

2M Health & Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

2M Health & Home Care Ltd is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 30 people using the service.

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 and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Positive behavioural support plans were now in place; however, the records did not provide staff with guidance on how to respond to expressions of distress. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We found the records used to assess people's ability to make decisions was not always detailed enough. We have made a recommendation about this in the effective part of this report.

Right Care

Care plans continued to lack information about the support people needed and their preferences. Medicines related documents were completed correctly, however medicines care plans required improvement. Risk assessments were not always in place for people who required equipment to mobilise. People on high-risk medicines did not always have associated risk assessments in place. The provider had safeguarding systems in place and staff were well informed in how to keep people safe.

Right Culture

Systems and processes to assess the quality and safety of the support provided required embedding and sustaining and had not always identified shortfalls. The provider sought feedback from people and those important to them, however where issues were raised, there was no evidence action was taken. Staff had received an induction and training to support them in their role.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 1 September 2023). Breaches in regulations relating to person-centred care, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, staffing, and fit and proper persons employed were identified. The provider completed an action plan after the inspection to show what they would do and by when, to improve and meet the breaches in regulation related to person-centred care, consent, safeguarding service users from abuse and improper treatment, staffing, and fit and proper persons employed. Warning Notices were served for the breaches relating to safe care and treatment, and governance. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 1 September 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served had been met and they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 2M Health & Home Care Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

2M Health & Home Care Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors. An Expert by Experience made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 10 family members to share their experiences of care received. We also spoke with 6 staff members including the registered manager and care workers.

We reviewed a range of records. This included 5 care records, 4 staff files in relation to recruitment and supervision, and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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; Using medicines safely

At our last inspection the provider had failed to ensure risks to people's safety were thoroughly assessed and action taken to manage identified risks. People had also been placed at risk of harm as medicines were not managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks of supporting people to move using equipment were not always assessed. Care records contained information to guide staff as to how to use the equipment. However, there was no risk assessment or care plan with regards to mobility needs specific to the person and their environment.
- At the last inspection where people had an identified need of becoming distressed, there were no positive behaviour support plans in place. At this inspection guidance was available for staff on triggers that may make the person agitated and what to do after an incident. However, these support plans still required improvement. For example, 1 person's record did not provide guidance as to how staff were to respond and support the person when they were verbally aggressive. This meant people were at risk of escalation of distress behaviours.
- The provider did not have risk assessments for people prescribed anticoagulant medicines (to help thin the blood and prevent clots). This meant there was no guidance for staff to follow if a person at risk of excessive bleeding was injured.
- Medicines care plans were not always detailed. People's preferred method of taking their medicine, support required or confirmation of their level of compliance when taking their medicine was not always recorded.
- Staff performed restrictive practises without the authority or guidance to do so. However, when the local authority informed the provider immediate action was taken to ensure the safety of people when they experienced periods of emotional distress or anxiety.

Although we found no evidence to suggest people had been harmed, the failure to improve risk management systems potentially placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines administration records were accurate and up to date, which evidenced people had received

their medicines as prescribed.

- Staff received medicines training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.
- The provider acknowledged they needed to improve the way they assessed, monitored, and mitigated the risks to people's care. Following the inspection, they informed us of further action they will take to ensure they improve and maintain the quality of care records.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to effectively implement systems and processes to ensure people were protected from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Relatives told us when asked if they felt their relative was safe, "Yes, I do feel that [person] is safe." Another said, "[Person] is safe." However, 1 relative told us, "Some carers are better than others and if they have concerns they phone."
- Staff had received training in safeguarding people and were able to tell us how they would recognise signs of abuse and what actions they would take to protect people.
- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or well-being.

Staffing and recruitment

At our last inspection the provider failed to have an established recruitment system in place and was unable to demonstrate that safe recruitment checks had been sought for all staff, this meant the provider was in breach of regulation 19(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider was following safe recruitment practices. Pre-employment checks were carried out to make safer recruitment decisions. This included Disclosure and Barring Service (DBS) checks, employment references, proof of identification and right to work in the UK. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us they were mostly supported by the same staff. One relative told us, "We get different people all the time, although I have no complaints about them."
- We received mixed feedback around staff turning up on time for care calls. One relative told us, "Not always [on time] and they don't let me know." Another relative said, "Normally on time but it varies." One person told us, "They are here on time." However, all people and relatives confirmed they had never had a missed care call.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. They had completed

competency assessments in how to put on, take off and dispose of PPE safely.

- The provider had a new infection prevention and control policy in place.
- People and relatives told us staff wore PPE when supporting them in their homes.

Learning lessons when things go wrong

- Since the last inspection the provider had recently implemented records of accidents and incidents to help identify trends and patterns to reduce the risk of re-occurrence.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we were not assured that the provider always ensured consent to care had been obtained. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, further improvements were required.

Ensuring consent to care and treatment in line with law and guidance

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

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

- Where people did not have capacity to make decisions for themselves, individualised mental capacity assessments were in place with evidence of family input. However, these records did not always show that information was communicated to people in a way they could understand. The questions asked as part of the assessment were not recorded to provide clear evidence about whether the person had capacity or not.
- People's consent was considered prior to any support being delivered. Relatives told us when asked if their relative's consent was gained before providing care, "Yes, they are good at respect" and, "Yes they do and they are really good."
- Staff received training in MCA.

