

Multi - Care Community Services Ltd







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Inspection report

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Ratings

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

Overall summary

Multi-Care Community Services Limited is registered to provide personal care to people who live in their own homes. There were 54 people using the service when we visited. The inspection took place on 19 March 2015 and we gave the provider 48-hours' notice before we visited. This was to ensure that the registered manager was available to facilitate the inspection.

The last inspection was carried out on 30 September 2014 when we found the provider was not meeting all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 we assessed against. We found that the provider was not meeting the regulations relating to care and welfare, medicines, staff recruitment and quality assurance.

Summary of findings

The provider sent the Care Quality Commission a report setting out the actions they would take to improve the above areas. At our inspection on 19 March 2015 we saw that improvements had been made.

There was a registered manager in post. 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.

Staff were knowledgeable about reporting any abuse. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

Not all staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards

(DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not restricted.

Staff were supported and trained to do their job. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

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?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs. People were supported with their medication as prescribed.

Good



Is the service effective?

The service was not always effective.

Staff were supported to do their job and an ongoing training programme was in place.

The provider did not have procedures and training for staff in place regarding Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant that people may be at risk of unlawful restrictions being placed on them.

People's social, health and nutritional needs were met.

Requires Improvement



Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good



Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to attend medical appointments where appropriate.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Good



Summary of findings

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

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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.

This inspection took place on 19 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office, spoke with five people and two relatives on the phone and visited three people and their relatives in their homes. We also spoke with the registered manager and six care staff. We looked at seven people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

People told us they felt safe. One person said, “The care staff look after me very well and I feel safe when they are here.” A relative told us that, “I feel that (family member) is in safe hands and staff are careful when providing the care.” People also said that they looked forward to seeing the staff and were able to talk to them and have a laugh and joke together.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency’s office. A copy was also included in people’s information pack. This showed that people could raise any safeguarding concerns whenever the need arose. Staff were also aware of the whistle-blowing policy and said that they would always report any incidents of poor care practice, if needed. One member of staff said, “I feel that if I saw any poor practice I would feel confident in reporting it to my manager and that I would be protected if I did.” This showed us that people were kept safe as much as possible. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

We saw that there had been reviews completed regarding the care and support that was being provided and additional information was included in care plans where people’s care and support needs had changed. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included moving and handling assessments, assessments of environmental risks and risks

regarding the administration of medication. We observed two care staff assisting a person with care and support and saw that they delivered this in a patient and unhurried manner and explained what they were doing at all times.

We saw that there had been improvements in the guidelines for staff regarding the administration of medication. There was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of medicines. We saw that medication administration records had been completed accurately by staff where required and any changes in medicines were recorded and reviewed by a member of the agency’s management team. Staff told us that they had attended training in administering medicines and the training records confirmed this was the case.

People and their relatives said that there were always enough staff to provide care and support in a consistent way. Where two care workers were needed this had been clearly recorded in the care plan documents to ensure that safe care could be provided especially regarding moving and handling. People told us that staff were usually on time and the office based staff would phone them if the care staff were running late. People that we spoke with said that the agency had never missed any of their care calls.

We saw that there had been improvements made to the recruitment procedures to ensure that only staff who were suitable to work with vulnerable people were employed. We saw the personnel records of three members of care staff. Satisfactory recruitment checks had been carried and included evidence of completed application forms, work references, proof of identity, and criminal record checks. The registered manager told us that any gaps in employment were pursued during the person’s interview. The registered manager confirmed that all recruitment checks were completed before care staff commenced work and provided care to people. New care staff told us they received an induction and training to ensure that safe working practices were followed.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are very good and help me with whatever I need.” Another person told us that, “The carers are really cheerful and they make sure everything has been done before they leave”. We spoke with three relatives of people receiving care from the agency and they all felt that the care and support provided by care staff met their relative’s needs. One relative told us that, “The carers are really good with my (family member) and I feel that they are in safe hands”.

We looked at seven people’s care plans during our inspection and we found that improvements had been made since our last inspection in September 2014. There were visit times recorded and detailed guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a ‘person centred’ style to record in detail what was important to the person and how they wished their care to be provided. People told us that where meals were provided staff had consulted with them regarding their individual needs and preferences.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication, household chores, shopping, assistance to attend medical appointments and social and welfare calls. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided.

Care plans were complemented by a risk assessment process to ensure that care could be safely provided to people in their homes. We saw completed assessments of people’s mobility, medication and an assessment of any health and safety concerns.

However, we found that people’s rights may be at risk by not being protected from unlawful restriction and unlawful decision making processes. The provider did not have procedures and training for staff regarding Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the local authority’s contact details regarding further information about this area and was in the process of organising training. The registered manager informed us that no one currently using the service was being deprived of their liberty.

Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines. The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people’s needs had been provided. This meant staff had up to date knowledge of current good practice. Staff we spoke with told us they had received regular supervision and annual appraisals. This meant there was an effective system of support for staff.

Health care professionals we spoke with made positive comments about the contact they had with the agency and stated that communication and information was of a good standard. We spoke with a specialist nurse who had contact with the agency and they said that they had seen good palliative care in place and found the agency to be positive and professional. We also received positive comments from an occupational therapist and a community psychiatric nurse (CPN). The CPN we spoke with said one of the live-in care workers that they were in regular contact with was, “doing a brilliant job.” A nurse from NHS Continuing Care said, “The service is responsive to requests and we have received positive feedback from people and their relatives about the care that is provided.”

Health care professionals we spoke also told us that they had received good quality information from the registered manager and coordinators when healthcare issue arose and staff acted on any advice they were given.

Is the service caring?

Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were very kind and caring. For example, one person said, “They help me with what I need ask me if there is anything else I want before they leave - they are very kind.” Another person said, “They look after me very well and never rush me.” A relative said, “They are really lovely and always make sure my (family member) is comfortable before they leave.” All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and received a rota sheet in advance showing which staff would be visiting.

When we visited people in their homes we observed that staff introduced themselves and spoke in a kind and caring manner to the person. We saw staff interacting with people in a caring respectful manner. Staff used peoples preferred names and demonstrated a positive and very caring attitude towards people.

People told us that staff had taken time in talking with them about things which were important to them in a

respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people’s equality and diversity was considered and acted upon.

Records we viewed showed us that the provider considered and put into action people’s end of life care wishes. This was by involving people, their families and friends and palliative health care professionals. Examples we saw included end of life planning and involvement of palliative care services and specialist nursing staff to ensure a well-coordinated and caring service was provided to people.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, "My family member's care is reviewed and any changes to calls are made as necessary." A person said, "They increased our care package to support [family member]"

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. People told us that on the majority of occasions their requests were met. One person said "The staff are very good and are usually on time and they let me know if they are running late" The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people's needs were met. This was confirmed by healthcare professionals who commissioned care from the agency.

We found that assessments of people's needs had been carried out before they used the service. These were used to formulate the care plan and outline the care which was to be provided at each visit. We saw that management staff had regularly recorded reviews of care plan with people and their relatives where necessary. The relative of one person said that, "They know (family member) really well and I am very happy with the care they give."

We saw that people's care plans had been updated in response to the changes in the person's needs. For

example where changes had been made regarding the administration of a person's medicines, the care plan and risk assessment had been updated to ensure it was accurate. People and their relatives told us that staff had been responsive when there was a need to increase or decrease support hours where the needs of the person had changed.

People and their relatives that we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns the managers in the office are good at sorting it out for me". People that we visited told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with were felt able to raise and discuss their concerns with care workers and members of the management team at any time. A copy of the agency's complaints procedure was included in people's information pack. We reviewed the complaints policy/procedure which included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible.

All complaints were recorded and we saw samples of recent detailed correspondence which were now resolved. There were no complaints currently being investigated. One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." A relative told us that "The manager and office staff are very good and deal with any issues or concerns quickly and efficiently."

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with members of the agency's management team and knew who to contact if they wished to discuss any concerns about the care and support being provided. One person commented, "I can confidently speak to the manager about any problems or concerns I may have." Relatives confirmed that any concerns they raised were efficiently and effectively dealt with. Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the agency's management team. We saw the returned 2014 surveys received from people using the agency. These contained positive comments about the care and support that was being provided. The registered manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff we spoke with told us that they felt the agency was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported by managers at all times, including during out of business hours. They told us their contributions to team work, their views and opinions were respected, listened to, valued and acted upon. There were regular staff meetings and we saw minutes which confirmed this to be the case. Staff confirmed that the staff meetings helped to ensure that information and developments were shared in a consistent and reliable way.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any concerns and they told us they would report concerns in accordance with the service's whistleblowing policy. Staff said they felt confident in raising concerns with their manager or external agencies if they were concerned about any care practices.

Since the last inspection in September 2014 we saw that improvements had been made to quality assurance processes in the agency. The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals, such as district nurses' whose views were sought regularly. Unannounced checks of staff's competence were undertaken to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included things such as observations of support being provided, discussions with people who used the service and staff and health and safety arrangements.

Staff worked in partnership with other organisations and this was confirmed by positive comments from health care professionals we spoke with. These included, "This service is keen to work closely with us and the deal with concerns and issues in a professional manner."