2M Health & Home Care Services Ltd

2M Health & Home Care Services Ltd - Birmingham

Inspection report

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Date of inspection visit:
07 March 2019
16 March 2019

Date of publication:
26 March 2019

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: 2M Health and Home Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of inspection 13 people were using the service.

People's experience of using this service: People told us they felt safe and were well-supported. One relative commented, "I trust the workers 101%" There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this. Staff had received training about safeguarding and knew how to respond to any allegation of abuse.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked together, and with other professionals, in co-ordinating people's care.

Staff had developed good relationships with people, were caring in their approach and treated people with kindness and respect.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in decision making about their lives.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. The manager undertook a range of audits to check on the quality of care provided.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

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

Rating at last inspection: At the last inspection the service was rated good (9 August 2016.)

Why we inspected: This was a planned inspection to check that this service remained good.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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.

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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: The inspection was carried out by one adult social care 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 in the community. It provides a service to younger and older adults. At the time of inspection 13 people were using the service.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. The manager told us they were applying to be registered at the end of their three-month probationary period in March 2019. The manager, when registered, 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 24 hours' notice of the inspection visit because it is a small service. We needed to be sure that the manager would be in the office.
Inspection activity started on 7 March 2019 with a visit to the office location. We made telephone calls to people, staff and relatives on 16 March 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service such as when the provider told us about serious injuries.

A notification is information about events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback. We received no information of concern. During the site visit we spoke with the manager. We reviewed a range of records. These included four people's care records. We also looked at four staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. After the site visit we contacted one person and three relatives of people who use the service and three support workers.

Good

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.

Systems and processes to safeguard people from the risk of abuse.
● Relatives of people and staff said the service was safe and they felt safe with the support provided. Relative and staff comments included, "[Name] is safe with the workers, I trust them" and "I feel safe working with 2M."
● Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. They had a good understanding of safeguarding. They had access to a whistle blowing policy which detailed how to report any concerns. Staff told us they would report any concerns to the manager.

Assessing risk, safety monitoring and management.
● Risks to people`s health, safety and well-being and any environmental risks were assessed and measures put in place to remove or reduce the risks.
● Information from risk assessments was transferred to people's care plans. For example, 'I wear a pendant around my neck, check to ensure I am wearing it before you leave.'
● Risk assessments were not regularly reviewed to ensure they reflected people's changing needs. We discussed this with the manager who told us this would be addressed.
● The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A person said, "I have a folder that contains telephone numbers if I need to contact the office. A staff member commented, "A senior is available if we needed to contact on-call."

Staffing and recruitment.
● Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One staff member said, "There are more than enough staff." The provider had an on-going programme of staff recruitment and retention. The manager told us they only took on people's care packages they had the capacity to meet.
● Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.

Using medicines safely.
● People received their medicines in a safe way, where support was required.
● Staff received regular medicines training and systems were in place to assess their competencies.

Preventing and controlling infection.
● Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out. People and relatives told us disposable aprons and

gloves were available and used appropriately.

Learning lessons when things go wrong.
● People were supported safely as any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
● Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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.

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 received appropriate care and support.
- Care included support for all areas of assessed need.
- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives.

Supporting people to live healthier lives, access healthcare services and support.
- People were supported to maintain their health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the community nursing service.
- Records showed there were care plans in place to promote and support people's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were supported with their food and drink where needed.
- Staff supported people with the preparing of their meals and drinks and care plans where required, described people's eating and drinking needs, and food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care.
- Staff had developed links with health care professionals to help make sure people received holistic and effective care.
- Assessments had been completed for people's physical and mental health needs.
- Staff followed professional's advice to ensure people's care and treatment needs were met.

Staff support: induction, training, skills and experience.
- Staff received training to help them carry out their role. The staff training matrix showed staff received ongoing training that included training in safe working practices and a comprehensive programme was in place to provide training to meet people's specialists needs. Staff member's comments included, "We do face-to-face training, we meet at a small office to do training" and "We do e-learning and face-to-face training and complete booklets."
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- Staff had the opportunity for regular supervision and appraisal. Staff told us they felt supported. Their comments included, "I receive regular supervision from the manager" and "I'm well supported the management team are definitely approachable."

