Mettle & Bond Care 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

About the service
Mettle and Bond Care Ltd (Mettle and Bond) is a domiciliary care agency that provides support to people living in their own homes. 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. There were 16 people receiving the regulated activity of personal care at the time of our inspection.

People's experience of using this service and what we found
People were cared for by a sufficient number of staff who were given enough time to spend with people and travel time between calls, which helped them arrive on time.

Staff were given sufficient guidance around people; their care needs and potential risks. This enabled them to help ensure people remained safe in their own home whilst receiving appropriate, person-centred care.

People received their medicines in line with their prescriptions and staff worked with the GP, as well as other healthcare professionals to review people's medicines, or to seek additional support for a person in relation to their health.

People were cared for by staff who received appropriate training. This helped ensure staff were confident and competent in their role. Staff were able to describe what they would do should they suspect a person was the subject of abuse. They were also able to tell us how they treated people with dignity, encouraged their independence and enabled people to give their consent and make their own decisions in relation to their care.

Where people needed it, they were provided with sufficient food and drink by staff. There was information in people's care records around their likes and dislikes in relation to food and drink which helped staff support them in lines with their wishes.

Staff were given sufficient information to enable them to provide care in line with people's requirements. This included social aspects of their daily living as staff accompanied people to the shops or out into their local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture (RSRCRC), as it is registered as a specialist service for this population group. We found people who had a learning disability, but did not receive the regulated activity of personal care, were being provided with care in line with RSRCRC.

People were happy with the care they received from Mettle and Bond staff. They were given regular opportunity to feedback their views on the service and they were provided with clear information on how to make a complaint should the need arise. Information was also available in easy-read and other formats to help people understand.

Management had a clear drive to grow and improve their service to make it an outstanding provision; one that was well-known in the area for its quality.

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 24 March 2022 and this is the first inspection.

Why we inspected
This was a planned inspection to look at the overall safety and quality of the service and to provide a rating.

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.

Mettle and Bond Care Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since it was registered in March 2022. We spoke with the local authority about the service to obtain their views.

During the inspection
We spoke with 1 person who used the service to obtain their views on the care they received and 8 relatives. We spoke with 6 staff which included the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents. This included the care plans for 6 people in varying detail, numerous medicines records, 4 staff files in relation to their recruitment and various other documentation relating to the running of the service, such as training and supervision records and audits.

Following the inspection, we spoke with 1 social care professional and received feedback from 1 healthcare professional.

Good

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

- People felt safe with staff. A relative told us, "I like the fact that the same girl comes each day. They (my parents) like her and I feel better there's somebody who sees them on a daily basis."
- Staff were aware of their responsibility to report any concerns they may have in relation to safeguarding or abuse. Staff told us, "I would go straight to the manager. If they took no action, I would take it further" and, "We have a number on the board which we can ring if we have concerns."
- Management knew how to report safeguarding concerns appropriately. For example, they had raised a safeguarding referral to the relevant local authority team in relation to one person's medicines. They were working with the local authority to resolve the issue.

Assessing risk, safety monitoring and management

- Risks to people had been identified and clear guidance was in place for staff to help reduce these risks. Staff were able to speak about the potential risks to people and describe how they would help mitigate these. One person told us, "They watch me if I'm moving around without my stick." A relative said, "When he's in the shower, they make sure he is totally safe."
- One person was at risk of climbing out of their bed and as such a crash mat had been placed by their bed to reduce the chance of them harming themselves.
- A second person was at risk of falls and staff were able to tell us how they would monitor and support the person whilst, "My eyes are always scanning, looking out for obstacles." A relative told us, "They're (staff) very aware that he can be very unsteady on his feet."
- People were provided with an out of hours telephone number should they have any concerns or need assistance at night or outside of normal working hours. The registered manager and nominated individual shared responsibility to be on call.

Staffing and recruitment

- There were sufficient staff to meet the care calls. People and relatives told us, "I've got nothing to think they're not there when they say they are", I normally see them at 9 o'clock or thereafter. They look after me first and then they do a little bit of cleaning" and, "I've never felt they're scrabbling around for staff."
- Management told us they filled any gaps in the weekly rota with regular agency staff. The registered manager said, "We have just turned down a care package as we could not provide the staff for the calls. We won't take on a package if we don't have enough staff."
- Staff said they had enough time with people. They told us, "I can do everything I need to and also have chat" and, "100% have enough time with people. It's perfect." Staff said they were given travel time between calls which helped ensure they were on time for their next call. A staff member said, "I like to be punctual."

