

MRL Healthcare Limited

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## Inspection report

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Date of inspection visit:  
02 November 2018  
05 November 2018

Date of publication:  
04 January 2019

### Ratings

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

# Summary of findings

## Overall summary

Inspection site visit activity started on 2 November and ended on 24 December 2018. It included speaking to people who used the service, their relatives and care staff. We visited the office location on 2 and 5 November to see the manager and office staff; and to review care records and policies and procedures. At the time of the inspection 120 people were using the service.

People we spoke with told us they felt safe. The service had systems and processes in place to help protect people from abuse and encourage people to raise any concerns they had.

Risks to people were managed so they were able to do the things they wanted and receive the support they wanted in as safe a way as possible.

People told us the care workers were punctual and they did not feel rushed when they were being supported. Care workers we spoke with told us their rotas were manageable.

Care workers were trained to support people safely with medicines and regular audits of records relating to people's medicines were done to quickly identify any issues.

People told us care workers wore appropriate protective equipment like disposable gloves and aprons when they were supported. Care workers were trained in infection control techniques.

Care workers received training in a variety of subjects and they told us this had given them the skills to support people safely. Care worker's training was updated regularly in line with national guidelines.

The service worked with other healthcare providers such as district nurses and GPs and care commissioners like the local authority to make sure people were receiving appropriate care.

Records showed people and their relatives had been involved in planning and reviewing the support they received.

Consent was sought before any support was given to them. A form was being introduced into people's care plans to record their capacity for making specific decisions.

People told us they usually had the same team of care workers visiting them and they knew each other well. People told us they were treated with kindness and respect.

People and their relatives told us their independence was encouraged and the support they received enabled them to remain independent.

Records showed people had been involved in planning and reviewing their care. People we spoke with

confirmed this.

The service had a complaints policy in place and procedures to investigate and identify any improvements to the service arising from the complaint.

The management team encouraged an open culture where people felt able to speak up and raise any issues or suggestions for improvement.

A range of quality checks and audits were in place to give the management team oversight of the service and identify where it could be improved.

The service worked well with other organisations to ensure people received the support they needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were trained to identify signs of abuse and felt able to speak up if they had any concerns.

Enough staff were employed to ensure people received support at the time they were expecting.

Processes were in place to ensure people received support with their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Care workers received training matched to the needs of the people they were supporting.

People told us they were asked for their consent before they were supported.

The service worked well with other healthcare providers to ensure people received effective support.

### Is the service caring?

Good ●

The service was caring.

People told us they were usually visited by the same care workers and they knew each other well.

The dignity of people was protected and they were treated with respect.

People were encouraged to remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

We saw records showing how people had been involved in

planning and reviewing their care.

The service learned from complaints and implemented improvements identified during investigations.

Processes were in place to enable people to be supported as they neared the end of their life.

### **Is the service well-led?**

The service was well led.

An experienced registered manager was in place who understood their responsibilities.

People and staff were encouraged to speak up if they had any concerns or suggestions.

A variety of checks and audits were in place to ensure people were being supported appropriately.

**Good** ●

# MRL Healthcare Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 2 November and ended on 24 December 2018. It included speaking to people who used the service, their relatives and care workers. We visited the office location on 2 and 5 November 2018 to see the manager and office staff, and to review care records and policies and procedures.

We gave the service one days' notice of the inspection as the registered manager managed more than one service and we needed to be sure they would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information that we held about the service and the service provider. This included notifications which the provider had told us about, information from other agencies such as the local authority and clinical commissioning group and information from whistle-blowers and the general public.

During the inspection we spoke with the registered manager of the service, staff in the office, five people using the service, two relatives of people and four care workers.

We looked at the recruitment records of three care workers, the care records of four people, supervision and training records, care worker rotas and other records relating to quality and audit checks done by the service.

This was the first inspection of this service under the new inspection methodology.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person told us, "They make me feel safe to stay in my own home." A relative of a person using the service told us, "We feel very reassured that they are going in." The service had a safeguarding policy in place and all staff underwent safeguarding training. Care workers we spoke with demonstrated they understood the signs of abuse they needed to be aware of and knew how to raise and report any concerns. A whistleblowing policy was also in place encouraging staff to raise any concerns they had. The policy contained details of how to raise concerns with external organisations in case staff didn't want to raise concerns internally.

