Mulier Care Solutions Limited

Mulier Care

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?	Good

Summary of findings

Overall summary

About the service
Mulier Care is a domiciliary care agency. It provides personal care to people living in their own houses or flats. It provides a service to older adults and younger disabled adults. At the time of this inspection one person was using the service.

People's experience of using this service
Relatives told us people were safe, and the care and support met their loved one's needs. They had regular staff who understood their care needs and worked as a team to support and to deliver an effective service. People were protected from the risk of avoidable harm and were supported to safely receive their medicines. Enough staff were deployed to support people's needs and the service followed safe recruitment practices. Staff followed appropriate infection control practices to prevent the spread of diseases.

People's needs were assessed to ensure these would be met. Staff were supported through an induction, training and supervision to ensure they had the knowledge and skills to perform their role. People were supported to maintain a healthy weight and to access healthcare services. The service worked in partnership with health and social care professionals to plan and deliver an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind, caring and respected their privacy and dignity. Staff understood people's health conditions, cultural backgrounds and diverse needs and supported them in a caring way. People and their relatives were involved in making decisions about their care and support needs and knew how to make a complaint if they were unhappy; however, they had not needed to complain about anything at the time of our inspection. There were systems in place to assess and monitor the quality and safety of the service and records were accurate, complete and up-to-date. Feedback from people and staff was used to improve the quality of 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:
The last rating for this service was requires improvement (published 25 October 2018).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Mulier Care

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 carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. 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.

What we did before the inspection
Before the inspection, we reviewed information we held about the service. This included information received from the provider as required by law to report certain types of incident and events. 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 used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, a director, a consultant and a care worker. We looked at one

person's care plan and three staff files. We also looked at records used in managing the service such as policies and procedures, audits and minutes of meetings.

After the inspection
We spoke with a relative on the telephone to seek their views about the service.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to follow safe recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Staffing and recruitment

- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed. Staff files contained completed application forms which included their employment histories and educational qualifications. The files also contained criminal record checks, proof of identity, reference and the right to work in the United Kingdom.
- Appropriate numbers of staff were available to support people's needs. A relative confirmed the staffing level was meeting their loved one's needs.
- The registered manager informed us the staffing levels were planned based on individual needs. A staffing rota showed appropriate numbers of staff were available to safely meet individual needs.
- Staff we spoke with told us the staffing levels were appropriate and they worked together as a team and supported each other to deliver an effective service.

Using medicines safely

- Medicines were managed safely. A relative told us staff knew how to safely support their loved one with their medicines. A medicines management plan was in place and included a list of medicines, strength, frequency, dosage and guidance for staff on how to manage medicines safely.
- A medicines administration record (MAR) was used to document the support the person had received with their medicines. MAR sheets we reviewed were completed accurately.
- A person's medicine was being administered through a percutaneous endoscopic gastrostomy (PEG) tube and all staff had been trained by the district nursing team on PEG feeding. A PEG tube is a feeding tube used to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.
- All staff had completed medicines training and their competency had been assessed. Staff told us they felt confident to safely support the person with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us their love one was safe, and they had no concerns of abuse, discrimination or neglect.
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any

concerns of abuse to their manager.
● Staff also knew of the provider's whistleblowing policy, they said they would not hesitate to escalate any concerns of poor practice.
● The registered manager understood their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and CQC. Since our last inspection in August 2018, there had been one safeguarding allegation, which had been investigated and not upheld.

Assessing risk, safety monitoring and management
● People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and had appropriate risk management plans in place to reduce or prevent the risk occurring.
● Risk assessments covered areas including medicines, challenging behaviour, mobility, falls, pressure sores, infection control and risks relating to the person's home environment. Equipment such as hoist, bed safety rail and wheelchair had also been risk assessed to ensure it was safe for use.
● Risks of people's health conditions had also been identified and had appropriate risk management plans which provided staff guidance on how to safely manage these risks.
● Staff understood potential risks and the level of support required to keep people safe. For example, staff told us they had to continuously monitor and support a person with certain aspects of their care.

Preventing and controlling infection
● People were protected from the risk of infection. A relative told us appropriate hygiene levels were maintained for both equipment and the home environment.
●The provider had infection control and prevention policies and procedures which provided staff guidance on how to minimise or prevent the spread of infections.
● All staff had completed infection control training. Staff told us they followed appropriate hand washing procedures and wore personal protective equipment such as clothes and aprons to prevent the risk of cross contamination and the spread of infectious diseases.
● Staff also said they ensured the environment was kept clean and equipment such as catheter bags were not left on the floor but stored as required.

Learning lessons when things go wrong
● The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accidents or incidents since the service registered with CQC. The provider had accident and incident forms in place and the registered manager told us they would follow their policy where required and any lessons learnt would be shared with all staff to improve on the service delivery.

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.

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 people started using the service, their needs were assessed to ensure they would be met. The registered manager and an occupational therapist (OT) were responsible for assessing people's needs.
- Initial assessments included information on the person's medical, physical and social care needs; including their mobility, medicine, nutrition, personal care, communication, activities and behavioural needs.
- These assessments were used to develop the person's risk management and care plans to ensure their needs were met.
- Where required, healthcare professionals such as district nurses were involved in these assessments to ensure people received the appropriate level of support.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people's needs. A relative told us, staff were confident in using and maintaining equipment and supporting their loved one's needs.
- New staff were supported through a week-long induction programme to familiarise themselves with the provider's policies and procedures, complete mandatory training and shadow experienced colleagues. Staff also completed the Care Certificate which is a bench mark for the induction standards of new health and social care workers.
- Records showed staff had completed training courses in areas including safeguarding, whistleblowing, infection control, epilepsy awareness, catheter care, PEG feeding and suctioning.
- Staff were supported through regular supervision in line with the provider's requirement. A staff member said, "I have one-to-one supervision, I feel supported and my managers are good."

