

Multi-Care Community Services Ltd

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Inspection report

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14 October 2019
16 October 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

Multi-Care Community Services Ltd provides personal care for people in their own homes. At the time of our inspection there were 108 people using the service.

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

Call visits were not monitored to ensure people received their calls on time and there were no missed calls. However, people confirmed they received their visits on time. Risk assessments were generic and lacked guidance for staff and care plans needed to be more person centred.

People received safe and effective support from staff who received appropriate training and understood people's identified risks. The provider had a robust recruitment process.

People were supported to take their medicines safely and staff understood the importance of infection control practices. People were supported to eat and drink where appropriate to maintain a healthy diet.

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. People told us they were happy with the care and support they received in areas such as their health needs, medicines management and end of life care.

Staff received an induction and regular training. They received competency checks, regular staff meetings and supervisions.

People told us staff were kind, caring and compassionate. People's care was arranged in response to their identified needs. This was kept under review and updated as and when needed. Staff supported people in a way that maintained their dignity and promoted their independence.

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

Rating at last inspection

The last rating for this service was good (last report published 22 May 2017)

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 undertaken by two inspectors.

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. We needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 October 2019 and ended on 16 October 2019. One inspector visited the office location on 14 October 2019. Both inspectors contacted people, relatives and staff by telephone to discuss the quality of the care and support received.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff, the registered manager and the provider. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service.

After the inspection

We reviewed evidence provided by the provider and registered manager.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood how to manage people's risks and received the appropriate training to ensure people's safety and well-being. For example, in areas such as supporting people to transfer by means of a mechanical hoist.
- People felt safe and told us staff were competent in their skills. One person said, "I feel safe being hoisted, nice and slowly."
- Staff received the appropriate training and understood how to manage people's risks. However, the risk assessments in people's care plans were generic and lacked the guidance on how to manage the risk. We discussed this with the manager who confirmed these would be updated appropriately.
- Accidents and incidents were logged but not reviewed to ensure emerging trends or patterns were identified.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and appropriately report any concerns relating to the risk of abuse.
- People and their relatives told us they felt safe when staff provided their care. For example, one person said, "[Staff] help me in the morning to have a shower and then get dressed. In the evening they help me get undressed. [Staff] make me a sandwich of my choice a cup of tea and help me take my medicines with water. I feel safe when they help me. They know me well."

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.

Using medicines safely

- People's medicines were managed safely. People and their relatives told us staff were knowledgeable about their medicines and supported them safely. One person said, "[Staff] help with administering the medicines and have never missed any of these."
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment, such as gloves and aprons, was provided for them. One person said, "They wear their aprons." Another person told us, "The staff wear disposable gloves and put these in the waste bin after use."

Learning lessons when things go wrong

- The registered manager told us they discussed any learning with staff in meetings and supervisions to ensure staff had the opportunity to discuss any topics to support their learning and development.

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 the same. 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

- Before care delivery started pre-assessments were completed to establish if people's needs could be fully met.
- Care plans were developed from assessments to ensure people's identified needs were met. However, care plans needed better guidance around how the care and support were to be given. For example, how the person liked to have their care and support provided. Staff demonstrated they knew how to provide support as people liked. We spoke with the registered manager about this. They confirmed care plans will be reviewed.
- People told us they received their care in the way they wanted, they were happy with the care and support staff provided. One person said, "[Staff] help me to get into my sling. They are very careful. They explain what they are doing before lifting me out of bed into my chair. They treat me with dignity and respect. I would definitely recommend the service to other people."
- Care and support plans were regularly reviewed to ensure their needs were appropriately reflected.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. Newly recruited staff completed an induction to ensure they received the appropriate training and support. One staff member told us, "My training this year has included first aid, moving and handling, safeguarding, health and safety, medicines administration and hygiene."
- Another staff member told us, "I have had training for moving and handling. I was shown how to do this with different hoists and slings. We practice on each other to understand what it feels like to be a person being hoisted."
- One senior staff member told us, "I do unannounced spot checks to check staff arrive on time, are polite, follow good hygiene practices and communicate with the person"
- People and relatives told us that staff were sufficiently skilled and experienced to do their roles.
- Staff received regular supervision. One staff member said, "I have regular supervision with my supervisor. It is definitely a two-way conversation where I can discuss what is not going so well and also where things are fine. It is an open communication opportunity to discuss my work."

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

- People told us that staff prepared their meals. One person said, "[Staff] prepare my meals." Another person told us, "[Staff] make me a sandwich of my choice, a cup of tea."

