

2M Health & Home Care Services Ltd

# 2M Health And Homecare Services Ltd Ross Walk Leicester

## 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

2M Health & Home Care Services is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were seven older adults using the service.

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

People's safety was promoted by staff who followed guidance on how to reduce potential risk. This included the use of equipment to support people moving around their home. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People were supported with their medicines. Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns and following infection control procedures.

People's needs and expectations of care were assessed and used to develop a package of care, to support the person at home. People's needs were met by staff who had the necessary skills and knowledge. Staff were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's health by supporting them to take their medicine and by liaising with health care professionals when required.

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

People and their family members spoke favourably about staff and the positive and supportive relationships that had developed. They spoke of the caring and compassionate nature of staff and how staff considered their privacy, dignity and independence.

People and family members were involved in the development of care plans, which enabled staff to provide the care and support each person had agreed was appropriate to them. People's views about the service were regularly sought to develop the service. Those we spoke with were confident to raise concerns when they arose.

The management team were aware of their role and responsibilities in meeting their legal obligations. Systems to monitor the quality of the service were in place. The provider worked with key stakeholders to facilitate good quality care for people, and to keep up to date with good practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 ●

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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. 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 home.

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 24 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included two people's care records, including their medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the deputy manager and the training and development manager who both facilitated the inspection when we visited the office on 16 July 2019.

We spoke with two people and three people's family member who spoke on their behalf, by telephone on 19 July 2019.

We spoke with two care staff by telephone on the 18 and 19 July 2019.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and minutes of management meetings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols.
- Staff were aware of their responsibilities and the organisations to contact. A member of staff told us, "Safeguarding is about protecting individual's health, well-being, human rights and to be free from abuse. If I had any concerns, I would contact social services, CQC (Care Quality Commission) or the police."

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Risks associated with people's care, support and environment had been assessed, and records provided guidance to staff on the measures needed to reduce potential risk.
- Information from risk assessments was not always transferred to people's care plans. For example, a person had bed guards in place to prevent them from falling out of bed, this information was not recorded within the person's care plan. We spoke with the deputy manager who told us they would ensure the person's care plan was updated.
- Staff were knowledgeable about potential risks to people, and knew how to reduce risks by following the guidance as detailed in people's records.

Staffing and recruitment

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- People and relatives told us they felt there were enough staff working for the service, and staff in a majority of instances arrived at the scheduled time.

Using medicines safely

- People were supported to manage their own medicines where they had been assessed as safe to do so. At the time of the inspection a majority of family members supported people with their medicines. Staff applied creams and prompted some people to take their medicine.
- Staff had received training around medicines. Medication administration records (MAR) were completed by staff.

- Regular audits were carried out on medicines and the medicine administration records. This helped to ensure people's records were completed accurately.

#### Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- Staff received infection control training. A member of staff told us, "We wear PPE to avoid cross contamination. We change our gloves to administer people's creams after we have delivered personal care."
- Spot checks took place to ensure staff were using the equipment and following infection control procedures when attending to people's care.

#### Learning lessons when things go wrong

- Systems were in place to ensure staff were informed of changes required as a result of an incident. For example, staff at a meeting had been informed of the importance of informing office-based staff, or using the out of hours service to communicate changes to people's needs where they had concerns. This followed lessons learnt from an internal investigation.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 to ensure people received good outcomes. The registered manager met with people to undertake a full assessment, following initial information provided by commissioners. This was confirmed by people we spoke with.
- The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- People's independence was promoted through the use of equipment. For example, aids to support staff to move people safely. Health care professionals assessed people's needs with regards to equipment, which was provided by external companies and maintained by them. Staff we spoke with were aware of the equipment each person used.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to meet people's needs. Staff received training in key areas during their induction. As part of their six months probationary period staff attained the Care Certificate. The Care Certificate covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care.
- Staff's induction included being introduced to people they would be supporting and working alongside experienced staff.
- Staff received ongoing support, which included refresher training in all key areas. Staff were supported through supervision, providing them with an opportunity to discuss their training and development. Spot checks took place to observe and assess staff's competence to deliver safe and effective care. A member of staff spoke of spot checks and their purpose. They said, "They're to ensure timeliness, our competence and to ensure we implement the training."

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

- People's dietary needs were assessed and detailed within their care plans. At the time of the inspection people did not require support from staff, as this was provided by family members.

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

- The registered manager worked effectively with commissioners, enabling people to be discharged from hospital in a timely manner.

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

- The registered manager and staff worked in partnership with people, family members and health and social care professionals to maintain people's health. This included people's GP's, district nurses and occupational therapists.
- Staff we spoke with were aware of their responsibility to contact emergency health care services where necessary and to inform family members. This was confirmed by family members we spoke 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 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 capacity to make informed decisions about their health, care and welfare was recorded within their assessment and care plan. Information about people's capacity was initially provided by commissioners, before the person started to use the service.
- People had signed consent forms and care plans agreeing to their care.
- Staff had received training in the MCA, and had a good understanding of how to apply it when supporting people. A member of staff told us, "As staff we need to know that the person we're supporting has the capacity to make decisions, to keep them safe. If they don't have the capacity, then they need to be represented by a family member or advocate, to ensure any decisions made are in their best interest."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the 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

- People were supported and respected by staff. People and family members told us staff were always cheerful and pleasant. They said caring relationships had been built between people and staff. A family member told us, "[Name] always smiles when they [staff] arrive."
- Staff were knowledgeable about the people they cared for and knew their individual needs and preferences. A family member told us staff understood their relative, and were able to provide appropriate support, which was important as their relative was living with dementia. They said, "My [relative] idolises the staff, they [relative] has vascular dementia and they [staff] have a calming effect on them."