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.

- Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.
- Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- The Court of Protection will consider an application from a person's relative to make them a court appointed deputy. They would be responsible for decisions with regard to the person's care and welfare and finances where the person does not have mental capacity.

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.

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.

- People were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. Their comments included, "Staff are very polite and patient", "They [staff] are kindly and patient, they are very good with [Name]", "Staff listen to me and do as I ask them" and "The staff are quite alright."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Staff understood their role in providing people with effective, caring and compassionate care and support.
- Relatives and staff told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care. One relative told us, "We always know who will be visiting."
- Everyone said no calls had been missed. However, some relatives and people told us they were not informed if workers were going to be late for a call. One relative said, "If workers haven't arrived by the time I leave. I worry if they are going to come." We discussed this with the manager who told us it would be addressed.

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

- Guidance was available in people's care plans which documented how people communicated.
- Information was accessible and made available in a way to promote the involvement of the person. The manager told us, "People's communication needs are discussed at assessment as part of communication, to make sure people receive person-centred care."
- Records gave guidance about people's daily routines if they could not tell staff themselves. For example, 'Things I might like to do' and 'People who I wish to see and people I don't want to see.'
- People and relatives were consulted about people's care and involved in their decisions. One person told us, "Staff ask me as they help me. They will ask my permission and explain what they are doing."
- No-one was using an advocate at the time of inspection. The manager told us that relatives were available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence.

- People and relative's all maintained privacy and dignity were respected when people were supported.
- Care plans were written in a respectful, person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People were encouraged to do as much as they could for

themselves.

Good

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.
- Care plans were developed from assessments that identified people's care and support requirements.
- Care plans were reviewed routinely and when a person's needs changed. We advised the manager they should be evaluated more regularly to ensure they continued to reflected people's current needs. The manager told us this would be addressed.
- People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One person commented, "I'm involved in meetings to talk about my care."
- Care plans took account of people's likes, dislikes and preferences. Care records were bespoke and detailed so staff had clear information about how best to support the person, in the way they wanted and needed.
- Relative's and people told us on-going communication with workers was effective to ensure people's needs continued to be met. One relative commented, "Staff will always let me know if they are concerned, they are very good at noticing if [Name] is having a bad day."

End of life care and support.
- At the time of the inspection no person was receiving end-of-life care.

Improving care quality in response to complaints or concerns.
- A complaints policy was available. No complaints had been received. A relative told us, "I had a few niggles that got sorted straight away, with the previous manager. I know I can contact the office if I needed to but everything is now running smoothly."

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.

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

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

- The service was well-led. The new manager told us they were planning to apply for registration in March 2019 at the end of their probationary period.
- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The manager had introduced new documentation and care plans were person-centred to ensure people received individualised care and support.
- People and relatives were positive about the service provision. Their comments included, "The service is responsive and makes improvements straight away if you bring something to their attention" and "Everything is fine, I'm quite happy with the agency. It's better than some others we've used."
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The manager understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- People, relatives and staff told us the manager was approachable.
- The manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences. One staff member told us, "We have plenty of staff to cover if someone is off."
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, infection control, accidents and incidents, complaints, personnel documentation and care documentation. We discussed with the manager that although regular auditing took place a system needed to be in place where the provider, or their representative, audited the manager's audits. They told us that this would be addressed.
- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "We get visits regularly to check how things are going." A staff member told us, "The office will telephone people to check about our work."

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

characteristics.
● Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
● Staff told us they were listened to and it was a good place to work.
● Relatives and people were involved in decisions about care and advocates were also involved where required.

Continuous learning and improving care.
● There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of ongoing staff training to ensure staff were skilled and competent.

Working in partnership with others.
● Staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and so that they could receive appropriate care and treatment.