

Mineral Homecare Ltd

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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

This inspection took place on 14 August 2018 and was announced. Mineral Homecare Limited provides domiciliary care and support for people living in their own homes. Mineral Homecare Limited provides a service to people living in Stroud and surrounding areas. At the time of our inspection there were 10 people who were receiving personal care. The service provided care for people with long term health care conditions, older people, people with physical disabilities and people living with dementia. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

We last inspected Mineral Homecare Limited on 28 June and 10 July 2017 and rated the service as "Requires Improvement". At this time the service was known as First Contact Healthcare Limited (Stroud). At the 2017 inspection the provider was not meeting all of the required regulations. We found people were at risk of being cared for by unsuitable staff because robust recruitment processes were not in place. We also made a recommendation to the provider in respect to their good governance systems they operated as a new business. At this inspection we found improvements had been made and sustained by the provider and we rated the service as "Good."

The service had a registered manager, who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had implemented robust recruitment processes to ensure all care staff were of good character. The provider had implemented systems to monitor, assess and improve the quality of service they provided to people. The provider had recruited a manager who was registering with CQC. The provider also had plans to further develop management systems for the service.

People told us they felt safe and comfortable when receiving support from care staff. People and their relatives felt their needs were met by skilled and dedicated care staff. People and their relatives spoke positively about the care and support they received. People received support which was personalised to their needs, including support with their personal hygiene needs and support with their prescribed medicines. People and their relatives told us they felt listened to and could not fault the care they received.

Care staff spoke confidently about the support they received. Care staff had the skills and training they needed to meet people's needs. Care staff received support from the provider and manager and told us their professional development was promoted.

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 safe. People felt safe when receiving care from care staff. Care staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe and calm manner. The provider ensured staff were of good character before they were offered employment.

Good ●

Is the service effective?

The service was effective. People were supported by care staff who had the skills and training they needed to meet people's needs.

People were supported to make choices and care staff had knowledge in relation to the Mental Capacity Act 2005.

Where necessary, people were supported with their dietary and healthcare needs.

Good ●

Is the service caring?

The service was caring. People spoke highly about care staff and felt they were treated with dignity and respect when receiving care.

The provider promoted a caring culture across the organisation. Care Staff spoke about people in a kind and a caring manner.

Good ●

Is the service responsive?

The service was responsive. People's care plans were personalised to people and their needs.

People and their relatives were involved in the planning of their care.

Good ●

People and their relatives were confident their complaints would be listened to and acted upon by the provider.

Is the service well-led?

The service was well-led. The provider had systems in place to assess, monitor and improve the quality of service people received. The provider had plans to develop these systems to further develop the service.

People and their relatives spoke positively about the registered manager and felt the service was managed well.

Good ●

Mineral Homecare Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 14 August 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by one inspector.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law. We also spoke with one local commissioner.

We spoke with two people who were receiving care and support from the service and three people's relatives. We also spoke with four staff members which included two care staff, the manager and the registered manager/owner. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

At our last inspection in August 2017, we found people were at risk of being cared for by unsuitable staff because robust recruitment processes were not in place. These concerns were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had taken effective action and met the requirements of these regulations.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this system and the ability to approve the recruitment of any member of staff. They had implemented a clear check list to ensure relevant checks had been carried out before staff started assisting people with their care and support.

People and their relatives told us they or their relatives felt safe when receiving support from care staff. Comments included; "I am safe when they are here with me"; "(Relative) is comfortable with the carers" and "We don't have any issues, we feel safe."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to a team leader or the registered manager. One staff member said, "I would go to (manager) if I had any concerns." Another staff member added that, if they were unhappy with the manager's or provider's response, they would speak to the local authority safeguarding team or CQC. They said, "I am aware I need to contact safeguarding." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action.

The provider ensured all safeguarding concerns were reported and acted upon. They supported care staff to learn from any concerns or incidents. For example, the provider had identified an increase in complaints and concerns in Autumn 2017. The provider discussed concerns with their staffing team and took action to ensure the service people received improved. The number of concerns had significantly reduced and care staff were raising any issues they identified in a timely manner, to ensure concerns and the impact on people would be reduced.

People's care plans contained assessments of all aspects of their individual support needs. Assessments for people included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person had a history of falls within their own home. The person's care plan contained guidance on how to manage this risk, while maintaining the person's independence and access within their home. There was clear guidance on how care staff should assist the person to use their stairs. Additionally, clear guidance was recorded in regards to ensure the environment was safe to assist the person with their mobility, with wet floors being identified as a risk which care staff needed to manage.

Where people may become agitated or resistive of care there was clear guidance for care staff to assist them. For example, one person's care plan detailed a consistent approach on how staff should approach them, the benefit this had on their wellbeing and their day. There was a clear record of how care staff should communicate with the person to reassure the person and make them comfortable with their personal care.

