

Mitender Care Limited

Mitender Care-Croydon

Inspection report

246-250 Romford Road
City Gate House
London
E7 9HZ

Tel: 02039300580

Website: www.mitendercare.co.uk

Date of inspection visit:

31 January 2023

02 February 2023

15 February 2023

27 February 2023

Date of publication:

20 March 2023

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

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 service did not provide 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, as it is registered as a specialist service for this population group.

About the service

Mitender Care Limited Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. for the service provides support to older people with dementia, learning disabilities or autistic spectrum disorder and Children. At the time of this inspection there were 4 people using the service. 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.

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

Right Support:

People and relatives we spoke with gave positive feedback about the care they received. A relative told us, "I would recommend them to other people that are looking for a good service for [people]. They communicated well; the staff build up relationships with [people]. Staff care about what they are doing, and they give 100% when they visit my [relative]."

People who used the service were appropriately assessed before their support began. The service worked with People's relative to ensure the service could be meet their needs safely. People told us that they felt safe in the care of the provider.

Right Care:

There were sufficient staffing levels to meet people's needs and the provider carried out robust recruitment checks to ensure that staff were recruited safely. The service took appropriate steps to help prevent the spread of infections. Accidents and incidents were reviewed to help prevent their re-occurrence. Medicines were managed in a safe way.

People and relatives told us they were treated with kindness and their privacy was respected by staff. They were supported to express their views and were involved in making decisions about their support with family help. People's care plan was detailed and kept up to date to ensure they received effective care and support.

Right Culture:

People's relative's spoke positively about the management team and staff. One relative told us, "My [relative] receives good care by trained staff. Staff understood how to support my [relative] and they are always happy for me to give advice if needed."

Staff told us that the registered manager promoted an open culture and had a clear vision about the service and the support they delivered to people. The service carried out a range of audits to ensure a good quality service was provided.

People who used the service was 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.

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 20 May 2020 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mitender Care Limited Ltd on our website at www.cqc.org.uk.

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?

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 caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mitender Care-Croydon

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.

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

This inspection was announced. We gave the service 15 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.

Inspection activity started on 31 January 2023 ended on 15 of February 2023. We visited the location's office on 2 February 2023.

What we did before the inspection

We reviewed information we had received about the service. 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.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 4 people's care plans, risk assessments, recruitment records, quality audits, daily records and training records. We spoke with 3 staff and 3 relatives. We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records. □

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

- The provider had policies and procedures in place that helped to reduce the risks to people of abuse. People, relatives and staff members told us people were kept safe. A relative told us, "We have been using the service for over 1 year and feel comfortable and safe to leave my [relative] with care staff when going out in the community."
- Staff completed safeguarding training and they understood their responsibilities and how to report any concerns. Comments included, "Mitender care conducts their safeguarding training very frequently to keep staff constantly up to date on safeguarding concerns." "If I have any issues or concerns regarding a [person] at risk, I would report it to the manager as I feel confident that the issues will be dealt with promptly." "My first line of action is to report concerns to my manager. However, if this concern was not addressed then I will escalate the issue to the next level of management or to the local authority."

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

- People's needs and risks were assessed appropriately, and care plans were completed to ensure that staff were clear on how to deliver safe care to people.
- The provider completed environmental risk assessments for staff working in people's homes to ensure that the environment was safe for staff and people. For example, risk assessments covered, fire and trip hazards and risks to staff when using equipment.
- Systems were in place for staff to complete accidents and incidents forms. Staff were clear of their responsibility for reporting and completing incidents. For example, 1 staff said, "Once I have completed an incident form I then send this to my manager to review."
- The registered manager told us they had processes in place for reviewing and learning from incidents when things went wrong within the services. For example, the registered manager said, "From reviewing accidents and incidents, I ensure that the appropriate actions have been taken to help reduce any recurrence of the concerns and risks from happening again. This also helps to improve the service that we deliver to [people]."
- Staff also confirmed that they received regular updates and attended meetings with the registered manager on any changes as part of lessons being learned.
- The provider had policies and procedures in place to guide staff on what actions were required when things go wrong.

Staffing and recruitment

- Staff were recruited safely. The provider completed, pre-employment checks which were carried out to ensure staff were suitable for the role. This included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks. A DBS check is a way for employers to check

staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

- People and their relatives told us they were supported by regular and familiar care staff and cover arrangements were in place. One relative said, "We receive the right number of skilled staff that is needed to ensure my [relative] is supported in the right way. There is also regular standby staff that cover sickness and staff holidays."
- Staff told us they felt that there were enough staff to meet the person's needs safely.