● A healthcare professional told us, "The staff were caring and arrived on time when I was present."
● Staff went through a recruitment process. This included completing an application form, having a formal interview, providing references and also evidence of their right to work in the UK. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, sets out the requirements providers should meet in relation to recruitment. We found some documentation in line with this Schedule were not in staff files. Following our inspection, the registered manager provided us with copies of all the missing records.

Using medicines safely
● People told us they received the medicines they were prescribed. One person said, "They make sure I've taken my medication. They put my ointment on and they know what they're doing."
● The service used an electronic medicines management system, which helped reduce the chance of medicines errors. Medicine information was included in people's care plans and staff used the system to confirm when medicines had been given. A relative told us, "They give her her medication. They've got an app that they record it on."
● People's medicines were reviewed by the GP when needed and care plans were updated. We read where the agency had re-organised someone's medicines with the support of the GP and the pharmacist. This meant this person's medicines were more orderly and easier to administer.
● Staff told us they had received medication training and were competency checked and we saw evidence of this.

Preventing and controlling infection
● People and relatives said staff used personal protective equipment (PPE) when attending to their needs. We were told, "I see them wearing all those things (mask, gloves and aprons)" and, "They wear gloves. Mum doesn't want them to wear masks."
● Staff had access to plenty of personal protective equipment (PPE). A staff member said, "We know where it is stored and I keep some in my car in its packaging. If I think I am getting low, then I will arrange to collect some more (from the office)."
● Staff wore PPE in line with government guidance. A staff member said, "I wear a mask, gloves (which I change between tasks) and an apron. I will sometimes also change clothes between my morning calls and afternoon calls to help reduce the risk of cross contamination."

Learning lessons when things go wrong
● Accidents and incidents were recorded and action taken was documented. Where people had a fall, staff had called for an ambulance and notified the person's family.
● One person had regular falls and in consultation with their family, their care calls were changed to a live-in care package.
● The agency provided care packages to a small number of people and as such management knew each individual well and they were familiar with any accidents or incidents that had occurred. As the agency grew, management said they would start to hold a separate accident and incident log so they could monitor for trends and themes.

Good

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 prior to the agency accepting the care package. We read that some people had their needs assessed whilst in hospital and again, just prior to them starting their care. Other people had been assessed by their funding authority and this assessment formed the basis of the person's care plan.
- Care plans were regularly reviewed and amended if people's needs changed. People and their family members could access care plans as well as daily notes so they were able to see what care staff had provided and check a person's care plan was accurate. A relative told us, "We've got that (care plan). It's changed a bit since it was set up."
- A healthcare professional told us, "I share care with Mettle and Bond on a particular patient and witnessed part of their assessment which ensured patient centred/individualised care planning."

Staff support: induction, training, skills and experience

- People and their relatives felt staff were trained well. One person told us, "They're very careful. They are very efficient. They're obviously trained. They wouldn't get everything right if they weren't."
- Staff told us they went through an induction process, followed by shadowing another staff member prior to working on their own. A staff member said, "I went out with [nominated individual] several times, it was really helpful."
- Staff completed the Care Certificate induction programme. The Care Certificate 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.
- A social care professional told us, "They have a really good understanding of dementia. Not only how it affects the person, but how it affects the family as well."
- Staff had the opportunity meet with their line manager regularly through one to one supervision. This gave them the chance to discuss their role, any concerns or training requirements.

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

- People's care plans recorded their likes and dislikes in relation to their food and drink and some information was quite specific. For example, in relation to one person and what they liked for their breakfast. Relatives were happy with this aspect of the care being provided by staff. They told us, "All the carers can cook. It all depends on what he fancies. They really do make him what he wants" and, "They're making sure she eats."
- The agency did not have anyone they were providing care to that had a modified diet or any specific needs in relation to the nutritional intake. Although one person had lost weight whilst in hospital and staff were now giving them milkshakes between meals to help them regain some of the weight they had lost.

