

Mvecare Health Solutions Ltd

# Mvecare Health Solutions Limited

## Inspection report

91 Hazlebarrow Road  
Sheffield  
S8 8AU

Tel: 01142378765

Date of inspection visit:  
01 July 2022

Date of publication:  
11 August 2022

## 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

Mvecare Health Solutions Limited is a domiciliary care service providing care and support to people living in their own homes in the Sheffield area. At the time of our inspection, there were three people using the service.

### People's experience of using this service and what we found

People were protected from avoidable harm and abuse. Relatives told us they felt their family members were safe and well protected. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.

There were enough staff on duty with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely.

Medications were safely managed, administered and stored. Infection control and prevention was managed well. Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.

People were assessed before they used Mvecare Health Solutions by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.

There was a clear process for referring people to external services when required and this was applied consistently to ensure care was safe.

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.

People were included in their day to decision making and choices. People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.

A personalised care plan was developed for each person with their involvement or with their family members' involvement, if appropriate.

There was a complaints process in place which outlined response times and procedure.

End of life care was discussed sensitively and with care and compassion.

The registered manager promoted a positive ethos and culture, which was centred around people's needs and preferences.

The registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards.

The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements. There were effective systems in place for checking and improving the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 24 February 2021 and this is the first comprehensive inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

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.□

# Mvecare Health Solutions Limited

## **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 one 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means 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.

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

Inspection activity started on 01 July 2022 and ended on 06 July 2022. We visited the location's office on 01 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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

We spoke over the telephone with one person and three relatives. We spoke with the registered manager and one member of staff. We visited the office location to review written records. We looked at two people's care records. We checked records relating to the management of the service including policies, and procedures, and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This was 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were regularly assessed, recognised and managed.
- Incidents, accidents, and near misses were recorded and monitored to ensure there was an opportunity for ongoing learning.
- Appropriate reviews took place of all incidents by the registered manager, and any patterns or emerging trends were highlighted for discussion with team managers and others involved such as health and social care professionals.

Staffing and recruitment

- Staff were recruited and selected safely.
- There were enough staff on duty with the right mix of skills to support people safely and effectively.

Using medicines safely

- People's medicines were managed safely.
- Staff kept accurate Medication Administration Records (MAR) in relation to people's medications, including prescribed creams.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff had completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.
- People using the service and their relatives told us they had no concerns relating to their safety when receiving care and support.

Preventing and controlling infection

- Infection control and prevention was managed well.
- Staff understood their roles with regards to infection control and the importance of maintaining high standards of cleanliness.
- Staff confirmed they had access to enough PPE and had received infection control training.
- Staff were part of a regular testing programme for COVID-19.

# 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 was 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 were assessed before they started their support at Mvecare Health Solutions by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by team managers, others professionals involved and relatives to ensure the service continued to meet the needs of each person.

Staff support: induction, training, skills and experience

- Staff were supported, supervised, trained and suitably skilled to meet the requirements of their role.
- All staff training and induction was recorded, which evidenced all the training the provider had deemed mandatory had been completed. Additional training was also being sourced in line with some people's specific requirements.
- Staff discussed their roles and responsibilities and confirmed they felt well supported due to consistent supervision, and training.
- Relatives confirmed they felt staff had the right skill mix to support their family member. One relative said, "The staff always come across as professional and knowledgeable."

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- People choose their own menus and shopped for their own ingredients.

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

- Staff worked with other agencies such as GP's and district nurses to ensure people's needs were met.
- There was a clear process for referring people to external services when required, and this was applied consistently to ensure care was safe.

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 is 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 gave consent to their care and treatment, and staff had a good understanding of the requirement.
- People's consent to care and ability to make decisions was recorded within their care plans.

# 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 was 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

- Staff treated people with respect, kindness, equality and dignity. Caring and respectful relationships had been developed between staff, people who used the service and their relatives.
- Relatives spoke positively about the staff. Some of the comments included, "I have a genuine feeling that they want to provide my [relative] with the best possible care" and "I would definitely say they keep my [relative] safe. The staff are always courteous and polite."
- Consideration had been given to people's cultural and spiritual backgrounds.

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

- People were included as much as possible in their day to day decision making and choices around their care and support needs.
- Each person's care was reviewed on a monthly basis. The review process enabled people to consider what was working well and not so well and to identify any changes needed. This meant people were able to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect, kindness, equality and dignity. One person said, "They [staff] don't mess about. There are no short cuts with them [staff]. They are brilliant."
- People's privacy and dignity was respected.
- Care records promoted people's independence, highlighting what people were able to do for themselves.

# Is the service responsive?

## Our findings

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

This was 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 and their families were involved in planning their care and support.
- Care and support was personalised and tailored to meet individual needs and preferences.
- People's care and support needs were regularly reviewed with people, and any changes to people's needs were effectively communicated to staff.

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 people should get the support they need in relation to communication.

- The provider carried out assessments of people's communication needs, and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated and what steps staff should take to support each person in communicating.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and procedure.
- There had been no formal complaints to the service. Relatives told us they knew how to complain should they need to.

End of life care and support

- Nobody using the service was currently receiving support with end of life care.
- End of life care planning was discussed as part of people's care assessment. Where information was provided, this was documented within care plans.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 a clear understanding of their role and responsibilities, in line with regulatory requirements.
- Staff's performance, learning and development was monitored through observations and regular contact with managers and senior staff with management responsibilities.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.
- The registered manager reviewed and monitored all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion.
- Family members were involved in planning their relative's care and support, and people experienced good outcomes and support towards their chosen goals.

- Staff told us they enjoyed their roles and felt valued and supported. One staff member said, "They [management team] are genuine and caring."
- People and relatives were encouraged to provide feedback about the service and were confident their views would be listened to. One relative told us, "They [registered manager] often approach us and ask if we are happy, or if we would like to change anything."

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 managers understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries and had systems in place to do so should they arise.
- Data was kept securely, and the provider and staff understood the Data Protection Act and how to maintain confidentiality in line with data protection standards.

#### Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure people received joined up care. For example, they liaised with people's GPs and community nurses.