

Real Mission Limited

Real Mission Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Real Mission Care is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to children and adults over the age of 18, elderly, have a learning disability or physical disability. At the time of our inspection there were two people receiving a personal care 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

People and their relatives felt they received safe care from staff and risks to their health and wellbeing had been identified and minimised. Staff were caring and kind and treated people with dignity and respect and encouraged people's independence where possible.

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.

There were enough staff to meet people's needs and staff were recruited safely. Staff completed training relevant to their role and felt supported by the registered manager. People were supported to have enough to eat and drink and have access health care when required.

People told us the registered manager was approachable and listened to them. People told us they would recommend the service to others. The registered manager communicated well with staff to ensure people's needs were met.

The registered manager conducted regular spot checks and asked people for their views to monitor staff performance and ensure people were receiving good quality care.

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 11 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Real Mission Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by an inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. Inspection activity started on 22 April 2022 and ended on 28 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager on 27 April, 24 June and 28 June 2022. We spoke with the registered manager and one care staff on 28 June 2022 and a relative and a person using the service on 28 June 2022.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse, including safeguarding and whistle blowing policies. These covered both children and adults.
- People told us they felt safe with staff.
- The registered manager told us staff had completed safeguarding training. They also told us staff were encouraged to whistleblow if they witnessed any abuse, "We will protect [staff] from any harassment, report to CQC and local authority, we must protect the person who is whistle-blowing."
- A staff member told us people who used the service were vulnerable, "I would complain to the office. Our manager is very good, he tells us what we need to do for safeguarding...we can speak to our manager." Staff knew the external authorities to report to, including the police, social worker or CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed. Records confirmed this.
- Risk assessments identified individual risks and measures were in place to reduce these. Risks covered areas such as risk of falls, pressure ulcer, moving and handling, continence and COVID-19. The registered manager gave us an example of how they managed the risk for a person at risk of falls, including encouraging the person to use their walking aid when mobilising.
- Staff were provided with clear guidance on how to manage people's risks, the registered manager had developed guidance for staff translated into Bengali to ensure staff understood how to keep people safe. This included manual handling, using a stairlift and transferring people in and out of bed.

Staffing and recruitment

- There were sufficient staff deployed to meet people's individual needs. The registered manager told us staffing levels were organised based on assessment of need, demographics, frequency of visit and skills mix.
- Staff arrived on time and informed people if they were running late. One person told us, "They usually text me or call me and let me know if they are running late." A relative told us staff were never late and always arrived on time, they told us, "I have never had an issue, staff have never been late."
- Staff were recruited safely to ensure they were suitable to work with people. They underwent appropriate recruitment checks before they started to work at the service. Pre-employment checks, including at least two references, proof of identity and Disclosure and Barring checks (DBS), had been carried out to make sure new care workers were of good character to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We have made the registered manager aware of the need to ensure all gaps in employment are recorded.

Using medicines safely

- Systems were in place to manage medicines safely. The registered manager told us no one currently using the service was receiving medicine support, however, policies and procedures were in place should this be required in the future. This included a process for dealing with any medicine errors. The registered manager said, "It is our responsibility to make sure [people who used the service] are safe and the service is safe."
- Although the service did not currently provide medicine support, each person had a medicine risk assessment in place. This documented whether people had responsibility for managing their own medicines or their family members. This assessment would also be used to document whether staff were providing any support should this be required.

Preventing and controlling infection

- People were protected from the risk of the spread of infection and cross contamination. People and relatives told us staff wore appropriate personal protective equipment (PPE). One person told us, "They wear a mask and they wear gloves and plastic shield."
- Staff confirmed they were provided with PPE such as gloves, masks and aprons.
- The registered manager told us staff were reminded to follow good infection prevention and control practices, including wearing PPE and good hand washing techniques.

Learning lessons when things go wrong

- Systems were in place for dealing with incidents and accidents.
- The registered manager told us there had been no incidents in last 12 months, however, forms were in place, including a process for learning from incidents.

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 good. This meant 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

- People's needs were assessed before joining the service, this took into account their needs which included areas such as communication, medical history, sexual orientation, medication and well-being. The registered manager was aware of the need to ensure the outcome of the needs assessment was clearly recorded and this is individualised.
- Person-centred care plans were developed following a needs assessment. For example, one person's care plan documented what care they needed and how care staff should provide this, such when attending to their personal care needs.
- Where appropriate, relatives had been asked to contribute to the assessment of people's needs, which enabled the staff to understand more about a person's history and how this may impact their daily lives.

Staff support: induction, training, skills and experience

- Staff completed training in various topics relevant to their role, such as moving and handling, first aid, health and safety and food hygiene.
- People and relatives confirmed staff had the necessary skills and were good at their jobs.
- New staff completed an induction based on The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received regular supervision which helped the registered manager assess how staff were managing their work and if they needed any additional support or training to help them meet people's needs.

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

- People were supported to have sufficient amounts to eat and drink. People's relatives prepared their meals. However, where required, care workers supported people to prepare and eat their meals. Care plans confirmed this. One person told us, "[Care staff] do feed me, and give me what I like." A relative said, "[Care staff] know the family prepare the meal and they assist with feeding."

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

- People had access to healthcare services. The registered manager told us they worked with various health professionals, including opticians, occupational therapists and had regular contact with social workers. Health appointments were recorded in the office diary managed by the service.

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.

