Mulholland Care Ltd

Mulholland Care Limited

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?	Requires improvement

Overall summary

This inspection took place over three days on 3, 8 and 9 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector who was accompanied by a second inspector on one of the days.

Prior to this inspection, this service had an inspection carried out on 27 June 2013. This found the provider was fully compliant at this visit.

Mulholland Care Limited provides personal care and support to people living in their own homes in the towns of Barnstaple, Bideford and the surrounding areas. At the time of our inspection there were 109 people receiving a service. The length of visits ranged from 15 minutes to 24 hours a day and the frequency of visits ranged from one visit a week to a live in service.

There was a registered manager in post. 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.

Mulholland Care Limited had some quality assurance checks in place but not all of these were effective.

Summary of findings

Records were not always kept. The registered manager and provider had acknowledged this was an area for improvement and had put actions in place to address the issue.

People felt safe in their homes and with the staff that supported them. Staff were able to demonstrate a good understanding of what abuse meant and how to recognise and report it if they had concerns.

Staff received the training they required to do their jobs. They felt supported by management and were able to raise any concerns or suggest any changes to improve the service.

People's needs and risks were assessed and care plans developed to meet these. People received personalised care which was specific to their individual needs.

People described how care staff were kind and caring towards them and they had developed meaningful relationships with them. People told us care staff went "above and beyond" what was expected of them and always asked if they needed anything else doing before they left. They paid attention to the 'little things' that mattered to people.

People received visits at the right time and staff stayed the right length of time. People generally had the same people giving care but were unhappy that they did not receive a staff rota to confirm who would be arriving. People were kept informed by the office if the care staff were running late.

Staff respected people's privacy and dignity and maintained people's independence as much as possible. Relatives felt involved in people's care.

Staffing arrangements were flexible and adjusted when necessary. The service tried hard to match people and staff personalities. However, if they did not 'get on', people requested a change of care staff which was given.

Care staff worked in close partnerships with other health and social care professionals who were very positive about the good communication the service delivered.

Summary of findings

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.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving care and support.

Risks to the health, safety and wellbeing of people who used the service were addressed and managed well.

Care staff had the skills and time to care for people in a safe and consistent way.

There were effective recruitment and selection processes in place to ensure staff were suitable to care for people.

People's medicines were managed safely.

There were plans in place to ensure people would be protected in an emergency.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge, training and skills to deliver the care they needed. However, they did not always know which staff were coming.

Staff were trained and supported in their roles and recognised changes in people's health.

People's rights were protected because the service followed the appropriate processes.

People were treated with respect by staff and asked for their consent before carrying out any care.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said staff treated them with kindness and respect and often did extra tasks.

Staff treated people with dignity and compassion, but encouraged independence.

Staff built up meaningful relationships with people and their relatives.

People were involved in making decisions about how they wanted their care to be given.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received personalised care and support specific to their needs. Changes in people's needs were recognised by staff that knew them well.

People knew how to raise concerns and complaints.

Where changes in people's care packages were necessary, these were dealt with quickly and appropriately.

Is the service well-led?

Requires improvement

One aspect of the service was not well led.

Although there were come quality assurance and audit systems in place, these did not always result in actions to address shortfalls. The management team recognised that records were not robust.

Staff spoke positively about communication and felt supported by management.

People's views and suggestions were taken into account to improve the service.

There was a clear vision which centred around the people the service supported.

People benefitted from the service working in close partnership with other health and social care professionals.

Mulholland Care 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.

The inspection took place on 3, 8 and 9 September 2015 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service and we needed to make sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider also supplied information relating to the people using the service and staff employed. We reviewed the completed PIR, previous inspection reports and other information we had received about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with 18 people receiving a service, 10 of who we visited in their own homes, seven relatives and 11 care staff. We also spoke with the registered manager, care manager, deputy care manager, two team leaders, in-house trainer and admin assistant. We received feedback from nine health or social care professionals which included specialist nurses, community nurses, a dietician, care managers, an outside trainer, an occupational therapist and a care consultant.