People's safety was monitored and managed. People had care plans explaining how they wanted to be supported and these were kept under regular review. Where risks to people had been identified, measures were put in place to manage the risk so the person could be supported as safely as possible.

The service ensured there were enough care workers to ensure people received their visits when they expected to. We looked at rotas which showed that no travel time between visits was planned into the rotas but people we spoke with told us their care workers were punctual and stayed for as long as they were scheduled to.

Checks were made on applicant's backgrounds and conduct in previous jobs. These checks included a check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Additional checks were done on the identity documents provided by applicants to ensure they were genuine. These checks helped to ensure only suitable applicants were offered work with vulnerable adults.

Where people needed support with their medicines this was documented in their care plan. The service had a medication policy in place and people were supported with their medicines only by care workers who had been trained and signed off as competent to do so.

The registered manager told us they asked pharmacies to provide pre-printed medication administration records (MARs) to try to reduce the risk of errors but some pharmacies refused to do so. In these cases the MARs were hand-written but the service was in the process of replacing the hand-written MARs with typed and printed copies to make them clearer and easier to understand. Once they had been written, the MARs were double checked by another member of staff to help identify any errors.

People who had been prescribed topical creams had colour coded body maps with different colours relating to different creams so it was clear to care workers which creams were prescribed for which part of the person's body.

Where people were prescribed medicines to be taken as and when required (PRN) extra guidance was added to the MAR. The registered manager explained that they were using guidance from the National

Institute for Clinical Excellence (NICE), which is the nationally recognised body for clinical guidance, to ensure the MARs contained the information that was needed to support people safely.

People were protected from the risk of infection. Care workers underwent infection control training and people we spoke with told us the care workers used disposable personal protective equipment such as gloves and aprons when supporting them. Supplies of gloves and aprons were available for care workers in the office and the registered manager explained that supplies were also taken out by senior care workers when they were performing quality audits.

The registered manager kept records of any incidents or concerns that were raised and analysed them to identify any common themes and areas for improvement. The registered manager had responsibility for another service run by the same provider and so was able to identify trends across both services. The registered manager explained, "We picked up a trend in the training where care workers were continually getting the same question wrong so we changed the training on that area as it obviously wasn't clear."

## Is the service effective?

### Our findings

People's needs were assessed taking into account the wishes of the person in how they wanted to be supported. Risks to people had been assessed and where people needed equipment to enable them to be supported in the way they chose, such as mobility aids or special beds, the equipment was detailed in the person's care record along with instructions on how to use it safely. Any cultural preferences or needs were reflected in how people were supported.

We saw examples of how outcomes had been identified that people wanted to achieve and how care workers had worked creatively to help the person achieve them. An example of this was where a person wanted to cook meals for their family so the care workers brought them menu cards from a supermarket to give them ideas of what they might want to cook then adjusted the person's visit times so they could stay and help them prepare the meal. As the person grew in confidence their visit times were adjusted again as the person was able to do more things for themselves.

Some care plans we looked at during the inspection appeared to lack detail about the person and the way they preferred to have their care given, however care workers we spoke with told us the care plans were sufficiently detailed for them to know what support people needed and that they would always ask the person what support they wanted during the visit in addition to reading the care plan.

Care workers we spoke with also told us they asked people for their consent on each visit. One care worker we spoke with explained, "I'll always ask people before doing anything. The care plan might say the person likes to get up and have cornflakes but on that day they might want to stay in bed and have porridge." Another care worker told us, "I read the care plans but I always ask the person what they want doing anyway."

At the time of our inspection the service was introducing new capacity assessment forms for people so their capacity to make decisions for themselves could be better recorded

Care workers underwent an induction programme based on the care certificate. The care certificate is a nationally recognised set of standards and skills that care workers should have. The registered manager explained that the induction training had been tailored to suit the needs of the people the service was supporting and so additional content on specific conditions had been added.

A variety of training methods were available, including face to face training and online. The registered manager explained, "The e-learning is sent to everyone and they can either complete it at home or come into the office and use a computer here. Other people prefer training in small groups so we put training on [in the office]." The service had a training room equipped with beds and commonly used moving and handling equipment. Care workers we spoke with told us the induction programme was thorough and they felt it gave them the skills they needed to do the job. One care worker we spoke with told us, "The shadow shifts were brilliant and really put me at ease. You go with an experienced care worker and they are happy to answer any questions you have."

