

Metropolitan Care Services Limited

Barking

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:

Barking Metropolitan Care Services Limited is a domiciliary care agency that was providing personal care to nine people at the time of the inspection.

People's experience of using this service:

People told us they received safe care. Staff had completed safeguarding training and knew what action they should take and how to report any concerns they had.

Staff had been trained in a variety of areas and were knowledgeable about their roles and responsibilities. Systems were in place to support them and monitor their work.

People had risk assessments in place. Where risks had been identified there were plans to manage them effectively. There was an accident policy and a contingency plan to ensure the service could continue in the event of an emergency.

There were sufficient staff to meet people's care and support needs. A system was in place to recruit suitable staff.

Staff sought people's consent before providing support to them. People's capacity to make decisions had been assessed.

People were supported to maintain nutritional and fluid intake. Staff treated people with dignity and respect and promoted their independence. People made their own decisions and staff were aware of people's choices and care needs.

Care plans were detailed, specific to the person and reflected people's choices and preferences. People were involved in planning their care and were supported by external health professionals to maintain their health and wellbeing.

The service had a complaints procedure. People, their relatives and staff knew how to complain. Quality assurance systems were in place to monitor the quality of the service, such as surveys, audits and spot checks.

There was an open and person-centred culture within the service. People, staff and relatives felt able to express their views. Feedback regarding the management of the service was positive.

Rating at last inspection:

Requires Improvement (report published 13 February 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection on 16 January 2018, the service was rated as requires improvement. We asked the provider to take action to make improvements with regard to time keeping as some people and relatives told us the staff did not always arrive and leave on time. We also asked them to improve the system for recording and monitoring staff visits as it was not working effectively, and this could put people at risk. During this inspection we found the actions have been completed.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Barking

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector.

Service and service type:

Barking Metropolitan Care Services Limited a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners.

During the office site visit we looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager and provider.

After the inspection we spoke with two people and one advocate by telephone to gather their views about the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection on 16 January 2018, some people and relatives told us the staff did not always arrive and leave on time. During this visit, people and their representatives told us that this had now improved. One person said, "They [staff] are always here on time." The registered manager explained that they had concentrated their work in two postcode areas only and this ensured that staff were able to visit people at agreed time. There was a dedicated team of staff working for the service and this helped to ensure consistency in meeting people's needs.

- The provider followed safe recruitment systems to ensure staff were suitable to work with people. New employees underwent relevant employment checks before starting work. For example, references from past employers were taken up and criminal records checks carried out.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. There were processes in place to ensure people were protected from the risk of abuse. Staff had received training in safeguarding adults. One person told us, "I do feel safe when the carers are around." The service had a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation.

Assessing risk, safety monitoring and management

- Risk assessments supported people to develop their independence while minimising any risks. Where people were identified at risk, appropriate measures were put in place. For example, one person was identified to be at risk of falls due to limited mobility. There was clear guidance on what actions staff needed to take to minimise any risk to people.

Using medicines safely

- People received support from staff with their medicines to ensure they were managed safely. We looked at some completed medicine administration records (MARs) and saw staff had signed to indicate what medicine they had prompted the person to take. People told us the staff helped them with taking their medicines.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were provided with personal protective equipment such as aprons, gloves and shoe covers. People commented that staff respected their wishes such by wearing shoe covers when they visited them in their houses.

Learning lessons when things go wrong

- There was an accident and incident recording system in place, so any patterns or trends could be

identified, and action taken to reduce the risk of reoccurrence. This helped to ensure people were supported safely.

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.

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

- Before people started using the service, an assessment of their abilities and needs was always undertaken. They and their representatives were given the opportunity to be involved fully in the assessment process. People's care preferences were also documented in the assessment. For example, what time they wanted the staff to visit them.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who had relevant training and skills. Staff were supported by a system of induction, training and supervision. We saw staff had completed training in a number of areas which helped them in their roles. Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. One person told us, "Yes, the carers know what they are doing, they are very good."