We reviewed a range of records about people's care and how the service was managed. These included 10 people's care records, two medicine records, five staff files, staff training records, minutes of meetings, complaints/ compliments, incident reports, a selection of policies and procedures and records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe using the service and whilst staff were in their home. Comments included "I feel safe with them alright; my husband says they are a good lot", "Safe? Yes of course. Oh yes, I can trust all of them" and "Yes I feel safe, yes I do".

Management and staff were knowledgeable in recognising signs of potential abuse and who to report the concerns to within the organisation and externally such as the local authority, Police and the Care Quality Commission. An up to date policy and procedure was in place which included the local guidance to follow. Staff records confirmed most staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable adults. For those staff that provided care with children in the household, they had undergone training in child protection. The service had recently changed the way safeguarding training was delivered and this was to be given to the staff that required it. They had also arranged for two management staff to undertake a higher level of safeguarding training from the local authority to enable them to provide further guidance and training for the staff. A whistleblowing policy and procedure was in place and provided information and support for staff to follow.

People's individual risks were identified and the necessary risk assessment reviews carried out to keep people safe. This included environmental risks and any risks relating to the health and support needs of the person such as falls and moving and handling. Where people's risks had increased to a significant level where staff felt they could no longer be managed safely, the service acknowledged this and reported it appropriately.

People told us staff always left the premises secure and closed doors, windows and gates behind them. When people were unable to let staff in and out themselves, staff used a keypad entry system. These numbers were kept secure and only given to those staff who needed it.

There were sufficient numbers of care staff to keep people safe and meet their care or support needs. However, the service had recently experienced a staff shortage due to a variety of circumstances such as staff illness, staff accidents, staff leaving and cars breaking down. The service put an emergency contingency plan into place and prioritised visits to people based on the level of their care needs. The service did not take any new packages of care during this time. The registered manager told us visits were sometimes late during this period but there were no missed visits. The shortfall was covered by existing care staff working extra hours, team leaders providing more hands on care and the hiring of cars from a local garage. The staff shortage had since been resolved.

The office was open from 9am until 4.30/5pm. Outside of these hours, people told us they would contact the on call telephone number for assistance. The team leaders were part of the management team but also worked as part of the care team when needed. Some people and staff told us it was not always easy to get through to the on call team leader. We discussed this with the team leaders who said it was not always possible to get back to people immediately as they could be dealing with other emergencies, but calls were always returned which was confirmed with the duty records.

People said staff mostly came at the right time and stayed their planned time. However, they said care staff were occasionally late due to unforeseen circumstances such as running late with a previous visit or traffic. People said that in these circumstances, management would ring and give them an update. People commented: "…Yes, they turn up on time, you get the odd occasion but they are pretty accurate, if they are going to be late they phone". When staff arrived and left people's homes, they rang an automated telephone system from the person's home. This provided a record of the time care staff were in people's homes which was measured against their contracted times. The service received a report if visits were 30 minutes late which was then investigated.

People told us they were happy and would not want to change agencies, but they did not always know who was coming to their home. They said it was usually the same team of people but would like the reassurance beforehand. A social care professional commented "Service users have requested that they are given notice of when their visits will be and who will be visiting….I have asked management if this is something they could do." This was discussed with the management who were aware of the concerns and were in the process of addressing them.

Staff spoken with told us all required recruitment checks were undertaken before they worked unsupervised. Recruitment records confirmed the necessary pre-employment checks had been completed.

Good

Is the service safe?

People said they were supported by staff to take their medicine safely. All staff received medicine training before they were able to work unsupervised. Staff who were involved in delivering complex care had extended training from specialist professionals, for example those that gave medicines directly into the stomach via a feeding tube. People received medicines which were either recorded on a printed medication administration records (MAR) chart from the dispensing pharmacist or a record completed by the service; these were completed appropriately. The provider had appropriate processes in place for the report of medicine errors.