● A staff member told us, "Presentation is key. It is important to make food look good, so people will be encouraged to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● There was evidence in people's care plans of staff engaging external healthcare professionals to support in a person's care. Some people had catheters, or required insulin injections due to their diabetes and the local district nursing team were involved.
● One staff member told us, "[Person's name] has a catheter and we need to keep an eye on it and look for any signs of blood or discolouration. If we are concerned, we will take a sample to the GP surgery."
● A healthcare professional said, "Staff actively engage in working with other specialities to ensure patient safety in the case of the client that we shared care with."

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The majority of people receiving a care package had capacity to make day to day decisions and as such they had consented to receiving care from the agency.
● The registered manager understood the principles of the MCA and had obtained evidence where a family member had power of attorney to act on someone's behalf. Where they had not yet got evidence, they were chasing for this to ensure that they could assure themselves if a family member signed, or made a decision on behalf of a person, they had the legal authority to do this.
● Staff had been trained in the MCA. One staff member told us, "People are able to make their own decisions and we need to respect that." A healthcare professional said, "Carers were heard to ask consent to perform care."

Good

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

- People and relatives said staff showed kindness towards them. We were told, "We chat. We often have a laugh. They are polite", "They keep an eye on him. They don't mind hearing dad's stories over and over again" and, "They're friends almost in the way they treat him."
- Staff demonstrated a person-centred approach through the visit notes they wrote. We read a staff member had written, '[Person's name] was crying when I arrived. I reassured her everything would be okay'.
- Staff enjoyed their work with Mettle and Bond. Staff spoke fondly of people and they told us how they had got to know them as an individual, their likes and dislikes. A staff member said, "Best of all is we have time to chat to people. It's that companionship that people need and it makes such a difference."
- People felt staff supported them to make their own decisions. One person said, "I've made all my own decisions about my care. It's going well. I think they're good people." A relative told us, "They give him what exactly he asks for."
- Relatives felt staff showed empathy towards people. One relative said, "They try to re-orientate her to time and place. They do that in a really sympathetic and compassionate way. They've got endless patience with her."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with respect. One person said, "They're polite and very interpersonal." A relative said, "My dad is quite vocal when he wants to be. The carers respect that."
- People and relatives felt staff encouraged independence. One person told us, "My responsibility is to get up each morning and to keep going. It makes it possible to stay in my home which is what I want." Relative's told us, "They don't fuss around her and say, 'I'll do that'", "As far as he's safe, he can be independent" and, "I think it's certainly aided his independence (the service)."
- People's privacy was respected. Relative's told us, "Personal care is done on a 1 to 1 basis and nobody else is there" and, "They'll leave her alone when she's in the toilet. They're very sensitive towards her privacy needs."
- A healthcare professional told us, "They ensured patient dignity was maintained by ensuring blinds were shut and patient dignity was maintained during personal care."
- Staff told us how they respected people. One staff member said, "I always knock before I go in and announce I am coming in. It's not about me; it's their house."

Good

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; End of life care and support

- People's care plans were developed from the initial assessment documentation completed by the management team. As staff got to know a person, their care plan was updated and reviewed to help ensure it was accurate and reflected the person's individual needs. One person told us, "I was very clear in my mind what I wanted, which they do." A relative said, "they've really got to know him and they treat him like family."
- Care plans included good detail in relation to daily calls for people. This included which towels should be used for personal care, how care should be given and people's individual routines and preferences. A staff member told us, "We help develop a routine for someone, offering moral support and taking time to do what the client wants." A person told us, "They know me and they understand me."
- Staff respected people's diversity. A relative told us, "He has numerous conversations with them (staff) about religion, about families about backgrounds. It's all built up the friendship."
- Professionals were impressed with the way the agency worked. A social care professional told us, "It's not about the length of calls to them, it's about the care and support needed and the right package of care. I value their opinion and they are good to speak to and work things out with."
- Staff took time to read notes from previous care calls to help ensure they were aware of any changes to a person's needs. A staff member said, "I check previous visits to see what's happened. We now have a comms book in [person's name] house. It works well and we (staff) can leave each other messages or the family can write in there."
- There was information in people's care plans relating to whether they wished to be resuscitated or whether they had a ReSPECT plan in place. ReSPECT plans set out personalised treatment plans for people at the end of their life.
- One person had the involvement of the local hospice in relation to their end of life care and treatment. A healthcare professional told us, "They (staff) were observed to communicate effectively with a terminal patient constantly talking to them and telling them what they were doing."

