff. Comments included, "In my experience I have found them extremely helpful…and flexible and honest about what they can and cannot do", "I have worked with MRL with over 15 clients since 2012. The majority of clients have been in a poor social and emotional state, they build good trusting relationships…They know how to communicate to me to access routine and urgent mental healthcare, they engage well with the GP, thy have a communication/care plan folder at the patient's home for transparency and honesty".

There was good support in place for staff. Newly appointed staff received an induction to prepare them for their job. This was based on the Care Certificate. The Care Certificate is the minimum standard that should be covered as part of induction training of new care workers. We looked at five staff training records. Each was well documented and provided evidence that induction workbooks had been completed. New starters shadowed experienced staff and assessments of their competency to work effectively with people had been completed. Spot checks and reviews had been completed.

Staff received face to face training and annual refresher training. Additional training was also provided to meet the specific needs that people had. Staff told us that they felt valued and that the support and training was good, "The manager and the office coordination team are very supportive and proactive with training", "I have received training and feel I can confidently do my job", "I have been given plenty of training and I am

up to date with it. I think the training is very good and very detailed".

There was a policy and procedure for staff supervisions and appraisals and a matrix was in place to help ensure all supervisions and appraisals were carried out at the required time. These meetings gave staff and managers the opportunity to discuss the support required to carry out the role. Staff feedback about the support provided was positive, "The supervision and support is excellent, I've never had a problem", "Yes the supervisors, coordinators and management are very supportive and approachable and are very quick to respond".

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.

We checked whether the service was working within the principles of the MCA. Policies and procedures were in place to guide staff and there were easy read summaries in people's files. The registered manager and other staff we spoke with had a good understanding of the legislation in practice. We saw that where people had capacity, people consented to their care and support and best interest meetings had taken place when people who were unable to give consent. In addition, people also gave signed consent for medicines and consent to use the call monitoring system in their homes.

Staff we spoke to understood the importance of gaining consent from people and the people we spoke to confirmed this. People commented, "It is routine now they know what I like. We have a very amicable and professional relationship", "They always ask me what I want to do, 'shall we?' 'would you like?' for example".

Good

Is the service caring?

Our findings

All the people we spoke to said the staff were kind and caring. People commented, "I couldn't be more happy. They are caring", "Definitely yes and a sense of humour", "I have confidence in them. The carers are always polite and cheerful and efficient", "I think the Carers are great", "The Carers were marvellous", "They're fantastic girls, all very friendly and helpful and they'll do any little thing to help us".

Staff we spoke with demonstrated a caring and compassionate attitude and told us that they enjoyed their roles. Staff commented, "I love working here. It's a really nice supportive place to work. Like a family" and "I am passionate about this role. I have job satisfaction that I have helped people".

People's independence was promoted. Staff explained how they supported people to be independent by letting them do as much as they could for themselves. People who used the service told us that they were not rushed and were supported to maintain their independence. People commented, "I like to be as independent as possible so if I can, I manage to have a shower or a wash by myself, they do help if I need them to and I like to do my own shopping", "Yes, I am starting to shower on my own for the first time this week".

All the people we spoke with felt they were treated with dignity and respect by staff. One commented, "Absolutely, they know me very well it is wonderful", "[Name] is my main Carer and she's well trained. She helps me to shower but she lets me keep my dignity", "I have the same Carer all the time. I have a shower and they help me in and out of the bath. I never feel rushed at all. I'm glad I don't see a lot of different people because it's embarrassing having a shower with someone you don't know", "They're very kind and try to make me feel less embarrassed and I am always treated very respectfully".

All the staff members that we spoke to stated that they would be happy for their own family to use the service. They commented, "Yes most definitely", "Yes absolutely", "Yes I'd be happy for my family to use MRL", "Yes I would be happy to use MRL as they are very good with both service users, families and staff".

Equality and diversity was covered in the induction for new staff and there was a policy that provided guidance for staff. People told us that they would feel comfortable contacting the service if they had any specific needs in this area. Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Access to independent advocacy was being promoted and people using the service had access to independent advocates. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

The service user guide was in people's files in their homes and included all relevant information about the

service including key contact details, a description of the service, a section on dignity and respect, confidentiality and how to complain to the service and who to escalate the complaint to if required.

The service was working hard to ensure that there was continuity of care where people had access to the same carers. This enabled trusting relationships and more person-centred care.

