

MUTEURO LIMITED

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

MUTEURO LIMITED provides domiciliary care services to people living in their own homes. At the time of the inspection, the service provided care and support to two people, of those, one person was receiving a regulated activity of 'personal care.' CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

We received positive feedback about the standard of personalised care provided. One person told us the staff put them at ease, maintained their dignity and supported them to be as independent as possible. The person's relative told us the staff also checked on their well-being during the care visits completed at their home.

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.

The service had the required governance systems and processes in place, to maintain people's safety, but also to ensure they had the right processes in place as their service expanded.

Systems were in place to monitor the timing, duration and frequency of care visits, to ensure visits were not missed and to maintain staff safety when working alone. Feedback received confirmed care visits ran on time.

We have made some recommendations in relation to the service's recruitment processes, to support the service to ensure, going forward, these are in line with recognised best practice, and in relation to further developing aspects of their risk assessment documentation.

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

Rating at last inspection and update This service was registered with us on 03 August 2020 and this is the first inspection.

Why we inspected

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

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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

MUTEURO 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 Health and Social Care Act 2008.

Inspection team

Consisted of 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

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

Inspection activity started on 25 February 2022 and ended on 04 March 2022 when final inspection feedback was provided. We visited the location's office on 28 February 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager and two members of care staff. We reviewed one person's care records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of

records relating to the management of the service, including policies and procedures. We spoke with one person who use the service and one relative.

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.

Staffing and recruitment

- The service employed a small number of staff, and the registered manager also provided hands on care to cover any staffing shortfalls.
- Induction processes were in place for new members of staff, and to support people to get to know new staff if the rota needed to be adapted.
- Interviews and safety checks were in place, however, the service needed to ensure they sourced two references for new employees, rather than only one and kept safety check records up to date. No risk or impact was identified as an outcome of only sourcing the one reference.

We recommend the provider regularly audits their staff files to ensure all required information, and evidence of safety checks are in place, and kept up to date.

Assessing risk, safety monitoring and management

- The registered manager completed an assessment before accepting any new package of care. The assessment process included risk assessments of the person's individual needs and medical history.
- As part of the initial and then ongoing assessment and review processes in place, packages of care were amended as people's needs and risks changed.
- The condition of the person's home environment, and any associated risks were assessed and monitored; however, the assessment records would benefit from having more detailed information relating to checks such as working smoke detectors, switch on/off points for water and power.

We recommend the provider develops their environmental risk assessment form to include greater details for staff to be aware of when working in people's home environments.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the reporting processes if safeguarding concerns were identified.
- There were clear policies and procedures in place for reporting safeguarding concerns to the local authority and to CQC. At the time of the inspection, there had been no safeguarding incidents identified or reported.

Using medicines safely

- The person in receipt of personal care was not having support from staff with their medicines.
- Policies and systems were in place, as well as training for staff, to ensure that as the service expanded, staff had the relevant skills to safely support people with their medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE), which they were able to collect as required from the service's main office.
- Staff wore uniforms, as well as using PPE to maintain their safety and of the person receiving care.
- Arrangements were in place, to cohort staffing teams, in the event of a COVID-19 outbreak, to reduce the risk of the spread of infection.
- Staff were completing regular COVID-19 testing, in line with current government guidelines.

Learning lessons when things go wrong

- The registered manager was responsive to feedback given during the inspection and demonstrated the information was reflected on and actions taken where appropriate.
- The service's policies supported staff to have open discussions within their team and with the registered manager, to ensure open lines of communication were maintained, in the event something went wrong.

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

- The ethos of the service was to offer personalised care, in line with the person and where applicable, their relative's wishes. Staff were respectful of being in the person's own home and tailored their approach accordingly.
- Staff worked flexibly to accommodate changes in the person's needs, wishes and preferences.
- The registered manager gave examples of how they had supported the person with aspects of their rehabilitation on discharge from hospital, to maximise their levels of independence. Over time, this had resulted in less care visits being required.

Staff support: induction, training, skills and experience

- The staff working for the service had mainly worked in health and social care settings before, therefore had experience and skills to bring to their roles, in addition to the training provided.
- The service monitored the completion of training, and ensured staff were booked onto refresher courses when required.
- The service was exploring specialist training options, to enable them to develop their service, and provide care to people with complex healthcare needs. Staff meetings included a review of 'policy of the month' to aid discuss and embedding learning.
- Staff had an induction when new to the team and attended regular supervision meetings to monitor their performance and personal development.

