ML Homes Limited

ML Homes

Inspection report

17 Elm Park Road
London
N3 1EG

Date of inspection visit:
28 April 2022

Date of publication:
11 August 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
ML Homes is a domiciliary care service that provides personal care to adults with mental health support needs within a supported living setting. At the time of the inspection the service was supporting one person with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
A person and their relative spoke positively of the service and told us they felt safe with the staff that supported them. However, despite positive feedback we found issues with the management of a person's risks, staff recruitment, management of medicines and management oversight.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection.

A person's risks were not always fully assessed and documented within their care records.

A person was kept safe from the risk of infection and COVID-19.

We made a recommendation around the management of medicines.

We made a recommendation around staff recruitment.

A person was supported by staff who were skilled and trained to carry out their role. Staff told us they felt supported by the management team, however not all staff were receiving regular supervision in line with procedure.

A person and their relative told us they were supported by kind and caring staff that respected their privacy and supported their independence.

A person was involved in planning and reviewing their care. Overall a person and their relative told us staff understood their preferences and choices. A person told us they could raise any concerns with staff.

A person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team sought the views of people using the service and their relatives. A person and their relative told us they were satisfied with the service.

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

Rating at last inspection
This service was registered with us on 10 February 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to management oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

ML Homes

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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 28 April 2022 and ended on 11 May 2022. We visited the location's office and one supported living service on 28 April 2022. We spoke with people, a relative and staff on 28 April 2022, 3 May and 5 May 2022. Feedback of the inspection was provided to the registered manager on 11 May 2022.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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. We used all this information to plan our inspection.

During the inspection
We spoke with one person who used the service and one relative. We spoke with four members of staff including the registered manager, deputy manager and two care staff. We reviewed a range of records. This included one person's care records and medicines records. We looked at three staff files in relation to staff recruitment, training and supervision. A variety of records relating to the management of the service and quality assurance were reviewed. We sought feedback from professionals who work with the service. We held a follow up meeting with the registered manager to validate the evidence found.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a DBS check, evidence of conduct in previous employment and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found some staff recruitment records did not contain a full employment history and reasons for gaps between periods of employment had not been explored or documented by the service. We raised these issues with the registered manager, they told us they would address these points in any future recruitment. We will check this at the next inspection.
- The service was completing a checklist for each staff file to ensure procedures were followed; however, this process did not identify the issues we found during the inspection. We will report further on this in 'Is the service well led?' section of the report.
- Throughout the inspection we observed care staff to be available supporting people as required. Staff told us staffing levels had been impacted during the pandemic, one staff member said, "We've lost a few [staff] since the start of the pandemic. We've been recruiting a few, managing by covering extra hours." A person told us there were sufficient staff to support people. A person said, "There aren't too many staff, numbers are adequate."

We recommend the provider reviews their recruitment processes to ensure these are completed in line with procedure.

Using medicines safely

- People received their medicines as prescribed. However, during the inspection we found issues which meant medicines were not always managed in line with national guidance.
- The service had a medication policy in place and medicines were stored appropriately. Staff had been trained and their competency to administer medicines had been assessed.
- However, we found guidance was not in place for a medicine prescribed 'as needed' (PRN) for staff to know how and when to administer the medicine. We raised this with the registered manager and during the inspection appropriate guidance was put in place.
- Where a handwritten change had been made to a Medication Administration Record, we found this information was not being checked by another member of staff. This meant the provider could not be assured this information was correct.

● A person and their relative did not raise any concerns about the management of medicines.
● The provider was completing a regular medicines audit. However, the audit did not identify the issues we found. We report further on this in 'Is the service well led' section of the report.

We recommend the provider reviews its procedures for managing medicines in line with national guidance.