We recommend the provider review their practices to fully implement the principles of the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection care records failed to demonstrate the provision of personalised care, particularly in relation to care planning, end of life care and individual communication needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed before personal care was provided.
- Information gathered during the assessment process helped to form care plans, with involvement from other relevant people to ensure people's needs were identified and met. When asked about whether they were involved in their relative's care planning, 1 relative told us, "Yes we are, we recently had a long phone call."
- Care support plans were personalised. Details of people's individual preferences were recorded and provided a clear overview of the person, what was important to them, their life history, and the people they wanted to be involved in their care. This helped ensure that their individual needs could be met by staff supporting them.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff had the necessary training and competence to deliver safe care to people. This meant the provider was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff completed mandatory training as identified by the provider. Records showed this was up to date and demonstrated staff had received training in a variety of subjects. For example, equality and diversity, moving and handling, safeguarding adults and children, MCA, medicines administration, and first aid.
- Staff had their competencies assessed following training to assess their understanding. However, staff had not had their competency assessed for supporting people with moving and handling. The provider informed us during inspection they were in the process of developing this assessment.
- Staff told us they had received an induction and shadowing when they first started with the service which records confirmed this. Staff also confirmed that they received regular supervisions and appraisals. One staff member said, "When you ask for something they give it to you whether it is work or training or personal they help you."
- Most people and relatives told us they felt staff were skilled and experienced to support people appropriately.

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

- Care plans contained information about people's dietary needs, including their likes, dislikes, and preferred meal choices.
- People were supported with food and fluids where this was required. However, daily records were not always completed for people's meals and fluid input.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's care plans included details of health conditions they had. However, it was not always detailed how these health conditions affected the person.
- Care records contained information about health and social care professionals involved in people's care.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

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

At our last inspection the provider failed to ensure the service was well-led. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had implemented a range of processes for monitoring the quality of the care provided since the last inspection. However, further improvements to the provider's oversight and governance systems were needed as these had not always been effective in identifying issues or shortfalls.
- Oversight of care records had failed to identify that some care plans did not contain enough detail. For example, 1 person's diabetes care plan stated staff were to "ensure blood sugars remain within target ranges as per GP". However, there was no guidance or detail for staff as to what the person's target blood sugar range should be. The provider failed to identify this missing information.
- Systems to audit daily care records failed to identify they did not always contain enough information. For example, 1 person's daily records did not include information as to techniques staff used to support the person when they were distressed. The lack of information within daily records meant trends, themes, and ideas as to what worked well to reduce the person's distress could not be evaluated or used to update the care plan.
- The provider did not have systems to review electronic call monitoring (ECM) records. Care call timings were recorded electronically after each care call but there was no oversight to evaluate care calls for each person. The registered manager therefore did not have oversight of whether care calls were consistently punctual or the right length for each person. Some relatives had raised concerns about call timings to us. We reviewed the ECM records for September 2023 and identified there was overlap of care call planning and 17% of calls were late.
- While recording of complaints had improved there were still areas for improvement. For example, the provider had implemented a log of complaints received which included lessons learnt, however, there was no evidence or record of the response given to the complainant to ensure it had been responded to satisfactorily. This meant the provider was not able to assess if actions taken were effective.
- The provider failed to ensure staff had full access to people's care records. There was no system in place to identify whether records were present at the person's home to provide staff with up to date guidance on

the support required.

The provider had not always ensured effective systems were in place to assess, monitor and improve the quality of the service and mitigate risks to the people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider demonstrated they were responsive to feedback from the inspection and wanted to improve the service people received. They shared improvements they wanted to make during the inspection with us.

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

- The provider sought feedback from people and those important to them. One relative told us, "We have regular check-ups on the phone." Records demonstrated the provider had analysed the results from a recent satisfaction survey, however where issues were raised, there was no evidence action was taken.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear. We saw from records staff were able to give their views.

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

- Most staff spoke positively about the management of the service. One member of staff told us, "I do enjoy working with them." Another said, "They [management] are very active, even if I tell them someone is having a problem they act accordingly."
- Most relatives told us they were happy with the management of the service. Comments included, "I feel they are pretty good, I haven't had a problem with them" and "[Registered manager] is very helpful, any problem [they] visit straight away."
- They also told us they would recommend the service to others. One relative said, "We have no complaints so far and I have told my friends about it." Another relative told us, "I would recommend them."

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 registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

Working in partnership with others

- The provider had improved working with professionals to ensure people were supported with their health and social care needs. We saw records for where people required it, staff sought healthcare advice and support for them from external professionals such as GP's, community nurses and occupational therapists. This helped to ensure people's changing needs were fully met.
- The provider was working with an external consultancy firm and the local authority commissioners to make improvements.

Continuous learning and improving care

- The provider recognised improvements were needed to ensure the governance and leadership was more robust and effective in managing the day-to-day quality assurance of the service.
- The registered manager was receptive to feedback when we discussed the inspection findings.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found no evidence to suggest people had been harmed, the failure to improve risk management systems potentially placed people at risk of harm. Staff were using restrictive practices without the authority or guidance to do so.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured effective systems were in place to assess, monitor and improve the quality of the service and mitigate risks to the people using the service.</p>