

M & S Care Solutions LTD

M & S Care Solutions - English Walls

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

M & S Care Solutions - English Walls is a domiciliary care agency, providing personal care to people in their own homes. The service operates from the registered address based in Oswestry. At the time of this inspection six people were using the service.

People's experience of using this service:

Safe Care and Treatment was not always consistently provided. People's level of risk was assessed from the outset but risks were not always regularly reviewed or assessed.

Medication processes were not safely in place. People received support with their medicines from staff who had received medication training however, their competency levels were not routinely assessed.

Medication care plans did not contain the appropriate level of information in relation to 'as and when' needed (PRN) medication and medication audits were not effectively identifying errors.

Although people told us they received continuity of care from regular members of staff, punctuality of staff was an issue. People were not receiving support visits at their allocated times.

Safeguarding and whistleblowing procedures were in place. Staff told us how and why they would report their concerns as a measure of keeping people safe and protected from harm. However, not all staff had completed safeguarding training.

Staff were not receiving regular supervision or being supported with the correct level of training that was required. Training was not up to date and expired training had not been refreshed. Staff were not receiving regular supervision

The registered provider was not complying with the principles of the Mental Capacity Act (MCA) 2005. People's capacity was not appropriately assessed and best interest meetings/decisions were not taking place.

Quality assurance processes were not always effectively in place. Audit tools and checks were not always identifying areas of improvement that needed to take place.

People also had the opportunity to share their thoughts, opinions and suggestions and the provision of care they received. However, it was not always clear how areas of development were being addressed.

Recruitment processes were in place however pre-employment checks need to be further strengthened.

People told us that staff provided care that was kind, compassionate and considerate. One person told us,

"The care is excellent, I can't fault it."

People's privacy, dignity and independence was promoted. Positive relationships had developed between people receiving support and care staff.

An activities co-ordinator had been recruited specifically to support people with hobbies, interests and those who were socially isolated. People were being supported to complete 'Life Story' booklets; 'life story' information provided staff with essential details about people's likes, dislikes, wishes and preferences.

The registered provider had a complaints policy in place. Information about the complaints process was provided to people from the outset; people and relatives told us they would feel confident raising their concerns.

Rating at last inspection: This was the first inspection since the registered provider had registered with The Care Quality Commission (CQC) in November 2017.

Why we inspected: This was a planned comprehensive inspection as part of CQC's inspection schedule.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

Please see 'what action we told provider to take' section at the end of report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 ●

M & S Care Solutions - English Walls

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector.

Service and service type:

M & S Care Solutions - English Walls is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service had a manager registered with the CQC. This means that they and the registered 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 visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, three members of staff, two people receiving support and one relative. We also looked at care records belonging to three people receiving support, recruitment records for four members of staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Assessing risk, safety monitoring and management

- People's level of risk was appropriately assessed from the outset however, not all risks were appropriately reviewed or monitored. For instance, one person required their falls risk to be reviewed on a monthly basis. At the time of the inspection we saw that reviews had not taken place for four months.
- Risk assessments did not always contain the appropriate level of information. For instance, one person required specific nutritional support however the risk assessment did not contain the required amount of information.
- People had a variety of risk assessments in place such as physical health, mental health, nutrition and hydration and medication. However, some of the information we checked was not always consistent. For example, we reviewed inconsistent information in relation to medication support that one person required.

Using medicines safely

- Medication procedures were not safely in place. Staff received medication training, however their competency levels were not being assessed.
- Medication care plans did not always contain the most up to date or consistent information. For instance, one medication care plan did not contain information in relation to topical (cream) preparations that needed to be applied.
- Medication audits were not identifying errors in relation to poor medication procedures. For instance, we identified administrative errors on medication administration records (MARs); these were not identified during medication audits which were completed.
- There was an up to date medication policy in place however this was not always being complied with. For instance, the registered manager did not have any protocols in place for people who were administered 'as and when' (PRN) medication

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- People told us that staff 'generally' arrived on time to provide the support they required. However, on five separate occasions in the month of February, one person did not receive the support they required as the staff member was late. The registered manager was aware of these incidents and explained what measures were in place to monitor and review staff punctuality.
- Safe recruitment procedures were not always followed. Although references were obtained and Disclosure and Barring System (DBS) checks were carried out, improvements were required.
- Previous employment dates were not easily identifiable on the registered providers application form.