Staff said they had personal protection equipment (PPE) supplied which was readily available. People confirmed staff used plastic aprons and gloves when they gave care or support in their homes; two people said “Crikey they use a lot of gloves, they brings their own” and “Yes they wear gloves and aprons.”

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the care and support they received. They felt staff had the right skills, experience and the right attitude. Comments included "Staff are very good indeed and I am not just saying that as you're asking" and "When they arrive, they do a very good service. Health and social care professionals felt staff were well trained and knowledgeable. They said "The staff are competent, respectful and trained appropriately", "…the most alert carers ever met" and "Staff know what they were doing and appeared to be well trained and professional."

Staff were supported to have the skills and knowledge they needed to undertake their roles effectively. New staff completed induction training with an in house trainer; this included face to face courses, on line training and work shadowing before they were allowed to undertake care for people. Staff said, as part of their work shadowing, they had been introduced to people who they were going to provide care to. The registered manager was in the process of introducing the Care Certificate training to new care staff. This would deliver enhanced training in 15 key areas of their practice such as fluids and nutrition, duty of care and person centred care.

Staff were supported to undertake training in courses to help meet people's individual needs including diabetes, dementia, stoma care and specialised feeding methods, such as those given directly into the stomach via a feeding tube.

Staff received supervision to support them in their role although the registered manager team said they were not up to date with staff appraisals. However, they explained they had made changes to the role of the team leaders. They had increased the number of team leaders to ensure staff received more frequent supervision. This would consist of face to face office supervision, hands-on supervision in people's homes and an annual appraisal. Staff felt supported by the team leaders and felt able to contact them if they had a concern about their work or about a person they supported.

Whilst some staff had received training on the Mental Capacity Act (2005) (MCA), the majority had not. The MCA provides the legal framework to assess people's capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. However, staff were able to demonstrate an understanding of the MCA and how it applied to their practice. The registered manager planned for all staff to have MCA training in the near future. Care records demonstrated consideration of the MCA and how the service worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. We saw an example of this with one person who was no longer able to give consent and the service had informed the appropriate people.

Before they received any care or support, people said they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person said "They always ask my permission."

People were supported to maintain a balanced diet. Staff helped by preparing main meals, snacks and taking people shopping. Staff recognised changes in people's eating habits with the need to consult with health professionals involved in people's care. Detailed records of what and how much people ate and drank were kept in the daily notes so people's diet and nutrition was regularly monitored. Staff liaised closely with a dietician who was involved in one person's specific care and followed their advice and guidance.

People were supported to see health care professionals when they needed to. A care worker described an occasion where they had a concern about the a person and had contacted the appropriate professional who had undertaken a review of the person's health needs. The team leader gave examples of how care staff reported concerns to them and the action they took.

Good

Is the service caring?

Our findings

People were very positive about their care and support from staff. They told us staff were kind and treated them with compassion. Comments included; "…Yes, they (staff) give good care I like X, she's lovely, so professional. I can't fault them at all", "They (staff) are lovely, they look after me" and "You can't get any better really, staff, the bulk of them, are very good. The golden girls". Comments from health and social care professionals included: "Staff are very caring" and "My client is delighted with all of the girls who work with X" and "……provide a wonderful level of care. They (staff) do a really good job."

Staff had developed positive caring relationships and knew people and their families very well. They took time to listen and interact with people so they received the care and support they needed. One person said: "They talk to me and tell me things about what is going on out there." People were relaxed in the company of staff, smiling and sharing interesting conversations. One relative said staff knew "what was going on with families" which was important to them. They said "X (relative) has a really good relationship with them (staff). One person said "…if I give a bit of banter they give it back to me" and another said "They (staff) chat a lot, smile a lot, get on with my family and always willing to do anything….they do everything."

Comments received from the last quality assurance questionnaire sent out to people were very complimentary of the staff. These included: "They are all very good carers", "They (staff) have been exceptionally caring and kind…have been a credit to the caring profession" and "I am very happy with the care we receive for my X." The service had received several compliments about the good care provided from people, relatives and health and social care professionals.