The service was committed to ensuring confidentiality and adhered to all data protection requirements. This included safe storage of care files, induction and staff training. They had an appropriate and up to date policy and procedure in place. People indicated that care staff respected their right to confidentiality. People commented, "Yes. If they get a phone call they will go in another room so I don't over hear. They are very careful with that", "They never talk to me about other clients".

Good

Is the service responsive?

Our findings

Care plans showed people were involved in decisions about their care and regular reviews took place. All the people we spoke with said they had a care plan and were involved in the planning and review of the plan. They also received visits from MRL senior staff to check how things were going and each file had detailed records of service user reviews. One person told us, "Yes I am involved, the supervisor visits on a regular basis to review and check."

We asked people if they were happy with the care that they received. People commented, "Yes, staff are friendly. I am having a good experience with my care", "Yes, I am happy that my care needs are being met", "Yes, they provide the service. My care needs in my care plan are met".

The care files were person centred and recorded people's preferred routines and preferences around different aspects of their care. Each care plan provided a summary in the person's own words detailing what they wanted from their care and support and recorded what they liked and disliked. There was also a section on their past history and what was important to people.

The service met the accessible information standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard. The service routinely assessed people's communication needs and preferences and these were clearly recorded in care files that we looked at. We were shown one example where a duo window eye level reading ruler was used to support people with dyslexia. The Eye Level Reading Ruler is a coloured overlay filter and text highlighter about the size of an eight-inch ruler. It can help to increase reading speed and can enhance reading comprehension.

We looked at how the service managed people's complaints and concerns. Information about how to complain was included in the service user guide. This outlined how to complain and where to go externally if people weren't happy with the outcome of the complaint. People told us they would contact the office if they needed to complain. People commented, "I've no complaints at all; I would ring the office if I had any", "There was just one initially, one Carer came out being a bit bossy, but we sorted it between ourselves", "We've never complained, no reason to but we know just to contact the office. They do ring us though to see how we are", "I've no complaints at all, it's a very good service".

We reviewed the most recent complaints and found that appropriate action had been taken. We carried out a home visit with someone who had needed to complain in the past who was now happy with their care. The office manager explained that they listened to the person's concerns and had built trust by being consistent and keeping in regular contact to review their care. The complaints process also had lessons learnt built in to ensure that improvements could be made where necessary.

The service had a policy and procedure for end of life care to be implemented in the event of someone

nearing the end of their life whilst receiving support from them. The service used a person-centred end of life care plan to help ensure a holistic approach to people's care. They had received positive feedback from a relative about support provided in this area. The relative commented, "They stayed until the ambulance and the police arrived and made sure everything was being dealt with and that we were okay before they left. They were really marvellous".

Good

Is the service well-led?

Our findings

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. We were supported by both the registered manager and the office manager during the inspection.

The office manager had been in post since July 2018 and had been working hard to improve the service in partnership with the registered manager. We saw action plans and audits that were being used to evidence the quality of the service and to support improvement where required. In particular, we could see that there had been a reduction in missed visits with none being reported in the last three months. The registered manager had put effective systems in place to prevent this from happening including effective use of the call monitoring system. The system required staff to log each visit via telephone. The system provided an alert to the main office if a visit was late. This helped ensure people who used the service did not have any missed visits.

Both the office manager and the registered manager were committed to their roles and spoke in a compassionate and caring way about people who used the service. They kept up to date with best practice and changes to legislation through the local council and accessed best practice guidance through Skills for Care.

Staff felt supported in their roles and could seek guidance when they needed it. Feedback from staff we spoke with about the management was overwhelmingly positive. Staff said, "Yes I feel valued especially since the new office manager started. There is an open-door policy", "The service is definitely well led. Accessible and hands on in the office. Quick to resolve issues and learn", "Yes, it is well led and they are caring and genuine. They encourage me to develop", "Yes, it is well managed. There is good support and an open culture and things get dealt with".

The service worked closely with district nurses and other local health and social care professionals. They had recently accessed training through the council on person centred care and reflective practice and had also accessed a scheme through the police to help vulnerable people avoid scams.

Quality assurance systems were in place including regular monthly audits of daily records and medication administration records. We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and any shortfalls were recorded and resolved. Any action taken regarding staff performance issues was also recorded. One person commented, "They do spot checks every five to six months and the office staff are very good too, always very helpful. I'm very happy with the service".

Policies and procedures were available and up to date and covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and

handling and infection control.

The law requires that providers of care services send notifications of specified changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that appropriate notifications from the service were being sent.

The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or loss of data.