

Magna Homecare Limited

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Inspection report

Unit A
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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

Magna Homecare Limited is a domiciliary care provider. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection, seven people were receiving a personal care service.

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

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner, staff knew how to move people safely. People were involved in their assessment and care planning.

There were enough staff to effectively meet the current packages of care which supported people's needs. Staff were supported and trained to ensure they had the skills to support people effectively. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern, it would be addressed.

Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, this was planned to meet their preferences and their current assessed need.

People were appreciative of their carers; they were supported by a regular team of staff and calls were generally on time and for the agreed length.

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.

There were systems in place to further monitor and drive improvement through auditing. There was a complaints procedure in place. People were involved and asked for their feedback when in receipt of the service. This helped the provider develop and tailor the service.

The provider had implemented effective infection and prevention control measures in line with government guidelines around the COVID-19 pandemic. Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

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

This service was registered with us on 6 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection, the first comprehensive ratings inspection for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in our inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Magna Homecare Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service five days' 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 19 April 2021 and ended on 30 April 2021. We visited the office location on 26 April 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and any improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff; this included the nominated individual, the registered manager, assistant manager and five members of the care staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including parts of four people's risk assessments and care plans, multiple medication records, three staff files in relation to recruitment and supervision, and quality monitoring information relating to the management of the service.

After the inspection

We continued to validate evidence found. We looked at training data and reviewed quality assurance records including the policies and procedures in place. We spoke with one professional who had experience of the service.

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 for 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 and their relatives told us they felt safe using the service. One relative told us, "I get up to let them in for the morning call, but go back to bed so they can get on, they are very trustworthy, and I have no issues with leaving them in my house."
- Staff knew people well and described how they would recognise potential abuse, or neglect and what to do if they had any concerns. Staff told us of actions they could take to raise alerts with senior managers, and with external agencies for safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and staff ensured people's safety was maintained when they supported them. Environmental risk assessments were carried out in people's homes to make sure people and staff were safe.
- We saw when complex issues were needed to be considered a bespoke risk assessment had been completed. This reflected a very person-centred approach, taking the persons wishes and choices into account. One professional who worked with the service told us, "They seem willing to work on complex issues with people, by building positive relationships with them."
- An electronic care planning and recording system was in place for staff to access on their hand held devices. One staff told us they really liked it, "The system is great as it helps us deliver effective care and we can see any changes instantly" another disagreed "I have to read back in the logs if I have been off, to see if there are any changes, I would prefer to know in advance any changes to care."

Staffing and recruitment

- People and their relatives confirmed they had regular and familiar staff to support them. One relative told us how flexible the provider had been when they had to increase the care package.
- There were sufficient staff to meet current the packages of care. Processes were in place to ensure staff were recruited safely. Checks were completed; obtaining references and background checks with the Disclosure and Barring Service (DBS).
- A range of key policies were provided on staffs' initial recruitment and an induction period followed where staff had competencies in various tasks assessed.

Using medicines safely

- Medicines were managed safely. Staff had received medicines training and competency assessments were completed to ensure staff understood their responsibilities. We saw examples of where learning had taken place following a medicine administration error and the actions now in place to prevent reoccurrence.

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment PPE and told us they had a plentiful supply.
- The provider's infection prevention and control policy was up to date and followed recognised government guidance to help prevent control the spread of an acquired health infection. The provider had commenced testing for COVID-19 in line with government guidance for care at home services.

Learning lessons when things go wrong

- Lessons had been learnt from incidents. we saw the provider took appropriate actions following up any incidents for example double checking medicine records when people returned home from hospital, to ensure any changes were swiftly identified. They shared any outcomes with their staff in order to promote learning and prevent repeat incidents.
- We saw risk assessments had been updated and changes were made to care plans where required. A practice of double checking all medicine records, as part of the auditing process was currently in place.

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 and their relatives confirmed assessments were completed before any services commenced. People told us they could be fully involved in their assessment and care plan should they wish. Information was stored in the electronic system and a hard copy was available in the person's house.
- The registered manager explained how the electronic system, enables them to monitor any given care and easily update when there are changes. This information can be shared with healthcare professionals or with families if consent was given, to evidence what support was being received.