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

- People were supported to maintain a healthy weight. Staff supported one person to receive their nutrition and hydration needs through a PEG tube. Staff told us they had received training from the district nursing team and were confident in operating the PEG tube to ensure the person received their nutritional and hydration needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services where required. A relative confirmed their loved one was supported to book and attend healthcare appointment.
- People were supported by healthcare professionals such as GPs. District nurses and dentists. Staff told us

they got people ready for their appointments and supported them whether it was a home visit or in the community.
● The service worked in partnership with health and social care professionals including GPs and district nurses to plan and deliver an effective service.
● Care records included important information about people's care and support needs to ensure information was readily available for hospital and emergency services when required.

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.

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.

● People's rights were protected because staff sought their consent before supporting them. A relative confirmed staff asked for consent.
● Staff we spoke with understood and worked within the principles of MCA. A staff member told, "We always ask for their permission."
● Where people could not make specific decisions for themselves, for example about their finance or medicines; appropriate mental capacity assessments and best interest decisions were in place.
● People also had a lasting power of attorney in place who was responsible for making decisions about their care and support needs.

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.

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 were supported by staff who were kind and caring towards them. A relative old us, "Staff are caring and attentive towards my loved one, I have no complaints; they take good care of my loved one."
- People received care and support from staff who understood their needs. Whilst speaking to staff on the telephone, the staff member called the person by their preferred name, explained to them who was calling, and asked them if they would like to say hello.
- Staff understood people's diverse and cultural needs and supported them in a caring way. A staff member told us they greeted a person they support in another language because of their cultural origin. They said diversity was promoted and upheld and people were not discriminated against.
- Care plans included information about people's life history, their cultural backgrounds and what was important to them to help staff develop a relationship with them.

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

- People and their relatives had been consulted about the care and support needs. A relative us, "I am involved in everything and I go there [loved one's home] regularly."
- People were provided with choice and staff respected their choices. A staff member told us, "We take [person's name] shopping and show them things… They understand but can't speak or say it, but you can read their facial expression."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their rights were upheld, and they were not discriminated against. A relative confirmed staff kept their loved one's privacy and dignity.
- Staff told us they maintained promoted people's privacy and dignity by seeking permission before supporting the person and ensuring the person was not exposed during personal care.
- Information about people was kept confidential. People's records were kept securely in a locked cabinet in the provider's office and information was shared on a need to know basis. A staff member told us, "Whatever you see here [in the person's home] you don't discuss it outside."

Good

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 received care and support that met their needs. A relative confirmed their loved one's needs were being met.
- There was a care plan in place which provided staff guidance on how the person's needs should be met. The care plans included the level of support the person required with their physical, mental and social care needs. It also included information about their health diagnosis, preferences, like and dislikes and their communication needs.
- Staff knew the person they supported well and told us of the care and support they provided.
- People's care and support plans were kept under review and updated when their needs changed. Daily care notes showed people were supported in line with the care and support which had been planned for them.

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's communication needs had been assessed and met. A relative told us staff engaged with their loved one appropriately and included them in conversations, so they were never left out.
- Care plans included information about people's communication need and provided staff guidance on how to effectively communicate with the person. Staff told us the person they supported could not communicate verbally but with body language and facial expressions. This information was consistent with information in their care plan.

Improving care quality in response to complaints or concerns

- There were effective systems in place to handle complaints. A relative told us they knew how to make a complaint if they were unhappy. However, they said they had no complaints.
- The provider had a complaints policy and procedure which provided guidance on how complaints would be dealt with and timescales for responding.
- The service had not received any complaints since our last inspection in August 2018. The manager told us they would follow their complaints policy to ensure people and their relatives were satisfied with the service.

End of life care and support

● People and their relatives had been consulted about their end of life care needs. However, they did not wish to discuss it at this time. The registered manager said, if end of life care was required they would work with people, their relatives and healthcare professionals to ensure appropriate support was in place and their end of life care wishes met.

● People who did not wish to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been agreed with them, their relatives where appropriate, staff and had been completed by their GP.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to maintain records that were accurate and complete and did not have effective systems in place to assess and monitor the quality and safety of the service and to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service had an effective quality monitoring system in place. There were daily, weekly, monthly, quarterly and annual checks carried out by staff and the management team. This included care file audits, staff files, medicines and health and safety checks. Unannounced visits were also carried out on staff performance to ensure best practices were maintained.
- There was a registered manager in post who understood their responsibility to meet the requirements of the regulations and had notified CQC of significant events that had occurred at the service.
- There were systems in place to promote continuous learning. The service had addressed the issues raised at our last inspection and had improved the quality of the service.
- The management team understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was well-led. The management team demonstrated a commitment and willingness to provide meaningful, high quality, person centred care which safely met individual needs.
- The registered manager told us their values included providing care with compassion, dignity, respect and choice. Staff told us they upheld these values when supporting people.
- People and their relative's views were sought to improve on the quality of the service. A completed service evaluation form completed in October 2019 was all positive. It covered areas including quality of care, respect and people or their relatives' views being listened to and acted upon.
- Staff views were also sought through a survey. Two completed surveys we reviewed were all positive. Staff said they were happy working at the service.

Working in partnership with others

● The service worked in partnership with other health and social care professionals to provide and deliver effective service. The provider also worked in partnership with social care training providers to train staff and develop their knowledge and skills to deliver safe care and support.