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

- People and family members were involved in the development of their care plan and made day to day decisions about their specific care needs.
- People and family members told us a majority of staff arrived on time. However, they said they were not always informed by office-based staff that care staff were running late. The minutes of meetings showed this had been acknowledged and improvements identified.
- Staff told us their rota schedules were developed to ensure there was sufficient time to provide the appropriate support and care for people, which included travel time between visits.

Respecting and promoting people's privacy, dignity and independence

- People's individuality was respected, and staff supported people in a way that promoted their privacy, dignity and independence. Staff told us how they ensured curtains were closed in people's rooms when providing personal care. A member of staff told us how they supported a person's independence. "We support someone to maintain functionality of their body, we encourage their mobility by supporting them to walk within their own home."
- People we spoke with were satisfied that information held about them was kept confidential, and only shared with other key people involved in their lives, with their consent.
- People's care plans provided guidance for staff on the promotion of people's privacy and dignity. Our discussions with staff showed people's privacy and dignity was a key consideration when providing personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the 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's care plans were outcome focused and personalised, as they had been written with the involvement of the person, and in some instances a family member. Care plans were signed by the person, reviewed and updated to meet their changing needs.
- People received timely care and support. The provider had recently introduced an electronic call monitoring system, which meant staffs arrival and departure time from a person's home was monitored by the system. The system alerted office-based staff if a member of staff had not arrived at a person's home within 15 minutes of the agreed call time. This enabled office-based staff to contact the staff member and update the person who was waiting for the staff member to arrive.
- The provider operated an out of hours service for people, family members and staff. This provided support should a person wish to cancel their call, or for staff to seek advice when visiting a person and were concerned for their welfare.

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 care plans detailed their communication needs where appropriate. For example, where people had a cognitive impairment which meant they found it difficult to process what was being said, their care plan instructed staff to speak concisely, and to give the person time to respond.
- The provider had a website providing information about the service, including contact details.

End of life care and support

- The service was not supporting people with end of life care at the time of the inspection. People's records included information as to their next of kin and general practitioner in case staff needed to contact someone in an emergency.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and investigated, which included information as to any action taken by the provider. However, there was no evidence that the complainant had received a response to their concern. The deputy manager told us people were often contacted by phone or spoken with in

person. The deputy manager said improvements would be made to the recording processes.

- People we spoke with were aware of how to raise concerns. People in some instances told us they had raised minor concerns, which had been dealt with promptly.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People were at the centre of the service and received care that focused on their individual needs. Staff were supported to provide good quality care, as they were monitored, and regularly met as a team to talk about care practices.
- The registered manager and other managerial staff undertook training alongside staff, and accessed additional training reflective of their positions. For example, the training and development manager kept up to date with good practice by attending a range of forums and learning events.

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 management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- The registered manager was part of a management team, and all had key areas of responsibility. The management team regularly met to review the quality of the service and identify future planned improvements. Planned improvements were detailed within the Provider Information Return (PIR) and within the minutes of meetings.
- The provider understood their legal responsibilities. For example, the rating from the previous CQC inspection was displayed within the service and on the website.
- Staff performance was monitored and staff were supported. Policies and procedures for staff were followed when shortfalls in their performance had been noted. Staff meetings were used to provide feedback for staff as to what was working well and what areas required improvement.
- Audits were undertaken on the accuracy and legibility of records, which included daily notes completed by staff about people's care. Where shortfalls were identified these were discussed in team meetings as areas for improvement. For example, a member of staff told us how medication administration records had been reviewed, to make it easier for staff to complete records to evidence people's prescribed creams had

been applied.

- The provider had a certificate from the information commissioners' officer with regards to data security.

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

- People's views were regularly sought about the quality of the service. An annual survey was sent to people and people were also contacted every six weeks by telephone. The deputy manager told us, personal and individual issues were addressed on a one to one basis. The annual surveys were collated and areas for improvement were acted upon.
- People and family members told us their views were regularly sought, which included a visit by the registered manager to their home to talk about their care.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and improvement. The registered manager was working with local authority commissioners to further develop the service. They had responded to their ideas and suggestions; for example they had implemented changes to the information included within people's care plans.
- Members of the management team attended provider forums organised by local commissioners, where good practice and the future of service development was discussed. Managerial staff also attended roadshows aimed at the care sector and accessed information, which included the CQC website to keep up to date with changes to practice and legislation.
- The registered manager by working with local commissioners supported a timely discharge from hospital, enabling people to return to their own home. This was achieved by timely assessments of people's needs being carried out and the setting up of care packages.