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

- The person in receipt of the regulated activity, had alternative arrangements in place for support with food and fluid. However, staff monitored their intake at each care visit, to ensure the person was maintaining their health and wellbeing.
- Staff had completed food hygiene training to ensure they had the required skills to support people with the management of their food and fluids where required.

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

- The registered manager gave examples of where they had worked jointly with health and social care professionals to support people's care and rehabilitation while living in the community.
- Care records contained an overview document, listing all key health and social care professionals involved with the person, to ensure staff had access to this information, and could provide feedback or seek advice when needed.

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

- The service recognised the importance of supporting people and their relatives to access regular medical check-ups and attend healthcare appointments.
- Staff could provide visits to be with people to enable their relative to attend appointments and not have to leave the person alone. This ensured relatives were also maintaining their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records contained information relating to the person's mental capacity, and their ability to make decisions and express their own wishes and preferences independently.
- Information relating to whether relatives had lasting power of attorney in place was in the person's care records.
- Staff actively supported people to make their own decisions. Where there was fluctuation in the person's memory or ability to make decisions, this was reflected in their daily care records.

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

- We received positive feedback from the person and their relative about the care received. They told us, "Staff make me feel comfortable, and at ease. They talk to me when they are supporting me with my personal care." Staff were reported to be smartly presented, and respectful of the person's home environment.
- Staff placed value on the things that were important to people, including hobbies and interests and people's protected characteristics such as relationships and friendships.
- The person told us staff protected their dignity, for example by covering them with a towel when completing personal care tasks. The person stated, "I am treated as a human."
- Staff told us how important it was to treat people with kindness and to empower people to meet their full potential.

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

- People and relatives had opportunities to meet with staff to discuss people's care and support needs and contribute to the development of their care records.
- The registered manager completed spot checks, to ensure the standards of care were in line with the person's wishes and preferences, as well as using this as an opportunity to review their care records, and source feedback.
- The person was encouraged to be as independent as possible. Since returning home from hospital, their ability to walk longer distances had improved, and the person told us they were pleased to be more independent.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. People's care was personalised and tailored to their individual wishes and preferences. The person described their care and staff as, "Flexible and understanding."
- The person told us the care experience was a, "Relaxed and welcome atmosphere," whilst acknowledging it can be daunting to have staff support you with your personal care. Having the same care staff for each visit helped the person and their relative to build trusting relationships, which was felt to make the whole experience more dignified.

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

- The registered manager was passionate about ensuring the standards of care provided were personalised.
- People's care records contained their own goals and aspirations linked to their care package, as well as details around what a good and not so good day would look like for the individual.
- Care records were designed and reviewed collaboratively with the person and their relative, and adjustments made in line with their feedback.

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.

- The service was able to provide information in different formats to aid understanding. Staff would also discuss information by telephone or face to face if this was easier for the person or their relative to understand.
- People's sensory support needs were detailed in their initial assessment and were under regular review.

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 recognised the importance of forming professional, trusted relationships with people, and the role they played, particularly during the pandemic in reducing the risks of social isolation.
- Outside of the regulated activity of personal care, the service provided companionship visits to support people to maintain social contacts.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service since it was registered with the commission. The person and their relative were clear of how to make a complaint if they felt this was required.
- Information on the complaints process was given to people when they started using the service, as part of a welcome pack.
- There were policies and procedures in place to support people to make complaints, and clear guidance for staff on how to handle this information, and what action to take.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.
- Staff told us they had received training on supporting people at the end of their life. This was an area of the service the registered manager told us they wished to develop further.

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's priority, was around the importance of providing high standards of personalised care.
- The registered manager was found to be open to feedback, and regularly sourced the views of staff and people in receipt of their service. They were keen to ensure they got the care right.
- The person was supported to maximise their levels of independence, and ensure they had the best outcomes from the care provided. This was reflected throughout their care records.

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 service had policies in place to ensure the registered manager, and staff team understood their responsibilities under the duty of candour. There had been no incidents or complaints received, but the registered manager was clear of their responsibilities.

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

- The registered manager demonstrated that they understood their regulatory role and responsibilities.
- The registered manager embraced the inspection process as a learning and development opportunity. They used it as a chance to ask questions and source additional information and knowledge.
- The registered manager was accessing manager forums, and networking to source additional information and support.

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

- Feedback was regularly sourced from the person and their relative. This was evident in their daily notes, as well from spot checks completed by the registered manager. The service's policies, procedures and training supported staff to consider and maintain people's protected characteristics.

Working in partnership with others

- The registered manager and members of the senior management team utilised their professional skills and expertise to build networks and source support from other health and social care professionals.
- The registered manager gave examples of where they had worked collaboratively with other professionals

to achieve positive care outcomes for people.