

Mercie Grace Care Limited

Regent Rd

Inspection report

Carlton House
28 Regent Road
Leicester
Leicestershire
LE1 6YH

Tel: 01163193033

Date of inspection visit:
10 May 2019
13 May 2019

Date of publication:
22 May 2019

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:

Regent Road is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of our inspection nine people were using the service.

People's experience of using this service:

Recruitment checks were in place to ensure staff were suitable to work at the service. However, records were not always in place to demonstrate the appropriate checks had been completed. Following the inspection, the registered manager sent us copies of employment checks that were not able to find on the day of the inspection.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were assessed before they went to live at the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, compassion and respect. People were supported to express their views and be involved in making decisions about their care.

People and their relatives were involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. This did not contain details of the Local Government Ombudsman (LGO) so complainants could escalate their concerns if they were dissatisfied with the outcome of any investigation by the provider. Following our inspection, the registered manager sent us an updated copy of the complaints procedure with this information included.

The service had good governance systems in place to ensure all aspects of the service delivery were continuously assessed and monitored. The service worked in partnership with outside agencies.

Rating at last inspection:

This is a first comprehensive inspection therefore the service had no previous rating. At this inspection we found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-led findings below.

Regent Rd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was completed by one inspector.

Service and service type:

Regent Road is a domiciliary care agency. It provides personal care to people living in their own homes and provides a service to older adults. At the time everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (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 consider any wider social care provided.

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:

The inspection was announced. We gave the provider 48 hours' notice because we needed to be sure the registered manager was available. On 10 May 2019 we visited the onsite office location to meet with the registered manager and review records. On 13 May 2019 we called people using the service, relatives and staff.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service.

We took the information into account when we inspected the service and made the judgements in this report.

As part of our inspection we spoke with three people using the service and four relatives. We also had discussions with the registered manager, the care coordinator and two care and support staff. We checked the care records for three people using the service, and examined other records relating to the management of the service. These included two staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm and abuse. One person told us "I feel very safe with the carers. They are very careful." A relative said, "Yes [relative] is totally safe. I have confidence in the carers."
- There was a safeguarding and whistleblowing policy in place which described the different types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The provider used a secure social media platform to keep in communication with the staff. They used this to provide safeguarding information and phone numbers of who to call if staff had any concerns about people's welfare.
- The staff and management understood their responsibilities to protect people from the risks of harm and abuse. One staff member said, "I would definitely report anything I was worried about."
- Staff completed safeguarding training to provide them with knowledge of types abuse and how to report any concerns of abuse and neglect.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to ensure that each person was cared for in the safest way possible. Staff understood when people required support to reduce the risk of avoidable harm.
- Risk assessments were up to date, accurate and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- Staff understood the plans in place to manage risks to people as the information they gave us about how they managed people's risks matched the information contained in people's risk assessments and care plans.

Staffing and recruitment:

- Recruitment checks were in place to ensure staff were suitable to work at the service. However, we saw that in the two files we checked each staff member had only one reference. Also, the provider had failed to ensure a risk assessment was in place where a DBS check showed there had been previous convictions. We brought this to the attention of the registered manager who said the references were held on-line but they were not able to access them at the time of our visit. Following the inspection, the registered manager sent us confirmation that the two missing references had been obtained and we were provided with a copy of the staff members risk assessment.
- People and staff told us that support with personal care was given at times that suited each individual and that staff were always available to provide this support. One person told us, "My carers are very reliable. They

arrive at the same time every day."

- The registered manager had effective systems in place to ensure there were always enough staff available to provide care and support. For example, staff provided the registered manager with their availability in advance, so the registered manager knew who was able to provide care on certain days.
- The registered manager and the care coordinator were also rostered as 'on call' so were available to cover any staff sickness or annual leave. In addition, the service used another agency to support them if they needed extra help to ensure people never had a missed call.

Using medicines safely:

- When required, people received safe support to administer their medicines. People we spoke with were happy with the support they received. A relative told us, "The carers are very good at helping [relative] to take their tablets."
- Staff had been provided with training on the safe handling, recording and administration of medicines.
- Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. This information was also detailed in peoples care plans.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager.
- Staff told us if anything did occur the registered manager would share learning through discussions with them.

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

Good: 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:

- The needs of people were assessed prior to them receiving care so that the support they needed could be identified.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- The assessment tool looked at people's specific needs when they needed end of life care.

Staff support: induction, training, skills and experience:

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One relative said, "The staff are very good and know what to do. I don't have to tell them."
- Staff told us, and records confirmed they completed an induction and ongoing training that was relevant to their role. A member of staff said, "I did a lot of shadowing until I felt confident to work on my own. I found that very useful."
- The service had only commenced providing care to people at the end of February 2019. The registered manager told us, and records confirmed that staff had completed and agreed a supervision contract. This was still in the early stages of being fully implemented, however we saw that staff had already received a spot check of their practice to ensure they were providing care in line with people's needs.