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

- Staff knew people well and were able to promptly identify when people's needs changed.
- Staff and management worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure that the care and support provided was effective and in people's best interests.

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

- People had access to health professionals to help them live a healthy life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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.

- The registered manager confirmed that capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Staff had received training and worked within the guidance of the MCA.
- People told us staff asked for their consent before they delivered any aspects of care. The management team confirmed that if people could not express their views and be involved in making decisions about their care, their relatives and health and social care professionals would be involved.

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 same. 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 and their relatives told us the staff team were kind and caring. One person said, "I do feel they know my needs. All the staff seem dedicated and aware of my needs."
- People told us they were treated well. However, care plans could be more person centred. For example, the spiritual and cultural preferences in the care plan were not always completed. We spoke with the registered manager about this and they confirmed this would be addressed. People confirmed their daily needs were being met by caring staff.

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

- People knew about their care plans and could decide what care and support they needed. One person said, "Staff always ask my permission before doing anything and let me know what they are going to do." Another person said, "They always ask us what we want I cant fault them."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy.
- One relative told us, "[Staff] always treat [family member] with dignity and respect their privacy. They do go above and beyond what is expected such as, changing the bedding and getting clean towels out. [Staff] do most tasks exceptionally well. They even bring the bins in. They always knock on the door and are very polite."
- One person said, "[Staff] are all very caring. They absolutely treat me with dignity and respect. They get to know me, we have got on well so far.
- People's records were held securely to promote confidentiality.

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 same. 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 told us they received care and support as they wished.
- Care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs.
- One person told us, "Every now and then a [senior staff member] comes to check up on my care." Another person told us, "Everything is going lovely. Staff arrive on time and stay until all my care needs are completed."

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 felt the communication was good and staff took the time to explain things. One relative said, "They understand my [family member's] body language. If the regular staff are going to be off, the [office staff] let me know who the replacement will be. Communication is key to good care and it is always good."

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 supported people to maintain family relationships, to attend various appointments and to support people's individual choices. People received the care and support they wanted. One person said, "Nothing is too much trouble."

Improving care quality in response to complaints or concerns

- People told us they would be confident to raise any concerns with the management team. One person said, "Everything is going lovely. [Staff] give time when I need it. I have never had to complain."
- The registered manager's complaints records demonstrated concerns raised had been addressed appropriately in line with the policy and procedure for managing complaints.

End of life care and support

- People who required end of life care were supported by staff who had received appropriate training and support.
- People who were end of life or lived with life threatening conditions, staff ensured the appropriate professionals were involved to maintain good end of life care.
- One relative had written to the registered manager to thank them for the care and support they had received, they wrote, 'Words cannot describe the appreciation we have for making the last 10 months for my

[family member] happy and comfortable. You made their end of life care dignified and they were so happy to be able to stay at home. You have a fantastic team of carers.'

- One staff member said, "Where people have end of life care and support we consider their religious background and respect their wishes. We are there for people at an important time of their lives. We talk about end of life care with people and their family. We spend time getting to know what is important and implement their wishes.

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 had deteriorated to 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 registered manager had governance systems in place, but these were not effective. For example, they had not identified that risk assessments in people's care plans were generic and lacked the guidance on how to manage the risk.
- The registered manager did not use the visit monitoring systems they had to ensure visits were on time and no missed visits. Visit times were not reviewed to ensure and identify areas for improvement. We discussed this with the registered manager who will be monitoring this going forward. People confirmed they received their visits mostly on time and were happy with the way their care was delivered.
- The registered manager had identified some shortfalls and addressing these. For example, illegible care plans.
- Care plans lacked the guidance about how the care and support should be delivered. For example, Spiritual and cultural preferences were not always completed. Care plans needed to be more person centred.

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

- The registered manager was committed to providing a high standard of care to the people they supported.
- People and their relatives spoke highly of the service. One person said, "I would definitely recommend the service to other [people]." One relative told us, "[The staff] are just incredible, they are really, really good at what they do. They make a huge difference to my [family member's] life. They are attentive to every need, clean and hygienic, and very compassionate."

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 provider understood their responsibilities under the duty of candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- People were fully involved in the service development and their views were continuously sought to

provide a safe and effective service that met people's needs.

- Surveys were distributed to people who used the service and their relatives where appropriate. We noted the responses were positive about the service.

Continuous learning and improving care

- The registered manager used information gathered from quality monitoring and feedback to improve the quality of care people received.
- Staff told us that they found the office staff and management very responsive to any questions asked. One staff member said, "The [registered] manager is very helpful, they are always there for us. We have regular team meetings, supervision and action is taken to sort out any issues."

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.