Staff support: induction, training, skills and experience

- Staff received the required training for their roles. Staff spoke positively of the training they had received and the support available to them. A number of staff explained how they feel able to 'offload' and talk things through with their managers and how the access to various support systems, helped them to cope through the recent COVID-19 pandemic.
- A range of key policies were provided on staffs' initial recruitment and a comprehensive induction period followed where staff had competencies in various tasks assessed. This included how to provide safe care and support for people, as well as allowing for time to complete all the necessary health and safety training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to eat and drink when this was included as part of their agreed care plan. Information was clear for people's preferences or dietary requirements.
- People were encouraged to be as independent as possible. Staff told us they knew how people's health conditions affected them and were able to tailor support appropriately. One relative shared how grateful they were that staff were sourcing information on their behalf, about the condition in order to support them in their caring role. A healthcare professional expressed how excellent the communication was with the service, and how important it was that the provider was able to engage, think and communicate clearly about any actions that may need to be taken.

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 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.

- People's consent for care was sought. People told us staff explained what they were going to do before they provided any care.
- Staff understood and were able to give examples of the principles of the MCA how they obtained peoples consent for 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect and told us they had regular staff which helped develop relationships. The provider told us how they like to do the first calls to ensure they know how people want their care to be delivered and then introduce staff to people before they deliver their care.
- People and their relatives were complimentary about the care they had received from familiar staff and told us they felt their privacy and dignity was respected.
- We received positive feedback from people and relatives who said they would recommend Magna Home Care. These included comments such as, "We can't fault them, they've been brilliant", "When I ring in, I'm not just a number – they know me" and one person explained how when the staff visit it lifted all the family member spirits, not just the cared for person.
- One staff member had been nominated and won a local radio stations' award for Carer of the Year 2020. This was an award that recognised people in the community who made a difference.

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

- People and their relatives confirmed they were involved in making decisions about care and support and how they wanted this to be provided.
- Staff knew what was important to people to ensure their rights and dignity were upheld and had access to dignity awareness training.
- Records included information regarding people's preferred name and any important details, and were individualised for preferences in care, or daily living routines.
- The management team told us they could signpost people if they needed support in making decisions. This might be an organisation who could provide advocates (an advocate is someone who supports people to help express their view or wishes).

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

- People received care and support that was responsive to their care needs. People had agreed at their assessment how they wanted to be supported. We saw this information was detailed in their care plan. The registered manager told us they felt it was very important for them as a company to maintain a personal approach and will continue to do this as a priority as they develop as a company.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and agreed with them. The provider was meeting the accessible information standard for people's care and told us how they would be able to access alternative formats if required.
- An electronic care planning and recording system was in place – but paper copies were provided for people who preferred these.

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

- Staff were highly motivated and keen to support people. The provider told us how they had two people (who were related) using the service at the same time, and how staff arranged to visit at the same time and use social media, which enabled them to share some meals together.
- If this was required as part of an agreed care package, the provider would support and encourage people to follow their interests. Current COVID-19 restrictions had impacted on planned activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place however at the time of inspection, no written complaints had been received. Relatives told us they were aware of the procedure for making complaints.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection however they had done so previously. Where people had expressed views or wishes regarding the care they wanted at the time, this was recorded. Where people did not want to receive active treatment, or be resuscitated, a copy of this record was held on the electronic system to ensure their wishes were acted upon.

- Staff received end of life training to ensure peoples dignity, comfort and choice could be maintained and told us they felt very supported by the management team.

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

- The nominated individual and registered manager had a clear presence and led by example often completing care calls themselves. Staff felt very supported by the whole management team. One said, "It's an amazing company to work for, they really want to make a difference."
- Staff felt valued and were comfortable to speak with any of the management team regarding any concerns and knew who to go to for support and advice.
- The provider had systems in place to monitor staff performance through supervision appraisals and spot checks.
- Questionnaires have been completed from people using the service, to provide feedback on their experience. These were audited and used to help drive improvements.

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; Working in partnership with others

- There was a clear structure in place for staff to escalate concerns, the on-call provision made sure there was always support available out of office hours. Staff told us the management were always very approachable and they could access help or support at any time.
- The registered manager was aware of the responsibilities of reporting significant events to us and of raising concerns with any outside agencies as required.
- One professional told us, "Their communication is excellent, [they] always answer their phones and update about issues or concerns, and I have confidence in them as a home care provider."

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

- Staff we spoke with told us they were all determined to provide a good service. One staff told us the benefits of receiving additional training, meant a better understanding of individuals health conditions.
- The provider had care policies incorporating recognised national guidance and recommended requirements for people's care. Local additional procedures were incorporated into these for staff to follow.