People told us how staff treated them with dignity and privacy, but maintained their independence, when giving personal care. This information was also included in their care plans, for example "Please ensure doors are closed when carrying out personal care." People said "They always knock on the door when I am in the bathroom", "They always keep me covered" and "They always put the bathmat down, get the temperature right of the water (I like it hot) but I manage to keep my independence."

Staff knew people's individual care and support needs very well. A relative told us staff "go above and beyond" what is expected of them. For example, one said staff fold their relative's laundry "just how they liked it" and another said if there was enough time during the visit staff "would do the washing up as well".

People told us how staff took time to do the 'little things' that mattered to them such as creaming their legs with their favourite moisturiser or washing their hair in a certain way. We saw when staff left one person's home (who had dementia), they filled the sink with warm soapy water. This was so the person could spend time washing up various containers after they had gone as this was a favourite pastime of theirs. Another person said: "Staff will ask what I want to wear and hold open the wardrobe and show me clothes that go together, like browns and creams."

People said they were involved in their care planning and reviews. They told us their opinions were sought about how best to care for them and they felt listened to. One person said "they (senior staff) see if everything is OK – it's (care plan) reviewed." People had copies of their care plans in their homes which had been signed by the person receiving the care or their representative. They also had other useful information such as contact details for the office and a copy of the complaints policy.

People told us they had choices in how and when their care was given. When people were visited by staff they felt they did not 'get on with', they contacted the office and changes in staff allocation were made to accommodate their personal choices. One person said "There was only one I can't take to…I told X….and they said they would stop her coming here."

Good

Is the service responsive?

Our findings

People received personalised care or support individual to their needs. The service did not accept care referrals from commissioners without the appropriate assessment and referral information being obtained beforehand. Before care began, a detailed assessment of each person was undertaken by management. This involved meeting the person, family and any relevant health care professionals at their home, hospital or other care service. Referrals for care were accepted with a 48 hour cancellation notice period if the service felt the person's needs could not be fully met, or the correct up to date information had not been provided on the initial referral/assessment. Management gave examples of situations where this had occurred and the assessment had not matched the person's needs. For example, one person was referred who needed assistance with moving and handling. However, the layout of their home was such that this could not be done safely or appropriately.

Following the initial assessment and acceptance of a package of care, a detailed person centred plan was then drawn up by a team leader in agreement with the person. Each person had a completed care plan in their home which was person centred. These contained necessary information and included the "My Plan" which outlined in their own words details about them and what is important to them. For example, one person's care plan said "I would like assistance by washing my back" and "Please place my bathmat in front of the shower cubicle." Care staff wrote detailed notes in the daily records of what they had done on each visit and they also wrote the time they arrived and left the home. Where there was important information to pass over to the next member of staff, a system of recording information on red paper was used to alert staff to read them. The majority of the care plans we saw were extremely detailed, up to date, accurate and contained all the information required. The registered manager was aware that in some geographical areas, people's care plans could be improved upon and these were planned to be reviewed by the team leaders.

Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs which enabled them to provide a personalised and responsive service. The agency tried hard to match people's personalities with staff and gave several examples of where this had happened. One of these examples involved people only wanting care staff who were 'locals' in a certain area.

The service was responsive to meeting people's increased or changing needs. Where necessary, management responded quickly, for example contacting the commissioners of the service if extra visits were required. One relative told us the agency were very good at providing extra visits when they went on holiday or at short notice if necessary. Care staff recognised when people were poorly and one care worker gave an example of when a person they visited was unwell and they called for the GP. They stayed with the person until the GP arrived. One person said staff had stayed with them on an occasion when they themselves had suffered an emergency and needed extra help. Management and care staff said team leaders were available for cover such as this and they would either go and stay with the person themselves to allow the care worker to continue their work, or they would take their place and cover the rest of their care calls. A relative said staff were very responsive to people's needs and commented "…If they think X is not well, they come and tell me." One person said "My care plan was upped as the time was not enough so the team leaders got more for me."