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.

- Where people required additional assistance due to a health condition, this was recorded in their care plan. For example, one person had a visual impairment and staff were reminded to ensure they handed the

person items when supporting them in their personal care, as they may not be able to see them.
● Information related to the agency was provided in alternative formats to help ensure people were able to understand it. For example, the complaints policy and contract for care were available in easy-read format.

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
● Where people required support socially, staff provided this to them. People were supported to go shopping or out for walks.
● One relative had mentioned their family member would benefit from the occasional trip to the shops as well as a crossword or jigsaw. Daily notes written by staff showed this was happening. A relative told us, "they do the crossword (with her) for hours."
● A second person, who did not receive the regulated activity of personal care, was supported to attend work, accompanied on shopping trips and helped with daily living tasks. A staff member told us, "I stand back and observe to help with her independence. She will put together her shopping list and I let her choose her items."

Improving care quality in response to complaints or concerns
● The agency had a complaints policy which set out what could be expected if they had a concern or complaint. Relative's knew how to make a complaint. Relative's told us, "There's a number in the file" and, "The first thing I would do is email or text management."
● We read one complaint had been received and management had responded to this promptly, outlining how they planned to resolve the issues going forward. The registered manager also met with the person involved to discuss their concerns.

Good

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; 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

- People and relatives felt the agency offered a good service. A relative told us, It's a relief to me. They will call me if any concerns", "I'd say it's at least what we wanted and asked for", and, "Excellent. I can't see how they can improve it."
- Management wished their agency to be known as a high-quality service by being hands on and being involved. The nominated individual told us, "We always go to any new clients first to learn people's needs and what care is needed. It helps us to get to know the person and understand the care call. We will cover more complex clients too."
- We read compliments received by the agency which included, 'Excellent level of care you are providing for mum', 'You both instilled a lot of confidence in us. She was very impressed with your professionalism and knowledge' and, 'The first time in a very long time I feel like I can trust the people coming in to look after my father'.
- Management were aware of their responsibility in relation to duty of candour and had made apologies when care had not gone to plan.

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

- Management worked together well and had a clear division of roles and responsibilities.
- Auditing of the service was carried out to monitor the quality of the service that was being provided, although we found some audits were not particularly robust. For example, the last two months of medicines audits showed no shortfalls or actions required and yet, when we looked at a sample of people's medicine records we found unexplained gaps. After checking documentation, the nominated individual was able to provide an explanation for these gaps but they had not picked these up during their audit.
- Other monitoring of the service included spot checks on staff and quality calls with people and their relatives.

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

- Through the regular quality checks held with people and their families it was evident people were happy with the care provided to them. We read, 'All happy with the care you are providing for mum', 'She (staff

member) is super-efficient, conscientious and thorough. Best of all, she makes me laugh and sets me up for the day' and, 'They (staff) are doing a great job. We think we were lucky to find your company with such nice people working for you'.

● Staff had the opportunity to meet with each other. Staff said, "The office door is always open. We can go in for a cup of tea and to meet each other (staff)" and, "We have staff meetings where we can talk about people and their needs." Staff told us they enjoyed their job and enjoyed working for Mettle and Bond.

● Management had an electronic message group for staff which helped ensure information was relayed to the whole staff team quickly and any changes to a person's needs or care was shared.

Continuous learning and improving care; Working in partnership with others

● Management had a clear drive to continuously improve the service. They told us, "We are looking to recruit a care co-ordinator or two to assist in the office and we are always looking at outstanding rated services to see what we need to do to get there."

● Management engaged with external agencies to support them with learning and growing their agency. The registered manager had undertaken the Homecare Association dementia training for providers and the nominated individual safer moving and handling train the trainer.

● Management attended various peer groups or sessions. They told us they had gone to care shows, were members of Skills for Care and the Homecare Association and also attended Surrey Care Association meetings.

● In addition to peer groups, management worked with the community nurses, local chemist and GP practice and Surrey County Council.