Assessing risk, safety monitoring and management
● The provider had systems in place to assess risks to people before undertaking their care and support.
● Risk assessments in place detailed the risk and the actions staff should take to mitigate the risk. However, during the inspection, we found two examples where a person's risks were not fully assessed and documented within their care plan and risk assessment, with detailed guidance for staff to follow. We found not all staff had sufficient knowledge of a person's health related risk. We brought these examples to the attention of the registered manager and during the inspection we were sent updated records.
● Despite this issue, staff told us they knew people well and could support people safely. Regarding people's care plans and risk assessments, one staff member said, "Yes, they are always available in their files."
● A person and their relative told us staff knew how to support people safely. A person said, "Standard of care is very good here. Oh yes, I would trust them."
● Health and safety including fire safety was regularly checked and monitored to ensure people's safety.
● The service was completing a regular audit of people's care plans and risk assessments; however, these did not identify the issue we found during the inspection. We will report further on this in 'Is the service well led?' section of the report.

Preventing and controlling infection
● Effective systems were in place for managing and controlling infection, including COVID-19.
● The provider's infection control policy was up to date, staff had completed training and had access to regular testing and Personal Protective Equipment (PPE). One staff member said, "We wear masks, apron, gloves and change our PPE."
● An increase in daily cleaning had been implemented during the COVID-19 pandemic to reduce the risk of infection. We visited one of the supported living locations and observed staff wearing PPE appropriately, the premises appeared clean and in a good state of repair.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were protected from the risk of abuse.
● A person and their relative told us they felt safe with the care and support they or their relative received.
● Staff had received safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns. The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.
● Accidents and incidents were reported and recorded with details of the incident, actions taken, and any lessons learnt.
● The registered manager explained how following an accident or incident they would share lessons learned with their team and how this would help prevent any reoccurrence.

Good

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.

Staff support: induction, training, skills and experience

- People received care and support from staff who were appropriately trained, however staff were not receiving regular supervision in line with the providers procedure.
- The registered manager had a system in place to monitor staff supervisions, however we were not assured it was effective. We will report further on this in 'Is the service well led?' section of the report.
- We raised this issue with the registered manager who told us the frequency of supervisions had been disrupted by several staff leaving and COVID-19 related staff absence during the pandemic. We were told usual staffing levels had now resumed and the registered manager would ensure staff supervisions happened in line with procedure.
- Staff told us they felt supported and records confirmed staff completed an induction and mandatory training when they started working at ML Homes. Staff who had completed a year of employment had received an annual appraisal. One staff member said, "I feel supported, I have the staff, I have my line manager." When asked if they felt staff were appropriately skilled and trained, a relative told us, "yes." A person said, "I think so."

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

- People were supported to access a healthy diet.
- People were supported to shop and encouraged to cook individually and for the group of people who lived within the supported living location we visited.
- However, during the inspection a person told us the food they received could be improved. A person said, "One of the others does the cooking, it's not bad but could be better. It's a question of taking what's served."
- We discussed this feedback with the registered manager who told us food choices were discussed at meetings with people using the service, records confirmed this. During the inspection, the service responded to the person's feedback and an individual shopping and meal plan was put in place.

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 access healthcare services, which enabled them to live healthier lives.
- Records showed the service worked closely with other health and social care professionals including, GP, physiotherapist and community mental health team.
- People's care plans included details of their health conditions and provided information and guidance for staff on how people were to be supported. However, during the inspection, we found risks associated with a person's health condition were not fully documented within their care plan and risk assessment with detailed guidance for staff to follow. We report further on this in 'Is the service safe?' section of the report.

● A person's care plan documented the support they required to maintain their oral hygiene.
● People and their relatives told us the service supported people to access health services where required. A person said, "They do, we are under the local [GP] practice. Whenever there is a need."

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.

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.

● A person's care records documented their consent to care and support in line with the MCA.
● Staff had completed training and demonstrated an understanding of the MCA in line with the key principles.
● A person and their relative confirmed staff sought people's consent before supporting them. A relative said, "Yes. There are a few times where [person] doesn't want our help." A person said, "They don't interfere. They respond to any point I raise."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed, and care plans were developed using information gathered during initial assessment.
● Policies and procedures referred to legislation and good practice guidelines and provided guidance for staff.
● A person and their relative told us they were involved in discussions about their relative's support and agreements about how their care was provided.

