

Ness M Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ness M Care Services is a domiciliary care service registered to provide personal, and/or nursing, care to people living in their own homes. The service provides a range of support including to younger people, older people, people with mental health needs, people living with dementia and people with a physical disability. At the time of the inspection eight people were using the service, seven of whom received personal care.

Some people were also supported with live-in care. This is where staff stay in the person's home for a large proportion of the day and were part of the person's household.

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

There were enough staff, but not all staff recruitment was as safe as it should have been. Information for staff was limited in how to manage risks. This created a risk of harm.

Monitoring and oversight of the service was not effective. There were missed opportunities to improve the quality of service provided. Not all records had been completed or kept up to date. Staff did not always have accurate records they could rely on to provide good quality care. The registered manager had not always reported incidents as legally required, to the Care Quality Commission (CQC).

People and relatives told us staff knew how to safeguard and support people to keep them safe. People received their medicines as prescribed. People were supported by a consistent staff team who they felt comfortable with. Staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager led by example and had fostered an open and honest staff team culture. People's, relatives' and staff's views were sought, and this enabled them to have a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

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

Rating

The last rating for this service was good, published on 19 April 2020.

Why we inspected

We received concerns in relation to staffing and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires improvement based on the findings of this inspection.

Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ness M Care Services

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

This inspection was undertaken by one inspector.

Service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf.

Inspection activity started on 28 October 2022 and ended on 8 November 2022. We visited the office location on 8 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since its last inspection. We sought feedback from the local authority safeguarding team. We also reviewed incidents reported to us. We used all this information to plan our inspection.

During the inspection

We spoke with two people, two of their relatives, three other people's relatives, seven staff including the registered manager, team leaders and care staff. We received feedback from another relative by e-mail.

We reviewed a range of records. We looked at three people's care plans, various medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Staffing and recruitment: Assessing risk, safety monitoring and management

- The provider's policy stated that all potential staff would be subject to a Disclosure and Barring Service (DBS) for adults and children. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found that these checks had not been completed for all staff. We found that a police criminal records check had been undertaken for the staff member's country of origin, but not before staff started employment in the UK. This meant there was a risk that staff may have visited the UK in the past and that any potential crimes or other events affecting their suitability had not been checked.
- Other checks completed on staff's suitability included recent photographic identity, permission to work in the UK, previous employment references and a declaration of their health status. However, the registered manager did not document in staff interview notes why staff were below standard, such as for spoken English language and what action had been taken to improve this.
- The provider had completed risk assessments as part of people's care and support. However, one person had experienced a fall whilst being hoisted. Although lessons had been learned and staff had been given additional training and supervisions, risks assessments and their care plan did not contain detailed information on how to correctly attach their sling to the hoist and other specific details of the type of hoist and sling. Nor did they identify mitigating actions required for staff to take, to help keep people safe.
- Another person was supported with moving and handling equipment, information recorded was minimal and did not provide clear guidance to staff to mitigate risk when supporting with moving and handling tasks. The care plan just stated to 'use bed rails or other equipment' but no information on how to use it was included and there were no records that bed rails had been checked.
- People and relatives told us there were enough staff with the required skills to keep people safe without rushing care. One relative said, "We have a consistent staff team which is important. If they are running more than a few minutes late we are always told why and when staff are expected. We have never had a missed care visit." Staff told us they had enough time to meet people's care needs, including travel time between each person's care call visit.

We found no evidence that people had been harmed. However, systems to assess and manage risks were not robust to keep people safe which meant there was a risk of people being harmed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would add additional detail to people's risk assessments and care plans. They said they would also ensure all staff without a UK DBS check would have risk assessments in

place until the DBS result was known and clearly record staff interview notes in the future.

- A relative told us there had not been any further incidents and said, "Staff always used equipment safely and did not rush. My [family member] had very minor injuries and the paramedics came to check them over."
- Health professionals had praised the staff team for how well they had managed the care associated with a percutaneous endoscopic gastrostomy (PEG). This is where people can't have anything orally are supported with a tube placed through the abdominal wall into their stomach.

Using medicines safely

- Trained and competent staff administered medicines. People received their medicines as prescribed including topical skin creams.
- All people and relatives we spoke with who had support with administering medicines confirmed their medicines had been given as prescribed and staff had never missed a dose.
- One relative told us, "Staff complete the (medicines administration) records every day. They speak slowly and clearly so my [family member] knows exactly what the medicine is for and why they need it." Staff ensured medicines records were accurate including using the correct codes, such as if a person was asleep or chose not to have their medicines.
- There was clear guidance in place for medicines administration where this was prescribed as and when required (prn) such as for pain relief, anti-sickness or constipation.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe as they had skills and knowledge on identifying and reporting any potential abuse.
- All people and relatives we spoke with told us people were kept safe and adhered to healthcare professional advice and never missed care visits. The registered manager was aware of when to refer safeguarding incidents to the appropriate authority and what actions to take.
- Staff told us they would look for changes in people's personality, body language, increased distress or being fearful of someone. One staff member said, "I would always report any concerns including any allegations to the [registered] manager and if necessary to the local (authority's) safeguarding team."

Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance and wore the correct personal protective equipment (PPE) depending on each situation. One staff member described the appropriate use of PPE when moving from one task to another. This helped prevent the risk of infection and cross contamination. One relative told us, "Staff are very good at washing their hands. They change aprons after each care task. They wear masks even when it is very hot."
- Staff adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, effective handwashing techniques and safely disposing of used PPE.

Learning lessons when things go wrong

- There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all those we spoke with. However, a lack of detailed records limited the chances to learn consistently.
- Learning was shared with staff who took on board any changes. One relative told us that following an incident there had never been a recurrence in over 12 months. A staff member said, "We have a staff social media forum and staff meetings where any learning is shared. Urgent matters are acted on straight away."
- The registered manager had systems in place to ensure when things went wrong, they investigated and liaised with other organisation to help prevent recurrences. Checks in place were effective including unannounced spot checks on the quality of staff's care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The providers quality and assurance policies and processes were not effective and had not identified where the quality of the service was compromised. In addition, the registered manager had not always notified us about events they are required to. For example, allegations of abuse. Although actions had been taken where staff had not always ensured people were safe including additional supervisions, being reminded of their responsibilities and additional spot checks; the registered manager had not notified the CQC. This prevented the CQC from knowing if actions taken had been effective.
- The audit processes had not identified where interview records lacked detail and where the provider had not always followed its recruitment process by not ensuring staff had a valid DBS check. Quality monitoring systems had not identified a lack of detail in risks assessments, especially after incidents occurred, such as enough information for staff to safely use equipment. The staff team knew people and their family members well. However, should a staff member become ill at short notice the records did not contain adequate information to guide agency or other staff members in the provision of care and support.
- The monitoring systems in place also included spot checks of staff to help ensure they were upholding the provider's values of good quality care. However, the registered manager had not always recorded these. They told us this was an area where they would, in future, always make notes. There was also potential to miss improvement opportunities and identify what had worked well.
- The registered manager had worked well with the local authority's improvements teams. Although, this support was because the registered manager had not always focused on managing the service and meant improvement opportunities were missed.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate management oversight and support continuous improvement of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us the registered manager always acted promptly to any concerns raised. They then checked everything was working well after changes were made.
- The registered manager told us they were aware of most of the issues we identified and had been working with the local authority's quality team to make improvements. This included recruiting additional registered managers and appointing two team leaders to spread the workload in managing two services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had promoted a positive culture within the staff. People and their relatives were positive about the care and support they received. One person told us they had recently had infections and staff made sure the person got the treatment they needed. The person said they would recommend the service as, "We had a few different care staff to begin with but this was only to ensure we got the best. New staff are shown where everything is and what to do."
- All those we spoke with felt the registered manager was approachable, open to suggestions and acted promptly when things went wrong. This sentiment was also shared by commissioners of the service.
- Staff were aware of the service's values and visions. One staff member told us, "I had a thorough induction and worked with experienced staff. I was shown exactly what to do for each person I care for."
- The registered manager and staff understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and there was an incident, they reported this. One relative said, "I got an apology. The staff requested paramedics straight away. Nothing like that has ever happened since. I trust the staff, always."
- Staff were clear about their roles and explained these to us in detail. For example, detailed knowledge about health conditions, such as a stroke, PEG, tracheostomy and dementia.
- People and relatives were complimentary about the support provided. One relative praised staff for how well they could interpret body language and ensuring the person could enjoy some fun and laughter.

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

- People were involved as much as practicable in how the service was run, including through relatives and court appointed deputies in all aspects of their care and support. This included best interests decisions and also day to day discussions people had with staff.
- Relatives and people were regularly asked to feed back about the service. A common and positive theme was people's and relatives' complete satisfaction with the care provider. The registered manager had set up a charity foundation to help support people access to physiotherapy to improve independence and prevent hospital admissions.
- All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us, "We have a staff (social media) forum as well as the electronic records system where I can share updates or new information. Anything of an urgent nature, I would call staff in for a meeting in private so we could decide about what might need improving or actions that need to be taken."

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as community nursing teams, other care providers and GPs. This helped support better outcomes for people.
- Health professionals involved in people's care and treatment were very complimentary about how well people's care had been coordinated, such as for PEG and tracheostomy care. One relative told us their family member's skin integrity had all been down to staff's diligence, "Which had impressed hospital staff."
- The registered manager fully understood their duty to cooperate with safeguarding authorities and also the local authority quality improvement team. One of the quality improvement team told us the registered manager was initially reluctant to accept help but was now fully engaged and had made most of the improvements based on the action plan.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems to assess and manage risks were not robust to keep people safe which meant there was a risk of people being harmed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate management oversight and support continuous improvement of the service