The registered manager told us they recruited from the local area. They said, "We go and give a talk to people studying health and social care at a local training company. It works well as we know they are already interested in working in care but it's also important that we tell them what the job is actually like and not just the nice bits." The registered manager explained they tried to allow people to work in the area they chose as some care workers preferred to work in a different area to the one they lived in.

Care worker records showed regular supervisions took place including spot checks during visits the care worker was undertaking and face to face discussions. The registered manager explained that everyone received regular supervisions as office staff received alerts from the service's rostering system when they were due. In addition to one to one supervisions the service also held team meetings. The registered manager told us, "We hold staff meetings over three days so as many staff as possible can attend then we send minutes of the meetings out so anyone who can't attend knows what we discussed." We saw minutes of a recent meeting that had been sent to staff. The minutes encouraged staff to take advantage of a scheme run by the local authority which was offering free influenza immunisations to care workers.

Care workers told us they felt supported by both staff in the office and other care workers. One care worker we spoke with told us, "If we're not sure there is always someone there. We have the office and out of hours staff but we can rely on other care workers for support too. I never feel I'm on my own."

People told us they were supported to eat and drink enough. One person we spoke with told us, "They ask me what I want and make it for me." The registered manager told us that where people were at risk of dehydration or malnutrition then additional charts would be added to their care records to help care workers record the amount and types of food and drink the person had.

## Is the service caring?

### Our findings

People told us they were treated with kindness and respect. One person we spoke with told us, "They [care workers] are absolutely lovely, they deserve a medal. They will do anything I ask." Another person told us, "I usually have the same carers and they're very friendly. We know each other and they know how I like things done." A care worker we spoke with told us, "We work in one patch so we get to know the service users and the other staff well. Seeing the same people is good so you can see if someone isn't themselves." Another care worker told us, "The best bit about the job is getting to know the people and helping them."

The service encouraged people to remain as independent as possible. A care worker we spoke with told us, "We are trained to support people and not just to do things for them." A person using the service confirmed, "I want to stay in my home as long as I can and they help me stay here. Some things I can do, some things I can do with help and some things I can't do. They help me when I need it and only do the things I can't do for myself."

Care worker rotas were arranged so they had sufficient time to spend with people. One person we spoke with told us, "They don't rush me and always ask if there's anything else I need. 99% of the time they get here on time." Care workers we spoke with confirmed they felt their rotas were manageable. One care worker told us, "We work in one area so we aren't going all over the place. I don't feel rushed and everyone gets what they need." The registered manager told us, "The driving rounds are mostly walkable so if the care worker wants to park and leave their car then it's usually possible and walking is sometimes quicker than driving."

People were encouraged to make decisions about their care and where they wished them to be, the person's family was also involved. A person we spoke with told us, "Sometimes I don't want the usual things doing but I can ask and [the care workers] will do it for me. Tomorrow [the care worker] is going to dust my house and clean the floor for me because I can't." A relative we spoke to said, "They were great at the start. We hadn't had any experience of care before but they sat us down with [my relative] and explained what they could and couldn't do and talked us through it all. We're both happy."

Families of people using the service were also supported. The registered manager explained the service was setting up a group for relatives of people with dementia. They told us, "A lot of relatives feel lost and there's not much support for them so we really want to get them together over a cup of tea and get speakers in to talk about dementia, answer questions and help the relatives understand the condition more."

People we spoke with told us their dignity and privacy was respected. A care plan we looked at read, "Please ensure my blinds and doors are closed and you maintain my dignity when you give me personal care."

Confidential personal information held about people was also protected. People's details were held on a secure password protected system and no confidential information was stored on the computers in the office protecting people from the risk of their data being accessed in case of a burglary. Paper records were held in locked filing cabinets. The service used an encrypted email system so any data they shared with

other organisations was protected from being intercepted. Care workers also signed a confidentiality and social media agreement which reminded them of the need to protect people's confidentiality. At the time of our inspection the service was in the process of scanning all its paperwork so that digital rather than paper copies were held to help protect people's confidentiality.

The service was also working within the principles of the Accessible Information Standard (AIS). The standard aims to set out a standard approach to identifying and meeting communication needs of people who may have a disability, impairment or sensory loss. People's communication needs were recorded and flagged in their care records so this information could be shared with other care providers such as hospitals if the person needed support from them. The manager explained they provided information to people in different ways according to their needs for example, reading the care plan to them during a review or providing information in large print.