People told us when staff arrived they spent the time they expected with them. Comments included: "Yes they do, more or less. Sometimes they get held up, but they tell me"; "Never had any problems with them not turning up" and "They turn up when we expect them to, sometimes a little bit late."

Care staff told us there were enough staff deployed to ensure people could have their care visits. Staff told us they also had enough time to travel between people's homes and did not feel rushed. Comments included: "I never feel rushed. We have a set route, so we know what we're doing and we have time to travel" and "We have the time to do what people need." The registered manager kept and maintained a clear rota of the care and domestic support people received. This enabled them to ensure there were enough staff on duty to provide care to people who required it.

People told us, where required, care staff assisted them with their prescribed medicines. One person told us, "If I need help with my tablets, they help me." People's medicine administration records were completed consistently and no concerns were raised regarding the administration of medicines. People's care plans documented people's prescribed medicines and provided a clear record of who was responsible for obtaining and administering the medicines, including those people who self administered their own prescribed medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines.

People were protected by the prevention and control of infection as staff understood their responsibility to use Personal Protection Equipment (PPE) such as gloves and aprons when supporting people with personal care. Staff usage of PPE was checked by the provider as part of their observations of the practices of staff. People and their relatives confirmed that staff wore PPE when being supported with personal care. One relative told us, "They wear what they're supposed to do."

Is the service effective?

Our findings

People were positive about the care staff and felt they were skilled to meet their needs. Comments included: "We think they're very good. They seem skilled. They know how to support (relative)"; "They do just about everything for me, they're good" and "There are some new ones and they know what to do."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "I have all the training and support I need" and "Have the skills I need." Staff were supported to undertake additional training as required, for example when people's needs changed, or if they had identified a learning need. One staff member said, "They've been really helpful with me and supporting me."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. The provider told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the register manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the registered manager (one to one meetings allow care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "Definitely supported by (manager) and (supervisor)" and "It's a very supportive service." The manager told us they ensured care staff received supervision every month, to discuss development and give them positive feedback.

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We're always communicating, offering choice and enabling them to do as much for themselves as possible" and "We want to provide good person centred care, a lot of that is knowing what people want and promoting their choices."

The majority of people receiving personal care support from Mineral Homecare Limited understood the reasons for their care and how it helped them to stay in their own homes. A clear record of each person's consent to care was in their care plans and was identified as part of their initial assessment. The service was in the process of documenting people's consent to their care implementing mental capacity assessments for people they believed may not have capacity to consent to some aspects of their care. We discussed this with the provider who was taking immediate action to ensure people's consent to care was clearly documented, which included care staff reviewing this with people. The provider was also focusing on

providing staff with further training around the mental capacity act. While consent had not always clearly been recorded it was clear this currently had no impact on people receiving support from Mineral Homecare.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "They do what I ask, I don't feel like they force me" and "They listen to us and follow our lead."

People's care records documented the support they needed with their nutritional requirements, as well as their choices and preferences. For example, one person required support and supervision with their meals as they had difficulty swallowing. Care staff were provided with clear guidance on how to assist this person with their meal, including providing a meal of their preference, to ensure the person's nutritional needs were met. Another person was supported with preparing their meals. Care staff were given clear guidance on how to support the person to make a choice of what they would like to eat. Care staff had clear instructions to ensure the person had a pudding with each meal.

People were supported to maintain good health through access to a range of health professionals. At the time of our inspection, people receiving care were mainly independent with their healthcare needs. Where people required additional support from healthcare professionals, or required assistance this was clearly recorded on their care records. The registered manager and care staff worked with healthcare professionals to ensure people's continuing needs were met. For example, one person had been assessed by speech and language therapists. The family and care staff had identified changes to the person's nutritional needs and were arranging for a reassessment of their needs. The provider confirmed the actions the family and staff were taking to maintain and promote the needs and wellbeing of the person.

Is the service caring?

Our findings

People spoke positively about the care they received and the care staff supporting them. Comments included: "They (staff) are very kind, caring and pleasant. They really are"; "I think they're alright" and "I think they've got the right attitude."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I really enjoy it, I love the people we support, I've built good relationships with all of them" and "We get to know people, what's important to them and support them as they wish."

People and their relatives told us they were treated with dignity and respect by care staff. They told us staff respected they were assisting them in their own homes and ensured their properties were treated with respect. Comments included: "They treat us with respect" and "They are always respectful of (person), me and our home."

Care staff told us the importance of respecting people's dignity. One care staff told us, "We always make sure we're communicating, that people are involved and understand. If family are around then we make sure that doors are closed. We understand each person is an individual and they have certain ways of doing things." The manager told us they supported staff to ensure people and their properties were always treated with respect.

People told us they felt comfortable with care staff and were supported to build positive relationships. People told us they benefitted from good continuity of care. One person's relative said, "The staff are really good, things have really improved". They also explained how they could provide feedback on staff to ensure all staff were suitable to meet their relative's needs.