- People were fully consulted about their care. Consent forms were in place and signed to ensure people understood how information about their care and treatment may be shared with health professionals or other relevant authorities.
- People who used the service had capacity to tell staff how they wanted to be cared for. People and relatives told us care staff asked their permission before providing care. One person told us, "Yes they [care staff] do."
- The registered manager had knowledge of the principles of the Mental Capacity Act 2005 and the legal requirements where people lacked capacity to make decisions about their care. Staff had completed training in the MCA.

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 good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were treated well by staff who respected their privacy and dignity and always encouraged them to be as independent as possible. One person told us, "When doing personal care [care staff] ensure I have privacy, they close the bathroom door and they give me privacy."
- Records showed staff completed training in equalities, diversity and human rights. Relatives and staff told us about the importance of being able to communicate with each other in their own language, this helped to better understand the care people needed.
- The registered manager told us they had a, "Zero tolerance in terms of discrimination of anyone or service user. We ensure equal opportunities for everyone, this is a universal service. Irrespective of transgender, colour, race or gender, no one feels discrimination.."

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

- People were involved in decisions about their care and able to give their views about how and when care should be provided. One person told us, "They sent [copy of care plan] via email, in the sense I can tell [care staff] how I want care to be delivered, if I want them to come at a different time they will, they are quite flexible." A relative told us they were involved and had seen a copy of the care plan which was written in English and Bengali. Records of care plans reviewed confirmed this.
- The registered manager told us they always involved people and their relatives in making decisions about their care and had regular communication with them. People, relatives and staff also confirmed this.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care personalised to them and their individual needs. One person told us the service took into account their preferences when providing care and staff understood their needs. For example, the care plan documented how they preferred to be addressed and how they liked their personal care needs to be met, such as whether they had a preference for a bath or shower. One person told us, "Yes, [care staff] understands my needs."
- People's care plans provided a detailed account of their likes, dislikes and preferences for care, as well as how staff should support them. Care plans were reviewed every six months or sooner to ensure they accurately reflected people's changing needs and wishes.
- The registered manager planned person-centred care to ensure people received support in line with their preferences. They told us, "The main principle is person-centred care the person should be in the centre, we provide training for staff to respect people."
- Daily care notes were tailored to people's individual requirements whereby staff were able to confirm by ticking a box that they had delivered care in line with people's plan of care. We made the registered manager aware of the need to ensure food choices were clearly recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the requirements for Accessible Information Standard, they told us this is a, "Condition of the service to ensure proper information based on disability, language information should be accessible."
- People's communication needs were documented as part of their assessment.
- The registered manager told us various documents had been translated to meet staff language needs, such as summary of support plan and the service user handbook which was written in English and Bengali. This helped to meet the communication needs of people currently using the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in activities in the community with support from care staff and family members.

- Care plans documented how people were supported by care staff and family members to reduce the risk of isolation. Care plans detailed people's social needs, such as going out into the community or participating in family activities. For example, one care plan stated, "One carer takes me out once a week if I prefer or stay with me and give companionship at my flat to ensure that I am safe. I do some stimulating activities supported by family and carers and support to maintain my social network."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This provided details of the stages people can expect their complaint to be addressed and contact information for the independent ombudsmen should they be unhappy with the outcome.
- People and their relatives confirmed they could complain if needed to. One person told us, "Yes, I can [make a complaint] because I have the contact details of the manager and can talk if any problems." A relative told us, "If not happy I would complain, I can call you [CQC] or [the] social worker. First call would be the manager, if not satisfied would go to the [local authority]."
- The registered manager told us they had not received any complaints in the last 12 months.

End of life care and support

- At the time of our inspection no one using the service received end of life or palliative care. However, policies and procedures were in place should the service provide end of life care in the future.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 a positive and open culture at the service. People and their relatives spoke positively about the support they received from the registered manager and staff team and felt confident with how the service was managed. One person told us, "I think [the registered manager] is very good, they also ask for regular feedback and check if everything is ok and the service is running smoothly." A relative told us, "[Registered manager] comes [to visit], he is very good."
- The registered manager told us their key achievement was, "Ensuring service is provided in a safe way. Good communication with people is established and the service is flexible."
- Staff told us the registered manager was very supportive and approachable. A staff member told us, "The registered manager] calls me to see if I need anything. He is very good and helpful."

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 is aware of their duty of candour responsibilities and the importance of reporting any concerns to the relevant people, they said, "We need to be honest and open to our users [people who used the service] anything goes wrong we need to show our duty of care."
- The registered manager was clear about their role in reporting notifiable incidents to CQC, such as safeguarding, deaths and serious incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had day to day responsibility for running the office. They also had responsibilities for running another service registered with CQC but had recently appointed a new manager who will be taking over the responsibility of day to day management. An administration manager had been recently appointed and will be based in the office. There is a senior care worker who provides supervision to staff and also provides care.
- The registered manager carried out spot checks and spoke with people to ensure staff were providing the care people needed. Records and people confirmed this.

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

- The service obtained regular feedback from people and involved them in how the service was run. One

person told us, "I received a feedback form and another time gave oral feedback about three months ago, a few times the carer was with me and the [registered manager] called to see if everything was ok." A relative told us, "The [registered manager] asked for feedback a few months ago. He comes and asks if everything is ok are the staff ok and whether I need anything."

- People and relatives told us the registered manager sought regular feedback and carried out spot checks, feedback obtained in April 2022 via a questionnaire showed people were happy with the quality of care provided by the service.

- Staff maintained regular communication with people who used the service and their families. The registered manager told us they were part of a community which included a group via a mobile application, where relatives were able to keep in touch with staff. This helped staff and people keep up to date with any changes.

Working in partnership with others

- The service worked together with other health and social care professionals to meet people's needs and to assess and plan ongoing care and support.