

MSC Home Care Limited

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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 effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We had contacted the manager two days prior to the inspection to ensure that someone would be available to meet with us. At the last inspection, which took place in May 2013, we found there were no breaches in the regulations.

MSC Homecare Limited provides support to people in their own homes. People who used the service lived in the Staffordshire and Stoke on Trent areas. At the time of the inspection there were 94 people who used the service.

Summary of findings

MSC Homecare Limited had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that staff had not received training on the Mental Capacity Act (MCA). The **MCA** is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. Not all staff had received training on the Safeguarding of Vulnerable Adults which is designed to protect people who use service from the risk of abuse.

During the inspection we became concerned that the service was not managing people's medication safely. We found that staff did not always follow medication care plans to ensure that medication was administered safely to people.

People's support needs were assessed and planned for before they began to use the service. Everyone who used the service had a care plan but the plans did not always reflect the care that was provided. People were therefore at risk of receiving care that was not safe.

Most people who used the service told us they were happy with the service they received from MSC

Homecare. A small proportion of people had concerns about inconsistent staff members and occasional late calls. We have referred these to the manager to investigate.

Records we looked at showed that the provider had responded to people's complaints and concerns in line with their complaints procedure. We found that people had been listened to and the issues raised had been acted upon.

The provider had a recruitment process in place. Records we looked at confirmed that staff were only employed with the service after all essential checks had been satisfactorily completed.

We found that appropriate systems were in place to ensure that there were sufficient numbers of suitable staff employed with the service. Arrangements were in place to ensure that newly employed staff received an induction and opportunities for further training. Records also showed that staff received regular supervision.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Staff did not always follow medication care plans to ensure that medication was administered safely to people.

Care plans did not always reflect people's assessed needs or the care that was being delivered.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff had not received training on the Mental Capacity Act and only a small proportion of staff had received training in the safeguarding of vulnerable adults.

New staff had a period of induction which included shadowing experienced staff to learn about people's needs and how to support them in the way they wanted.

People had a care plan which clearly documented their health and social care needs so that staff had the information they needed to provide consistent care.

Requires Improvement



Is the service caring?

The service was caring.

Staff talked about people they cared for in a kind and compassionate manner.

People who used the service told us that staff were kind, caring and treated them with dignity and respect.

Good



Is the service responsive?

The service was responsive.

The service had appropriate arrangements in place to deal with comments and complaints. People's comments and complaints were listened to and acted on by the service.

People's support needs were assessed and planned for before they began to use the service to ensure these could be met.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post. The management team worked as a team to deliver the service.

Staff enjoyed their job and were supported appropriately to fulfil their role.

There were quality monitoring tools in place to ensure the quality of the service provided to people.

Good



MSC Home Care Limited

Detailed findings

Background to this inspection

The inspection team consisted of one inspector and an Expert by Experience who had experience of supporting older people. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Prior to our inspection we reviewed the provider's information return (PIR). This was information we asked the provider to send to us to show how they were meeting the requirements of the five key domains. We also reviewed information we held about the service which included notifications the service are required to send us. A notification is information about important events which the provider is required to send us by law.

We spoke with ten people who used the service, seven relatives, a senior care worker, four care staff, the registered manager and the nominated individual. We also contacted a social care professional to find out what they thought of the service. We sent out 50 questionnaires to people who used the service or their relatives and received 16 responses.

We reviewed the care records of two people who used the service in detail and sampled information in one other person's records. We looked at staff training records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by MSC Homecare.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service, and their representatives, all told us that they had confidence in the staff that supported them and found them to be competent and felt safe. Comments we received included: “I have had care for about two years and feel very safe with them all” and: “I feel very safe. You can rely on them and trust them totally. It’s a double up call and they are all very competent at using the hoist when they need it”.

During our inspection we looked at three people’s care records and became concerned that people’s medication was not being managed safely. In one person’s care record we saw that their local authority support plan stated that they required no support with their medication. We saw that staff had implemented a medication administration form (MAF). They signed to say that they had administered the person’s medication and applied creams and eye drops. Although staff were trained to administer medication, this meant they had not followed the support plan and had performed tasks which they were not supposed to. We saw that the service’s medication policy stated ‘care workers are not permitted to deviate from the procedures laid down’. We spoke with the manager and care coordinator. They could not tell us why staff had begun to administer medication against the instructions on the support plan.

In another person’s support plan we saw that they required staff to administer their medication. The plan stated that staff must ensure that the person took their medication. In the person’s daily records we saw that a member of staff had recorded that the person’s medication had been left in a pot for them to take later. This meant that they were at risk of missing their medication.

On the MAFs we looked at we saw that staff had recorded that medication was administered from the person’s blister pack. Individual medicines were not listed and signed for by staff when administered. The service’s medication policy stated that staff should have an awareness of what medications the person was taking and the possible side effects. Whilst staff signed to administer the content of the blister pack, they were not aware of the individual medication and the possible side effects of these. Staff were not therefore supported to administer medication in a safe way.