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

- People told us their meals were either prepared by family members or they used frozen ready meals, which the staff reheated for them. One person said, "The girls make sure I get enough to eat and drink."
- Care plans documented people's preferences and any requirements they had with food and drink. One staff member told us, "We always leave snacks and drinks for people when we go."

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, Marie Curie nurses, people's GP's and district nurses.
- Staff were aware of what action to take if people were unwell or had an accident.
- People's care records contained information about their current medical and health needs and the

healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

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. We checked whether the service was working within the principles of the MCA and found they were.

- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

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

Good: 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 told us they felt well cared for by staff and had good relationships with them. One person said, "My carers are lovely." A relative commented, "We have the same carers who provide [relatives care. They know exactly how things should be done."
- Discussions with the staff demonstrated they had a caring attitude towards people and had a good awareness of providing person centred care, in meeting people's individual preferences.
- We saw compliments received from people and relatives who had used the service. One read, "They [meaning staff] treat [family member] as a person, not just a number, always.' Another read, 'They [meaning staff] have always done extra jobs for [family member].'
- Staff told us they enjoyed their job and reflected pride in their work. One said, "This is a lovey job and I wouldn't change it."

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

- People were supported to express their views and be involved, in making decisions about how they wanted their care and support to be provided.
- We saw that people's care was regularly reviewed and changes were made to care plans when their needs or preferences changed. One relative told us, "[Family member] has a care plan and before care started we decided what should be in it. The manager always asks if we are happy with the care."
- Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity were always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People confirmed the staff promoted independence. For example, ensuring people were encouraged to do as much for themselves as possible. Spot checks carried out by the registered manager involved observations of staff and whether they were encouraging people to be as independent as possible.
- All staff were aware about the importance of maintain people's confidentiality. Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs were assessed prior to them receiving a care package and information from the need's assessment was used to develop a care plan.
- People told us they received good quality care that met their needs. One person said, "I get very good care." A relative commented, "I would recommend this company to anyone. Its brilliant."
- There was an 'About me' section in the care plan that considered people's preferences for how they wished to be supported and included any cultural or religious requirements.
- Care plans contained information about people's strengths as well as their care needs. One staff member told us, "We always get people to do as much for themselves as they can. Keeping their independence is so important."
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans monthly at the moment. We want to make sure we get it right." This helped ensure staff provided appropriate support to people.
- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Improving care quality in response to complaints or concerns:

The provider had a complaints procedure which was accessible to people using the service. However, this did not contain details of the Local Government Ombudsman (LGO) so complainants could escalate their concerns if they were dissatisfied with the outcome of any investigation by the provider. We brought this to the attention of the registered manager who said they would address this. Following our inspection' they sent us an updated copy of the complaint procedure with this information included.

- People and relatives said they felt comfortable to make a complaint if they needed to. One person told us, "I was given information about how to make a complaint. I don't have anything to complain about, but I know what to do if I need to complain."
- We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- Staff supported people who were at the end of their lives, so they remained comfortable, dignified and pain-free.
- Staff were supported to assist people with their end of life care needs by Marie Curie nurses, MacMillan nurses, the palliative care team at the local hospital and the district nurses to ensure people's needs were

fully met in their final days.

- People's wishes for how they wanted to be cared for were in their care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

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

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

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

- People told us they felt the service was well run and responsive to their concerns and needs. One person said, "Yes I know who the manager is. She is very pleasant."
- There was a positive, open and honest atmosphere within the service. One relative told us, "The manager is very supportive and very approachable. I personally find them very nice."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with schedules and any changes in people's needs.

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

- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon. One told us, "I would have no hesitation in reporting anything if I was worried about someone."
- The registered manager carried out regular quality audits and spot checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- The registered manager was aware of and had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager was actively involved in providing support to people. This meant they were able to understand people's views and needs daily. They told us this gave them a good insight into people's ongoing needs, staff performance and any difficulties that may be encountered.
- The registered manager worked alongside the care staff to provide support to people. This meant regular

conversations and observations took place of staff practice ensuring an open and honest culture.

- There were regular staff meetings to update staff with any new changes and to discuss any concerns or share new ideas.

Continuous learning and improving care:

- Information from audits and feedback, training, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The registered manager was part of a group of other care providers that shared information and best practice to learn and develop the service.

Working in partnership with others:

- The service worked in partnership with other care providers to support care provision. For example, Macmillan nurses, Marie Curie nurses, other care providers and health professionals
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.