Where we identified gaps in employment, there was no indication that periods of unemployment had been discussed.

We recommend that the registered provider reviews staffing and recruitment processes to ensure people's safety is not compromised.

Systems and processes

- The registered provider had systems and processes in place to safeguard people from abuse and avoidable harm. One person told us, "Oh yes, I feel very safe."
- Staff were familiar with safeguarding and whistleblowing procedures. One staff member said, "I would always report any concerns I had to keep them [people] safe."
- There was an up to date safeguarding policy in place, however not all staff had completed the necessary safeguarding training. Following the inspection, the registered manager provided confirmation that all staff had completed safeguarding training.

Preventing and controlling infection

- Staff received personal protective equipment (PPE) such as gloves, aprons and hand gels.
- There was an updated Health and Safety policy in place which made reference to infection control management procedures.
- Staff were aware of the importance of complying with infection control procedures

Learning lessons when things go wrong

- Staff were familiar with the 'Incident Reporting Procedure' that was in place.
- The registered manager kept a record of all accidents/incidents and events that occurred. This meant that any trends could be established and risks could be mitigated.
- Action was taken to minimise the risk of repeat occurrences and to keep people safe.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Staff did not always have the right skills and knowledge to effectively meet people's needs.
- Staff were not supported with the correct amount of training, learning or development opportunities.
- Not all staff had completed the required amount of training and expired training was not being refreshed. Following the inspection, the registered manager confirmed that staff had been booked on the necessary training courses.
- Not all staff were receiving supervision support. Supervision enables the registered manager to ensure competency levels are maintained. The registered manager acknowledged that the area of supervision required improvement.
- The registered manager was not observing the competency levels of staff. There was no way of ensuring people were receiving high-quality, person centred care.

There was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered provider was not working within the principles of the MCA. For example, one person's care record indicated that a capacity assessment was required. When this was further discussed with the registered manager, they confirmed that no assessment had been completed and best interest decisions had not been agreed.
- Staff were not supported with the appropriate MCA 2005 training and were not familiar with the principles and codes of conduct associated with the Act.

There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where possible, people's consent to care and treatment had been obtained. Care records indicated people were involved in decisions that needed to be made in relation to the support they required.

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

- People received a holistic level of care and support from other healthcare professionals. Support was provided by district nurses, GPs, occupational therapists and Mind Clinics.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care.

- Systems were in place to assess people's needs and choices in line with legislation and best practice from the outset. Policies and guidance was in place for staff to consult as and when necessary.
- The registered provider completed an assessment of people's needs as to ensure they could provide effective support that was tailored around the person.
- People told us, "They [staff] know my support needs well" and "I get four support visits a day- they [staff] know me well."

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to maintain a balanced diet.
- People were encouraged to make decisions around their nutrition and hydration.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with dignity and respect. One person told us, "The 'girls' [staff] are very, very good. They are very good to me."
- Staff were familiar with people's support needs; they explained that continuity of care helped positive and respectful relationships to develop. One member of staff told us, "It's about putting their [people's] needs first, keeping them involved."
- Staff were given the opportunity to familiarise themselves with the people's support needs and to develop positive relationships.
- Staff told us that care records contained all the relevant information and enabled them to develop a good understanding of people's needs, wishes and preferences. One relative told us, "The continuity of care is very, very good. Staff get to know [person] very well and we feel the care is very kind and genuine."
- People's equality and diversity needs were assessed from the outset and measures were put in place to effectively provide the support that was required.
- People's religious and cultural needs were recorded in their care plans and staff ensured that the required level of support was provided.