People were supported to express their views and were involved in making decisions regarding their care and support. Where people had made decisions around their care or support this had been recorded in their care assessments. For example, one person and their relatives requested that staff ensured they talked with the person at all time and involve them with their care tasks. They felt this helped the person exercise their brain and promoted a good mood. One member of care staff told us how they engaged with this person and supported them to make as many choices as they could.

Is the service responsive?

Our findings

People spoke positively about the personalised care they received, and felt they were involved. Comments included: "They (care staff) are very good and very helpful"; "They ask me what I want, they talk to me" and "They assist me how I choose."

People were involved in all decisions about their care. Thorough assessments were carried out with people before they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with maintaining their skin integrity. Guidance was provided for care staff on creams to use and when concerns should be raised with other healthcare professionals.

Assessments were used to develop detailed person centred care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented the support they required from care staff which included aspects of their care needs such as food and drink, personal hygiene and dressing. Clear guidance was provided to care staff to ensure they had the information they needed to meet the persons' needs at each care visit the person required. This ensured staff were assisted to ensure people's needs were met and enabled them to stay living in their own homes.

People told us the provider and care staff were responsive to any changes in people's needs. For example, one person's relative spoke positively about care staff. They said, "The service has improved and they speak and listen to us. If something changes then they're responsive to change with it."

People and their relatives felt the registered manager was responsive to their concerns and understood the complaints policy. Comments included: "I have no complaints, I'd contact the manager if I did"; "I've contacted the manager when things haven't been right and they've sorted it. They make things better" and "I raised an issue previously. They informed us they were aware and they sorted it out. We haven't had the same problem since."

The registered manager had a log of complaints. Complaint records mostly showed the actions the registered manager had taken in response to the individual concern. For example, one relative complained about rushed care calls and the quality of care their loved one received from care staff. This complaint was communicated to staff and had been resolved. Since our last inspection the provider kept a clear record of compliments and complaints they had received regarding the service they provided. They ensured people and their relatives were aware of who to contact if they wished to provide feedback on the service they or their relatives received.

Is the service well-led?

Our findings

People and their relatives spoke positively about the provider/registered manager. They also told us how their views were listened to and respected. Comments included: "I can phone the manager at any time, they're always supportive"; "Since (manager) has been in the office it's improved, before they could be a bit disorganised" and "I know who they are."

Since our last inspection the provider had implemented a range of quality assurance audits, to assess, monitor and improve the quality of service people received. This included surveys of people, their relatives, healthcare professionals and staff. The provider had implemented a communication book which contained all meeting minutes and additionally used an electronic care planning and communication system to ensure staff received current information on people's needs. For example, changes were made to one person's care and risk assessments on the day of our inspection. This was immediately communicated through to staff who were enabled to meet this person's needs.

Care staff spoke positively about the manager and registered manager/provider. One member of staff told us, "Really supportive, they have a lot of time for us, I know I can go to them." The manager told us they had the support of the registered manager and a clear vision of providing good quality person centred care. The registered manager also discussed the clear vision they had for their service, including up-skilling their staff through in house training and setting up a sister training company, with the view of being a recognised training provider.

The provider had a management meeting book. They used this book to record all meetings and to discuss any current incidents, concerns, new clients and any staffing issues. This ensured that all information was discussed to ensure effective action could be taken. For example, supervision had been discussed and ensuring it covered key areas of staff performance. One member of staff said, "We get information through very quickly, so we can act quickly."

The registered manager had systems to monitor people's care records to ensure they were current and reflective of people's needs. For example, a care management audit identified shortfalls in relation to people's care plans. Where a care plan had been audited there was a clear record of any changes which needed to be made. These actions were passed to a member of staff to address. For example, where consent to care records hadn't been signed, staff had been asked to seek signatures from people and their advocates.

The provider had electronic systems which they were able to use to generate reports in relation to call times and missed visits. The provider used this system to identify if people's care visits were late or had been missed. It enabled them to identify when care staff were arriving and leaving people's homes, providing them an overview if people were receiving the calls they expected. By using this system and feeding back to care staff, the compliance of staff signing in to visits had significantly increased. The provider explained how this and the information it generated was useful for them when scheduling care calls. The provider had further plans to improve and develop their monitoring systems, including the use of electronic systems

which people could access to contact the provider, assist in the review of their care plans and increase their involvement.

The provider sought the feedback and guidance of people, their relatives and healthcare professionals. For example, the registered manager sent out surveys in July 2018. These surveys had been amended following a low response at the previous survey in 2016. No negative comments had been received to the provider as part of this survey and they were in the process of chasing some further responses. Feedback from care staff had been positive about the service and changes that had been made. The provider and the registered manager also sought people's feedback about the service. They used phone calls and quality visits to seek people and their relative's views in relation to the quality of the care they received.