Good

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;
- People were supported by kind and caring staff, who knew them well.
- A person and their relative told us people were supported by kind and caring staff. A relative said, "Yes, the ones I've met are all very nice." A person said, "I think so, yes."
- A person told us they were supported by staff who knew them well. A person said, "I think they are familiar with my case; they are sympathetic and do what they can to help me." A staff member told us, "Yes, we have a good relationship. We communicate on a daily basis."
- A person's care records considered their diverse needs, as defined under the Equalities Act 2010.

Respecting and promoting people's privacy, dignity and independence
- A person and their relative told us staff respected their privacy and supported people to maintain their independence. A relative said, "Yes from what I've seen, they do things like arrange [transport provider], they encourage [person] to use his walking stick." A person said, "I think so. I've got my own privacy in my room."
- Support staff told us, and we observed staff respected people's privacy. One staff member said, "I don't go without permission in [person's] room. I stay outside to respect what [person] asks."

Supporting people to express their views and be involved in making decisions about their care
- A person told us staff listened to them and they were supported to express their views. A person said, "They always listen to me."
- A person told us they were involved in planning and reviewing their care. Regarding their care plan, a person said "Yes, it's very detailed."

Good

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person centred care and support.
- A person's care plan was person centred and contained detailed information about their life history, interests and the people involved in their care. This meant staff had up to date information about what was important to people.
- Overall a person and their relative told us staff understood people's preferences and choices. A person said, "We all have preferences, they have always been very responsive to my needs, no complaints on that score."
- People were involved in planning and reviewing their care. One person said, "From time to time we talk about my care plan and what is planned."
- A person told us staff supported them to access activities in the local community where required and to keep in touch with relatives. A person said, "Oh yes, they do." "They come and see me. Yes, they [staff] help me to keep in touch."

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 registered manager was aware of their responsibilities under the AIS. Information had been recorded in a person's care plans about their communication needs and how they were to be supported.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to support the provider to investigate and respond to any complaints. The service had not received any complaints since their registration with CQC.
- A person and their relative told us they had not had a reason to raise any complaints. A person told us they could approach staff with any concerns. A person said, "[support worker], he's my first port of call in the event of any worry."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- Where people had made decisions about the end of their life this was recorded in their care plan.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had systems in place to monitor the quality and safety of the service, including a monthly audit report and individual medicines and infection control audits. However, these systems and processes did not identify the issues we found during the inspection.
- The registered manager was completing a monthly audit report which included checks on people's care plans and risk assessments. However, this audit did not identify the issue we found with the documentation of a person's risks and a lack of detailed guidance for staff.
- The service was completing a checklist for each staff file and a medicines audit; however, these audits did not identify the issues we found with staff recruitment and medicines as detailed in the 'Is the service safe?' section of the report.
- The registered manager told us they had a system in place to oversee and monitor staff supervision. However, we were not assured the system was effective, as it did not identify the issue, we found with the frequency of staff supervision sessions.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these issues with the registered manager, and they told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues.
- Other systems in place to monitor the quality and safety of the service included health and safety checks and key worker meetings with people using the service.
- The registered manager demonstrated appropriate knowledge of their regulatory obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture, which delivered person centred care and support.
- People and their relatives told us they were satisfied with the service. One person told us the service was well managed, "I think it is, they are very good at the job."
- Staff told us the management team was supportive and they could raise any concerns. One staff member said, "Yes, they are always supportive of the staff."

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

● The management team sought the views of people using the service and their relatives. This included meetings with people using the service and satisfaction surveys.

● A person told us they were involved in planning and reviewing their care and support.

● Where required, the service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

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; Continuous learning and improving care

● Policies in place identified the actions staff should take in situations where the duty of candour would apply.

● Where issues were identified during the inspection the registered manager acted promptly to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.