We saw examples of how the agency had contacted commissioners of services to inform them when they thought packages of care were not working well and that they were unable to fulfil what was expected of them. We observed management took the appropriate action when decisions were made to discontinue care.

The service had a complaints policy and procedure in place which included all the information required. People had a copy of this in their care records in their homes and told us they knew who to address any concerns to. We saw the process of how information of concern was received into the office. This was triaged into concerns, incidents and formal complaints. Management had identified that this system needed some improvements as they felt it was not robust enough to deal with complaints appropriately and the registered manager showed us the new system shortly to be introduced. During one of our visits, we received information of concern from one person who said they had made a complaint but had not received an outcome of

Good

Is the service responsive?

findings from management. We discussed this with management who followed this up immediately and explained this was one of the reasons for the introduction of the new complaints system.

Requires improvement

Is the service well-led?

Our findings

There were some quality assurance systems in place for example, team leader reviews/audits, registered manager audits and 'spot checks'. However, these were not always recorded and did not identify problems which needed to be addressed. Some audits of records such as care plans and medicine records had been completed, but there was not a consistent approach to provide complete assurance. For example, management had identified that improvements were needed for record keeping and care rotas but there was no evidence as to how this had been identified and the actions to address the problems. Other records such as recruitment records were not routinely audited.

The management team were aware that current leadership was reactive than proactive. They had recognised that records were not robust but the main focus of the service had recently been on caring for people and ensuring their needs were met. As a result, there had been an increase in the management structure and a change in senior staff's roles and responsibilities such as the team leader role. The registered manager said this change had been necessary as the agency had grown and improved systems were needed to support this growth. They had employed the services of a care consultant to help them do this to highlight areas of service improvement. Regular quality monitoring meetings were now held which helped identify and resolve issues. The registered manager also showed us examples of new documentation they were introducing in key areas such as staff recruitment.

The majority of staff enjoyed working for the agency. They spoke positively about the management team and how they felt supported by them. Management told us they had an open culture and encouraged communication with staff. We observed this positive communication during our visits. The registered manager felt they had a commitment to the wellbeing of not only the people who use the service but also the staff who work for them too. Two care workers gave examples where they felt management had supported them with personal issues. Staff felt they could raise issues with management and we observed staff contacting the senior staff team throughout our visits. One care worker said a suggestion had been made during a supervision session of how to improve the service for one person. This had been acted upon and the quality of the person's life had been improved. Staff meetings were held every three months, with the exception of the team which delivered a complex care package who met more frequently.

People's views and suggestions were taken into account to improve the service. For example, annual surveys had been completed by people using the service, relatives and staff. The surveys were very complimentary of the care given. The agency had recently changed to a new type of survey which focussed on the five key individual areas of the Care Quality Commission (CQC) inspection process. For example, staff had recently been sent questionnaires on the 'safe' area. Results of surveys were analysed and any action points identified and addressed such as times of visits.

Positive feedback about the management of the service had been received via compliments into the office. These included: "…The situation was dealt with really well…calling and liaising with the GP and arranging/ collecting medicines", "…Management is approachable and helpful" and "We have had regular meetings with the agency regarding a jointly managed patient and these have been effective and productive…appropriate referrals to us are made and the carers follow our advice regarding treatment plans."

The service's vision and values centred on people being cared for by personal care packages delivered by a local service provider. The registered manager started the agency several years ago and lived in the area. Their overall aim was "to provide care that is safe and compassionate to enable individuals to lead fulfilling lives in their own homes." People using the service, relatives, staff and health and social care professionals agreed the philosophy was paramount to the service provided by Mulholland Care Limited.

The service worked in very close partnership with a variety of health and social care professionals for one specific complex care package. All professionals spoke highly of the service delivered and partnership working with the multi-disciplinary team (MDT). This was a bespoke package and all the MDT involved were very complimentary of how the service worked and communicated with them. One health care professional commented "…They have happily

Requires improvement

Is the service well-led?

shared information and assisted whenever needed. Their documentation has been good and the care package has always been covered…The only problem is that they have made me redundant as things are running so smoothly."