Meraki Unique Care Limited

My Homecare Redbridge

Inspection report

Broadway Chambers, First Floor
1 Cranbrook Road
Ilford
IG1 4DU

Tel: 02084786703

Date of inspection visit:
02 January 2020

Date of publication:
04 February 2020

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
My Homecare Redbridge is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to adults 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.

People's experience of using this service
Robust risk assessments were not in place to ensure people received safe care at all times. Assessments had not been carried out prior to people receiving a service to determine if they could be supported effectively. Care plans were not person centred to ensure people received personalised care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We made a recommendation in this area.

Quality assurance systems were not in place to ensure shortfalls were identified and prompt action was taken to ensure people received high quality care at all times.

People and relatives told us staff were late for care visits. The service was aware of this through their quality monitoring process and was addressing this. We made a recommendation in this area.

People had mixed views about staff approach when delivering care. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Staff had been trained to perform their roles effectively. Systems were in place for infection control and to learn lessons following incidents.

Systems were in place to obtain feedback from people and relatives.

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 9 January 2019 and this was the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with the CQC.

Enforcement

We have identified breaches in relation to need for risk assessments, person centred care and good governance. You can see what action we have asked the provider to take at the end of this full report.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Care Quality Commission

My Homecare Redbridge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Our inspection was announced. 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 would be in the office to support us with the inspection.

The inspection activity started on 2 January 2020 and ended on 2 January 2020. We visited the office location on 2 January 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. 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 reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us

about by law. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager and the nominated individual. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training and quality monitoring records.

After the inspection
We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies and care plans. We also spoke with two people, seven relatives and four staff. We also contacted professionals for feedback.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
● Risk assessments had not been completed for people that had identified risks.
● For example, risk assessments had not been completed in relation to people's health conditions such as, diabetes and chronic obstructive pulmonary disease to include the signs and symptoms associated with unstable blood sugar levels and breathing issues and the actions staff should take. Risk assessments also had not been completed for people with past medical conditions such as with cancer and urinary tract infection (UTI) to include what signs and symptoms staff should be aware of that is associated with cancer and UTI to ensure prompt action was taken.
● Some people were at risk of falls when mobilising. However, risk assessments had not been completed to minimise risk of falls when people were mobile.
● Failure to complete risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of avoidable harm.

The above concerns meant that risk assessments had not been completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment
● Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.
● We received concerns from people and relatives about staff time keeping. A relative told us, "They come at 11pm and I don't open the door now. They are not always late. Sometimes it's 9 pm. It's a worry if it's late. Sometimes they ring me they're late, but not always. There's always an excuse!"
● The nominated individual told us they were aware of staff lateness through feedback from people and relatives and as a result had purchased a digital monitoring system that would allow the service to have oversight of time of visits and duration of visits. Staff would be required to digitally log in and out of calls. This would be going live shortly and we were shown evidence of the system and how it would operate.

We recommend that effective systems are in place to minimise the risk of missed and late calls to ensure people receive timely care.

Using medicines safely
● There was a medicine support plan that detailed the medicines people took and the side effects this may have on them.

● Medicine Administration Records (MAR) were in place and records showed most people were given their medicine as prescribed. However, on one MAR we saw that a person was administered medicines twice instead of once. We fed this back to the manager who informed that this was a record keeping error as the medicine was in a blister pack and staff could not have administered the medicine twice. The registered manager told us they would address this with staff to ensure this does not happen again.
●Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A medicines policy was in place.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
● Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "Safeguarding is protecting the adult and their interests. There is so many types of abuse, sexual, physical, neglect and verbal. If I see anything, I have to report to the manager. If she fails to do anything, I will report to someone higher than her (nominated individual). If she fails to do anything, I can then whistleblow to the CQC."
● People and relative told us people were safe. A relative told us, "Yes, they look after [person] very well." A person told us, "The carer, I get on with [them] quite well because [they do] a good job. [They're] funny. [They chat and do] things for you."

Learning lessons when things go wrong
● There were system in place to learn from lessons following incidents.
● There had been no accidents or incidents since the service started supporting people with personal care. The registered manager was able to tell us the procedure for recording incidents and how they would analyse the incident to learn lessons to minimise the risk of reoccurrence.

Preventing and controlling infection
● Systems were in place to reduce the risk and spread of infection.
● We observed that personal protective equipment (PPE) such as gloves and aprons were available. The relative we spoke with confirmed PPE was worn when supporting their family member. A relative told us, "They wear uniforms and gloves."

Requires Improvement

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 requires improvement. This meant that effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Systems were not in place to ensure people's support needs were captured at the assessment stage to ensure the service could deliver effective person-centred support.
● Records showed that some needs assessments were blank and did not include information on the specific support people required and how the service could provide that support. This meant that care plans were not person centred, therefore people may not receive personalised care according to their needs.
● This meant that people's needs and choices were not being assessed comprehensively to achieve effective outcomes for their care.

The above concerns meant that robust assessments had not been completed to determine if the service could support people effectively. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● The service was not working in line with the Mental Capacity Act 2005. The registered manager told us that a person may not have capacity to make decisions due to their health condition. Records confirmed that the person decision making may fluctuate. However, assessments had not been completed to determine if the person had capacity to make specific decisions using the MCA principles.

We recommend the service follows best practice guidance on MCA principles.

● Consent had been sought from people or their relatives prior to receiving care from the service. Staff told

us they always asked for consent before helping people.
● Staff had received training on the MCA and were aware of the principles of the act. They told us that they always requested people's consent before doing any tasks and would ensure consent was sought and MCA assessments were carried out. One staff member told us, "We have to ask them first before doing anything. Anytime we want to do something, we will ask consent." A relative told us, "They always talk to [person] before they do anything."