Using medicines safely

- People using the service were supported by staff to receive their medicines safely, as prescribed. The provider had a medicines policy in place and staff were trained and assessed before they administered medicines to people.
- There were regular medicine audits completed by the registered manager. These were completed to ensure errors or concerns were identified and addressed appropriately.

Preventing and controlling infection

- The provider had effective systems in place for the prevention and control of infection. Relatives told us that staff used personal protective equipment (PPE) effectively. One relative said, "Staff always have their face masks on when giving support also the staff wear gloves when personal care is being given."
- All staff were trained in infection prevention and control, including the correct use of PPE. Staff and training records reviewed confirmed this.

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 jointly with their relatives' support and where required, with health professionals to ensure the service was able to meet the person's needs and wishes.
- People and relatives told us they were involved with their assessments of needs. One person said, "The registered manager carried out an assessment before my support began and asked me how I would like to be supported by the staff. This also included the time I wanted staff to visit and who I wanted to help me."
- People's care plans were personalised and were up to date. Care plans included people's health conditions and the care and support they needed from the staff.

Staff support: induction, training, skills and experience

- The provider ensured staff received appropriate training and support which gave staff the skills and confidence to do their job well. For example, new staff completed an induction and shadowed experienced staff before supporting people on their own. The training matrix confirmed this.
- People and relatives told us they felt staff were skilled and experienced to support people appropriately. One person told us, "I feel the staff have the right training and experience to be able to support me with the areas I needed help in."
- Staff told us the training they received was good and covered all key areas. One staff member said, "The training is very helpful, also the manager does spot checks to ensure we are following the training correctly."
- Staff told us they received regular supervision and spot checks were carried out to make sure staff were delivering appropriate care to meet people's needs.
- Training records showed that staff received training in various topics, such as, risk assessing, health and safety, medicines, first aid, food safety, and infection control.

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

- People's nutritional and hydration needs were met. The provider told us they were not currently supporting people with meal preparation's at present, as people's family's support them with food preparation.
- Staff told us they encouraged people to eat and drink well and provided the right support to make sure the food people ate was safe.
- Staff received training to support people to avoid malnutrition and dehydration.

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

- The registered manager told us they worked in partnership with other health and social care professionals when required and contacted health professionals if staff identified any changes to a person's needs.
- People and relatives told us that they were able to contact health professionals themselves. One person said, "I am able to make health appointments myself. However, I know that if I needed any support I can ask my care staff."
- Staff were confident on how to support people to access their healthcare practitioners if needed. For example, 1 staff told us "if I was concerned about a [person's] health I would call 999 or 111 and report to my line manager."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

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

- The provider operated within the legal framework of the MCA and had up to date policies in place for staff to follow if it was identified that a person did not have the mental capacity to consent to their care.
- People and relatives told us that staff always gained people's consent before care was delivered. One person said, "staff ask me before they are carrying out tasks to ensure that I'm happy with the support that is given to me."
- The registered manager told us, "as part of the initial needs assessments, consent forms are also completed. Records confirmed this."
- Staff received MCA and DoLS training which supported them to develop their skill and understanding about the principles of the MCA. Staff were also able to tell us the process that they would follow, if it was identified that a person lacked capacity to make decisions about their care.

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

- Staff demonstrated that they knew people's care needs well and how to support them in a kind a caring way.
- People and relatives told us they felt valued as an individual and treated respectfully and with dignity by the staff team. Comments included, "Staff are very caring, and they listen to my [relative] wishes on how they liked to be supported." One person said, "staff don't rush to complete tasks and they stay until the support has been given to me." Another relative told us, "We have no concerns about how the agency cares for my [relative]"
- All staff had completed equality and diversity training and people's spiritual and cultural needs were respected.