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

- People were happy with the levels of support from staff regarding food and drinks. Where people needed assistance, this was recorded in their care plans and they were supported to make choices regarding their meals. One member of staff told us, "[Person] likes toast and a cup of tea for breakfast."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with other health professionals to ensure people received effective care and support. We saw care records included contact details of other professionals who were important to people. There was guidance for staff on what to do if they were concerned about the person's wellbeing. People were supported to maintain good health.

Adapting service, design, decoration to meet people's needs

- People were provided with the aids that they needed such as hoists to ensure the staff had the equipment to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and received ongoing healthcare support. They were supported when requested to attend health care appointment, for example to their GPs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as

possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found them to be compliant.

- Staff told us, and people confirmed they always asked for people's consent before providing care and support. We saw where able people had been consulted and given consent to receive care and support. People told us that staff asked them before they carried out any tasks.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "The carers are very kind and caring." Staff treated people equally and were not discriminatory towards people's gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds.

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

- We found people had the opportunity to contribute and have their say about the care and support they received. They had been involved in developing their care plans where they were able to. Staff told us they gave people choices, for example, in what they wanted to wear, what to eat or whether they would like to join in any activities.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said, "I always encourage the clients[people] to do things that they can. If they can wash their face, I encourage them to do it." Staff respected people's privacy and dignity. One member of staff told us, "Before going into a clients' home, I will always knock on the door and wait for them to answer." People told us their privacy was respected by all staff.

- We saw people's records were kept securely to ensure confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times. People felt the staff respected their confidentiality and did not raise any concerns with us.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in accordance with their preferences, interests and diverse needs. We saw care plans were comprehensive and this helped to ensure staff had the information they needed to meet people's needs. Care plans were developed in a way which covered each person individual needs. For example, there was clear guidance on the actions staff needed to take for one person whose mobility was poor due to a medical condition they suffered from. People told us staff looked after them well. One person said, "The staff are fabulous, and I am very appreciative of their help." Care plans were kept under review to ensure staff continued to meet people's changing needs.

- People were involved in activities which they had chosen to help ensure they were not socially isolated. They were supported when requested to access local communities such as going shopping.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. People told us that they were able to discuss any issues with the staff or the registered manager. One person said, "I will contact [provider] if I am not happy about something." There was evidence that the service worked together with people and their relatives and this helped to ensure any concerns would be dealt with promptly. People and their relatives told us they had no need to make any formal complaints, but they would feel able to do so if needed.

End of life care and support

- Staff had the skills and knowledge to provide support at this sensitive time should this be required. The registered manager was in the process of consulting relatives regarding people's final wishes to ensure they would be met.

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.

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

Continuous learning and improving care

- At our last inspection in January 2018, we identified that although audits were being carried out, further improvement was needed regarding how people's call logs were monitored and recorded. During this visit we saw improvements had been made and staff visits were monitored closely. People told us staff were arriving on time and leaving when they should. The office staff produced a weekly report which identified and recorded all hours undertaken by staff. This meant that the registered manager was able to ensure that people received support within the allocated time.

- We saw that the registered manager carried out spot checks to ensure staff were adhering to the service's policies and procedures and providing quality care to people. One person told us, "The manager comes and visit me."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager demonstrated they were aware of when Care Quality Commission should be made aware of events and the responsibilities of being a registered manager. All notifications were submitted to us in a timely manner. Where we had any query about something, the registered manager had provided us with a detailed explanation on how they had dealt with the situation.

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

- Staff were provided with a handbook which covered a number of areas to do with their roles and responsibilities. The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew who they were accountable to.

- The registered manager had experiences in managing services in the health and social care fields and demonstrated a good knowledge of their role and responsibilities. People and relatives told us that the service was run well. They said they could approach the registered manager with any concerns and were confident they would be listened to. One person told us, "The manager is very nice."

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

- There were systems in place to seek the views of people and their relatives through satisfaction surveys. We looked at a sample of returned surveys and saw that overall the comments were positive. One person

wrote, "The help and support I get from [staff] and [staff] is tremendous".