Staff support: induction, training, skills and experience
● Staff had completed mandatory training and refresher courses in most areas to perform their role effectively.
● People and relatives told us that staff were suitably skilled to support people. A relative told us, "They are well skilled in providing care." A staff member commented, "I did training. It was really helpful. We did a lot of training, safeguarding adults, manual handling. It was a lot of training."
● New staff had received an induction prior to supporting people. A staff member told us, "I have a training at the office for three days and one week shadowing. I met with people and how to look after them like with personal hygiene care and knowing your patients."
● Staff had received regular supervisions. Staff told us they were supported. One staff member told us, "[Registered manager] is very good. She supports me very well."

Supporting people to eat and drink enough to maintain a balanced diet
● The information on the support people would require with meals were inconsistent. The care plan template included that people's likes and dislikes with meals and specific support were captured. Some care plans included this information. However, we found some records that did not include people's likes and dislikes with meals and the support they required was not person centred. For example, care plans included that people should be supported with breakfast. However, there was no information on people's preference with breakfast and the level of support required such as if they needed support with eating.
● The registered manager told us most people required limited support with meals as they had family members at the household that supported them with meals but would include preferences and support needs.
● People were given choices with meals. A staff member told us, "We give them breakfast, lunch and dinner. You have to ask them what they want for breakfast, lunch and dinner. We give them choices, there is lot of varieties."

Supporting people to live healthier lives, access healthcare services and support
● Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
● Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A relative told us, "We talk about things. [Person] gets rashes and they tell me. They get me to look at it and make suggestions like have a doctor to look at it." Another relative commented, "Yes, my relative had a bed sore. They convinced [person] to tell me to contact the doctor."

Requires Improvement

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

● We received mixed feedback from people and relatives about staff approach. A relative told us, "They are very friendly. They really love [person]." Another relative commented, "They are very caring. They are all lovely people. We have a regular but know them all quite well. They are all very good." A person told us. "I get on so well with my usual carer. The others feed you, wash you and say goodbye." However, a relative told us, "[Staff member] is terribly rude. She completely ignored me, wouldn't answer me when I asked where she'd put something." Another person told us, "Some could not care less." We fed this back to the registered manager who told us she would find out more details and address this with staff.

● People were protected from discrimination within the service. The registered manager understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A staff member told us, "Everyone is all equal. Everyone may have own differences and may not be the same but we will respect that. I treat them all in a good way, the same way I treat myself. I cannot treat myself bad."

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

● People or relatives were involved in decisions about their care. Care plans showed that people had been involved with the support people would receive.

● Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "We help them make decisions. You cannot make decisions for anyone. It is about what you want."

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity were respected when they were supported by staff. Staff told us that when providing support with personal care, it was done in private. A relative person told us, "They push the door so [person] has privacy. They ask, "Is it alright if we do this or the other?."

● Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.

● Staff encouraged people to be independent. Care plans included information on areas people were independent. A staff member told us, "We cannot never take their independence away from them, we encourage that."

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● Care plans were not person centred and lacked details on people's support needs. One relative told us that their family member was not being washed properly and cloth were not being cleaned after washing the person.
● Care plans included the time people would be supported and summarised the support they required. However, this was not detailed as information on some care plans indicated that staff should support people with personal care without including the type of personal care required. Some care plans stated that people needed support with a bath or shower without specifying how this should be carried out.
● We found incorrect information had been included on care plans. In one person's care plan it stated staff should prompt medicines. The management team informed us that at times staff administered medicine when the person was not well. This level of information had not been included on the care plan.

The above concerns meant that care plans had not been completed accurately or personalised to ensure people received high quality person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

● People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. The registered manager was aware of what AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available to ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns
● A complaints policy was in place.
● Complaints were managed appropriately such as with staff time keeping, which was being addressed. The registered manager told us about the complaints process and people were given information on how to complain if they needed to.

End of Life Care:

● The service did not support people with end of life care. The registered manager was aware should they support people with end of life care in future, then an end of life care plan would need to be in place and staff should be trained to deliver end of life care. An end of life policy was in place and staff had been trained on end of life.

Requires Improvement

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 was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● There was lack of robust audit systems in place to identify shortfalls and take prompt action to ensure people received safe high-quality care. Effective systems were not in place to ensure shortfalls were identified through audits and prompt action taken to ensure high quality care was being delivered at all times and there was a culture of continuous improvement.

● Care plan audits were carried out, which focused on risk assessments and person-centred care. However, these audits, had not identified the shortfalls we found during the inspection. The registered manager told us audits had been completed by a staff member and not a member of the management team due to their workload. This meant that the management team could not be assured that the audit systems were effective.

● The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance. However, this was completed visually and there were no records of findings and if this was discussed with staff. This meant the service would not be able to monitor possible actions and track progression following the spot check findings.

The above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

● Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.

● Feedback was obtained from people about the service. The registered manager told is this was used to improve the running of the service.

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 provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent

to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The management team told us that risk assessments would be made robust and communicated to staff to ensure they were aware of risks and how to provide safe high-quality care at all times.
● Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.
● Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Registered manager] is a really good manager. She supports me well." Another staff member commented, "Yes, I do like working for them. They are kind, they are supportive, they are not judgemental. The [people] we have are really good."

Continuous learning and improving care
● Systems were in place to obtain feedback for continuous learning and improving care.
● Surveys had been sent to people to gather feedback and this was analysed to identify areas of improvement. The results were positive.
● The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others
● Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best possible health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person was not doing everything practicable to make sure that people who used the service received person-centred care that was appropriate, met their needs and reflected their personal preferences. Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service. Regulation 9(1)(3)(a).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1)(2)(a)(b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.

Regulation 17 (1)(2)(a)(b).