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

- People who used the service were encouraged and involved in making decisions about their care. One person said, "I make my own decisions about how I want staff to support me. Staff are very respectful, and they ask for my views before care is given."
- Care plans reflected the people's views on how their care is to be provided, which was captured in the initial needs assessments.
- Staff told us how they helped people to express their views. One staff member said, "By involving people in making decisions about their care, this will improve [people's] wellbeing and quality of life."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care records reflected people's independence and areas of support that were required and gave staff guidance on how to encourage people to uphold their skills.
- People and relatives told us they felt that staff respected their privacy and dignity when providing care and support.
- Staff spoke passionately about their job and were dedicated to support people to live full and active lives.
- People's personal data were kept secure and the provider understood the importance of keeping people documents secure to ensure confidentiality was maintained.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans that they were involved in writing together with management and their relatives. This method helped to ensure that people were able to make choices and gave control to the person, so they were able to be fully involved in their care.
- People and relatives told us they were involved in reviewing care plans to ensure that they were up to date. Comment included, "We were involved from day 1 as part of the assessment that the manager completed. "The management and staff are very approachable and involved us with adding and updating information to our care plan."
- Staff knew people well and were flexible in their approach. One staff member told us, "We get [people's] care plans of each [person] so we are clear how people would like to be supported."

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.

- People's communication needs were met. The registered manager was able to demonstrate a clear understanding of their responsibility to comply with the (AIS). For an example, the registered manager said, "When I first carryout the initial assessment, I assess the individuals communication style of the [person] and match the staff member with the person being supported such as a staff member speaking the same language of the person that is be supported."
- There was evidence that staff adapted their communication style to ensure they communicated effectively with individual people, who each had different methods of communication support needs.
- The provider had a communication policy in place that gave staff guidance on different methods of communication that can be used to support people, this included information in picture format and large print.

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

- People were supported to develop and maintain relationships that were important to them. This was confirmed by people and their relatives. One person said, "staff support me as requested by myself and are flexible to my needs and choices. I am able to maintain relationships Independently however I know if I needed support staff would help."
- Staff understood their role and the importance of developing people's relationships with others to help prevent social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had been registered, people and relatives we spoke to confirmed this. One relative told us, "The manager is very approachable and always comes back with the information or queries that has been asked from them."
- Staff were clear about their responsibilities of how to manage and report complaints. One staff said, "I would report to my manager and tell the [person] that I have [escalated] their concerns in line of our policies. I feel confident that actions will be taken by my manager."
- The provider spoke positively about the importance of continually Improving the quality of the service. For an example the registered manager told us, "Quality of care is a passion of mine and this was the reason that I had set up this organisation. From day one when staff start, I am clear of the importance of responding to people's concerns or complaints and how we learn from them as well as communicating effectively."

End of life care and support

- At the time of inspection, no one at the service was being supported with end of life care.
- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.

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

- The registered manager had developed a positive culture in the organisation. Staff members told us they felt supported and were able to be involved by making suggestions and improvements within the service. One staff member told us, "[My manager] is kind and she appreciates all staff and looks after staff wellbeing. She has empowered me to improve my skills."
- People and relatives spoke positively about the management and staff team. For example, 1 person said, "The office contacts me to check how things are going and to ask for my feedback about the support from staff and to check that my choices are being met."
- The provider told us how they worked with external professionals to help achieve positive outcomes for people they supported. For an example the manager said, "after completing the initial assessment and identified any concerns, like moving and handling I would complete a referral to occupational health."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their registration requirements with CQC and of their duty of candour responsibilities.
- People, staff and relatives spoke positively of the registered manager. One relative told us, "I have no concerns on how this agency is managed, the staff are very good, and they understand the actions that are needed to support my [relative]. This is compared by other agencies that I have used the past and have not received the same level of care."
- There were policies and procedures in place and staff understood their roles, and responsibilities in regard to duty of candour. One staff member told us, "I am clear of my responsibility for reporting under duty of candour, as this was part of our induction programme, also there is a policy in place to help guide us."
- The provider had systems and processes for improving the quality of the service and these were operated effectively. These systems included surveys that was sent to people and stakeholders, audits and checks to improve and help develop the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a governance system in place, which helped to analyse any learning and making improvements where identified. Regular audits were taking place to help identify areas of improvements.
- A relative told us, "I feel that risks are managed well, and is not used as a barrier to stop people achieving

their chosen goals."

- The provider had systems in place for supporting staff, this comprised of, inductions for new staff, regular supervision and appraisals to help support the delivery of safe and good quality care.
- The provider had policies and procedures in place which reflected good practice guidance and legislation. These were reviewed regular to ensure they were up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ensure people had a voice regarding the running of the service and how they wanted their support to be delivered. This was through regular reviews, discussions with care staff and meetings.
- The registered manager recognised the need to regularly monitor the quality of the service to help make improvements.
- Care plans showed that joint partnership working was taking place to review people's health and wellbeing.