## Is the service responsive?

### Our findings

The support provided to people was personal to them. We saw documents showing people using the service, and where the person wished them to be, the person's family had been involved in planning and reviewing the care to ensure it was meeting their needs. The registered manager told us, "We try to ensure that the care plans reflect how the person wants to be looked after and not how anyone else would want to be looked after. We need to put ourselves in their shoes and make sure we don't ever think because we would want something that they would too."

Care plans were reviewed regularly and it was recorded who had taken part in the review and how they had contributed. Reviews from other professionals such as social workers, GPs and physiotherapists were included as part of the review process to ensure the support provided continued to meet the person's needs. We saw an example where a physiotherapist had recommended a person undertake exercises and these had been incorporated into the person's care plan so care workers could support them safely.

People's care records contained a summary of how they wanted to be supported. We found that the summaries for some people who had been with the service for a long time lacked some of the detail of earlier reviews, for example why a person preferred a certain diet. We discussed this with the manager told us the detail on the care plan summaries would be reviewed at the next review to ensure it contained sufficient detail for new care workers to know more about the person.

The service used an electronic call monitoring system to help ensure people received visits at the time they were expecting. If a care worker had not used the system to confirm they had arrived safely at a visit an alert appeared on the computer system in the office. The registered manager told us, "If an alert comes up the admin staff in the office are phoning the care worker to check they are there." We saw analysis done by the registered manager of how well different care workers were using the system. The registered manager explained, "We want to get [the use of the system] better so we are contacting those care workers who are not using the system well to find out why. If it's something that needs to be documented as a formal supervision then we do."

People we spoke with told us they knew the service had a complaints procedure but felt able to raise concerns informally and were confident they would be addressed. A relative we spoke with told us, "[My relative] has the office number and the out of hours number and they can just phone if they aren't happy with anything. We can do the same if we need to." Another person we spoke with told us, "I can let them know if I'm not happy, don't be worried about that."

Complaints and concerns were recorded and summarised monthly. The summaries were discussed with the registered manager of another service run by the same provider to share ideas and see if there were themes across the two services. Where improvements were identified, we saw records showing what the identified improvements were and how the service was going to try and address them. The records also showed a review of the improvements to see how effective they had been.

At the time of our inspection nobody was receiving care as they neared the end of their life however the registered manager explained that if people wished to be supported by the service as they approached the end of their life by care workers that they knew then the service would work with district nurse and medical teams to support them in a dignified way.

## Is the service well-led?

### Our findings

The service employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and was notifying CQC and other organisations when certain events happened in the home in line with their responsibilities.

The registered manager had a clear vision of the culture they wanted to promote within the service. They told us, "The culture has to come from the top. If we aren't open and approachable it won't work." Care workers we spoke with confirmed they felt the office team and registered manager were approachable and they felt comfortable raising concerns or suggestions with them.

The service sought the views of people using the service and used their views to try and improve the service. Questionnaires were sent to people every six months and the responses were collated to identify improvements in the same way as the service learned from complaints. Examples of improvements resulting from questionnaire feedback were changes to the way the office staff communicated with people and their relatives if a care worker was going to be late or if a different care worker was going to visit the person. At the time of our inspection the service was contacting people using the service again to see if they had experienced an improvement.

The registered manager told us that they had tried sending out surveys to care workers but the response rate was very low and it was more effective to have regular staff meetings and supervisions where ideas for changes to the service were welcomed.

A range of audits of documentation such as medicine records and daily care records were in place to identify any issues or poor recording. The registered manager explained that audits of medication records had identified problems when other healthcare professionals or family members were also involved in supporting people with their medication. They told us, "We had some confusion and there were people [from different organisations] using different forms for the same person. We worked with everyone involved and agreed that we would all use the same chart so it was clear that the person had the right support."

The registered manager worked closely with the registered manager of another service owned by the same company to share ideas and good practice. They explained, "It's good to have that other person to bounce ideas off and see what has and hasn't worked for them." The registered manager also attended monthly provider forums run by the local authority, Dignity in Care forums and other talks from organisations such as CQC and training organisations to keep up to date with developments in best practice.

The registered manager also was in contact with the local authority quality team to see if they could identify any improvements to the service and liaised with Greater Manchester Fire and Rescue Service and encouraged people to have free smoke alarms fitted if they did not already have them.

