

M & S Care Solutions LTD

M & S Care Solutions - English Walls

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

M&S Care Solutions-English Walls is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection five people were receiving support with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe with the staff who supported them. People were supported by adequate numbers of staff who were safe to work with them. The provider's systems protected people from the risk of abuse. People were protected from the risks associated with the control and spread of infection. There were safe systems for the management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.

People were supported by staff who were trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were respected and protected. 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's health care and nutritional needs were monitored and understood by staff.

There were effective systems in place to monitor and improve the quality of the service people received. People's views were valued and responded to. The service worked in partnership with other professionals to ensure people received a service which met their needs and preferences. People were cared for by a staff team who were well supported in their role.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 April 2019) where four breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for M & S Care Solutions - English Walls on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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 (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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 23 September 2020 and ended on 24 September 2020. One inspector visited the office location on 23 September 2020 and the second inspector telephoned people, their relatives and staff on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including care supervisors and care staff. The registered manager was not available for this inspection.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Care plans and risk assessments had been regularly reviewed to ensure they remained up to date and reflective of people's needs.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. Staff had been trained but their competency was not monitored. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.
- Where people were prescribed pain relief on an as required basis (PRN), they were able to inform staff when they needed it.

Staffing and recruitment

- People were supported by a small team of staff who knew them well. One person said, "Two carers visit four times a day. I always ask who's on the next day and its usually the same staff split into two shifts. Staff are very nice."
- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I feel safe with them [staff]. They always wear a uniform and have ID. I am happy with the service I receive."
- People knew who would be visiting them. One person said, "[Name of staff member] recently visited me and introduced new staff to me."
- Staff had been trained to recognise and report abuse. A member of staff told us, "I would inform the office and would assess the situation to see if emergency services are required. I would ensure the client is safe and would record the incident. If the manager did not take any action I would report to safeguarding or CQC. I've never witnessed any poor care practices or abuse."

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. One person told us, "I feel safe and protected from Covid19."
- Staff had received additional training in infection control during the pandemic and had access to sufficient supplies of person protective equipment (PPE). People told us staff used these when assisting them. One person told us, "On arrival staff wash their hands and wear PPE. I have no concerns about hygiene standards. [Name of staff member] keeps them in check."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed when they occurred. This helped to identify any trends.
- Where things went wrong, the registered manager was keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the skills, training and supervision to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives were positive about the skills and competency of the staff who supported them. One person told us, "I feel the staff are skilled to care for me and I'm able to help out. Two staff hoist me out of the bed into the chair."
- Since our last inspection the provider had ensured staff received the required training to meet people's needs. A member of staff told us, "The training is good. The manager asks you questions to see if you understand what you have learnt, they will also watch you at work."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance. A member of staff said, "We have supervisions. This helps me if I am not sure about anything. [Name of staff member] will help us and provide guidance."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA) and had failed to ensure staff received appropriate training. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Since the last inspection staff had been provided with training in the MCA and understood how to ensure people's rights were respected. A member of staff said, "MCA helps clients to make their own decisions and we enable clients to make their own choices and respect their choices. All the people I care for have capacity to make a decisions and we make sure everything we do is in their best interests."
- People told us their rights were respected and that they were involved and consulted about all aspects of their care.

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

- Where people required support to eat and drink, information about their needs and preferences were recorded in their plan of care.
- People received support to eat and drink at the times that suited them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religious preferences.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- The agency worked closely with other health and social care professionals to ensure people received a seamless service, especially when returning home from hospital.
- People saw appropriate health care professionals when they needed.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that systems to monitor and improve the quality of service people received was effective in identifying shortfalls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were effective systems in place to monitor and improve the quality of the service provided.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose. A member of staff said, "I would be happy to whistleblow and I know I would be listened to."
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the agency within required timescales.

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

- People received a service which was tailored to meet their needs and preferences.
- People and where appropriate, their relatives were involved in planning and reviewing the care they received. One person told us, "[Name of staff member] comes out to review my care plan and risk assessment. I am happy with the service I receive and I would recommend them." A relative said, "I am involved in my [relative's] review of their care needs. They [staff] contact me if [relative's] needs change."
- People were supported by a staff team who took time to get to know them. A member of staff said, "We never have to rush the clients. We have time to talk with them and get to know their needs and what they like." A relative told us, "Staff are very good and sociable and easy to get on with. It's a small agency so [relative] sees the same staff more or less and we as a family have got to know them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by the staff

team.

- There was learning where things went wrong and open discussions with people and their relatives.

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

- People's views were sought daily when receiving support and through regular care plan reviews.
- People's views were valued and responded to. Examples included choice of staff and change of visit times.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people. These included health and social care professionals, hospitals, and commissioners.