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

- People were involved in the decisions that needed to be made about their care from outset.
- People were encouraged to share their feedback about the quality and safety of care they received.
- Quality review forms and quality questionnaires were circulated on a regular basis. Some of the feedback we reviewed during the inspection included, 'Small team of carers, always friendly, happy and approachable' and 'All carers are very helpful, all polite with family members.'
- Care records indicated that the care and support people received was tailored around their wishes, needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored at the registered address and protected in line with General Data Protection Regulation (GDPR).
- People told us they were respected and their privacy and dignity was promoted. One person said, "Oh yes, they're very respectful."
- Care records indicated that people were involved in conversations about 'dignity and respect'. For instance, care records stated, 'I want my carers to treat me with dignity and respect' and 'Ensure my privacy and comfort is maintained at all times.'
- People were supported to remain as independent as possible. People maintained a good quality of life and were encouraged to make decisions about the care they required. For instance, one person was encouraged

to visit their local church and received weekly support from the activities co-ordinator to achieve this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People received support from regular members of staff. Staff were familiar with the needs of the people they supported; staff provided care and support that was tailored around people's preferences and wishes.
- There was a person-centred approach to care; at the time of the inspection further work was being developed around people's 'life-story's'. This will further develop this area of person-centred care.
- Care records contained information such as, 'Use positive body language and gestures', 'Always approach me from the front' and 'Carers should always involve me when providing care.'
- Staff were introduced to people before they began supporting them. Staff 'shadowed' more experienced staff so they could begin to familiarise themselves with the different aspects of support people required.
- People told us that they were involved in the care planning process and staff received regular updates if any changes to a person's health and well-being was identified.
- A dedicated activities co-ordinator had been employed to support people with a variety of different social activities and interests.
- People had monthly activity timetables in place and a record of different 'activity' interventions that people had been supported with. For instance, one person was receiving specific sensory support and another person was supported with their religious support needs.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, we saw that this area of care and support was identified at the assessment and could be supported on request.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place.
- People told us they were provided with information about the complaints process and who to complain to if they needed to.
- People told us they felt confident raising their concerns if they ever needed to.
- Several complaints had been submitted since the registered provider had registered with CQC. Complaints were responded to and managed in line with the complaints policy.

End of life care and support

- At the time of the inspection nobody using the service was receiving end of life care.
- The registered manager confirmed that they would be sourcing 'end of life' care training to equip staff with the necessary skills and qualities they would need.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

- The quality assurance systems that were in place to monitor the quality and safety of care were not always effective. For example, the registered manager was not aware that monthly reviews were not always being completed.
- Other concerns we raised during the inspection were not identified during routine audits and checks that were carried out by the registered manager. For instance, MCA principles not being complied with and staff training not being up to date.
- Quality performance was understood by staff and managers however processes and systems were not effectively monitoring and/or assessing the provision of care people received. For instance, staff competency levels were not regularly reviewed or assessed
- The registered manager was aware of their regulatory responsibilities however, we identified one statutory notification that had not been submitted to CQC. We discussed the importance of notifying CQC of serious events and incidents as a measure of monitoring the quality and safety of care being provided.

Continuous learning and improving care

- Quality assurance questionnaires were used circulated to gauge the views and thoughts of people receiving care. However, there was little evidence to suggest how suggestions and improvements were followed up on.
- The quality assurance processes were not always identifying improvements that needed to be made. For instance, medication audits were not identifying improvements that were needed in relation to medication procedures and practices.
- Following the inspection, the registered manager confirmed quality assurance and overall governance would be improved and developed upon

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received care and support that was tailored around their support needs and wishes.
- We received positive feedback from people and one relative throughout the inspection about the quality and safety of care people received. One person told us, "It's excellent."
- People were involved in the care they received; staff knew people's preferences and what people expected.

- The registered provider was responsive to the feedback we provided. He submitted an action plan following the inspection and explained how the improvements would be made in a specified amount of time.

Engaging and involving people using the service, the public and staff and working in partnership with others:

- The registered provider encouraged people to share their views, opinions and suggestions in relation to the quality and safety of care they received. The feedback we reviewed was largely positive
- Team meetings were taking place and staff felt involved in the provision of care people received.
- We received positive feedback from staff about leadership and management at the service. Comments included, "[Manager] is wonderful", "I feel listened to and supported", "It's a good company to work for, I can really approach [manager]" and "We're like one big family." One relative told us, "[Manager is definitely approachable, [manager] has a good level of input."

Working in partnership with others

- The registered manager worked in collaboration with other healthcare professionals to ensure good outcomes for people. One relative told us, "They [staff] refer to GP when they need to and they will communicate that with us [family]."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Principles of the Mental Capacity Act (MCA) 2005 were not complied with.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not always being provided to people who were receiving support.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not effectively in place in order to monitor and assess the quality and safety of care people received.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with the appropriate level of support, training, learning and/or development opportunities.