Following the inspection the nominated individual [who is responsible for supervising the management of the service] informed us that they had investigated our findings. Staff had told them that they had begun to administer this person’s medication as the person’s physical condition prevented them from doing this for themselves. The service had not undertaken a review of the person’s need or implemented a care plan to reflect the change. This meant that the person’s care plans did not reflect the care being delivered. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager showed us safeguarding referrals they had made to the local authority when they had suspected that people had been abused. Information we had previously received demonstrated that they acted appropriately following incidents of suspected abuse.

We saw that risk assessments were in place to ensure the health and safety of both people who used the service and the staff. Environmental risk assessments informed staff of any risks associated with the person’s home or premises, such as lighting outside the home during the late calls, pets and any other identified risks.

We looked to see if the service made the appropriate pre-employment checks prior to the recruitment of new staff to the service. We checked four staff files and saw that they had all had a Disclosure and Barring Service check, references and personal information obtained prior to starting work at the service. This meant that the service was following the correct procedure to ensure that new staff were suitably fit to work with vulnerable adults.

Several people who used the service we spoke with were of the opinion that there was a shortage of staff at times. One person told us: “I used to have a daily shower but now it is twice a week. I have asked for a daily shower but been told they don’t have the staff for this”. Another person told us: “I am not sure about having enough staff as they are really pushed at times. This does not affect us as they just do good job whatever but know that they get calls asking them to do extra or if they can call at so and so. May be due to holidays but seems to be most of the time to me”.

We saw that the available staff hours were more than the number of care hours to be provided. Rotas confirmed that

Is the service safe?

there was enough time between each visit for staff to be able to arrive at their calls on time. One member of staff told us that: “They [MSC] try to keep you in one area so you can get to your calls on time”.

Is the service effective?

Our findings

People who used the service and their relatives told us they had been involved in the planning of their care. One person told us: “My carers, they know my ways. My care has to meet my needs. I have to have my meals on time because I am insulin dependent. I don’t like strangers or new people so I pick my own staff really. I have my three regular carers unless they are on holiday or sick. The manager knows not to send new ones”. Another person told us: “We agreed the time they come and they know to come on time on the days I go to day care and are very good about it”.

Most people we spoke with told us they felt their carers were competent. One person told us: “Can’t fault our regular carers. Any new workers come out first with others to introduce them, which is good but they are often not trained, especially in moving and handling. The experienced worker usually stands back, tells them what to do and puts them right”:

We looked at the staff training matrix and saw that only 20 of the 58 care staff had received training on the safeguarding of vulnerable adults (SoVA). We spoke with the manager and training coordinator who confirmed that some staff had not received training on SoVA. We were told it was mainly newer staff. However, when we spoke with a member of staff who had worked at the service for six years they told us they had not received any training in safeguarding people. We saw that most staff had not received training in the Mental Capacity Act 2005. We discussed this with the manager who told us that this was work in progress. Staff were, therefore, caring for people in their own homes without having received the appropriate training to ensure that people were protected from the risk of abuse. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had a ‘service user contract’. We saw that people had signed to agree to the care they received from the

service. The contract included a plan of care and agreed times of visits. We saw that one person had requested an early morning visit. We checked the rotas and saw that they were the first call at 6.30 am. This meant the service was effective for this person.

People who used the service had their needs assessed and were involved in the process prior to MSC Homecare agreeing to provide a service. One person told us: “I was very involved. I was very concerned as I read such things but it has been better than expected. I talked it through and we specified the times which they are keeping to as best they can. No complaints at all so far. A relative told us: “They never try to rush [relative] as they cannot because of the illness. They are brilliant. Lovely people and now have two regular settled workers who split the week. I am really pleased with them. They are excellent and do anything for you if you ask. I can ask them who is coming in when and then can tell me which is a bonus as before we never really knew from one day to another”.

New staff told us they had a period of induction which included shadowing experienced staff to learn about people’s needs and how to support them in the way they wanted. They said, and records showed, they had received training in subjects such as and moving and handling people safely, medication and the service’s health and safety policy. On the day of our inspection three new members of staff were attending moving and handling training in the service’s training area. One member of staff told us: “I doubled up first on calls and they asked if I was ready to work alone before I did. There would have been no problems if I said I wasn’t ready. There was no pressure”.

We looked at the care records of two people who used the service in detail and sampled information from one other person’s records. We found that people’s health needs were clearly recorded and there were good instructions for staff about how to meet those needs.

Is the service caring?

Our findings

People who used the service, and their relatives, told us they felt the care was good with MSC Homecare. Words repeatedly used to describe staff included caring, kind, thoughtful, professional, competent, friendly, respectful and patient. Comments made by people included: “I can’t praise them enough. Lovely people. They are gems all of them. I tell them this every day” and: “We always have a chat while they do what they have to do. They ask if it’s alright before doing things and is there anything else I need at all before going”. Other comments were: “I do not have a bad word to say about anything. We have got to know them and them us and we all have a laugh” and: “They make time to have a chat. They say they like coming here and if time have a coffee with me”. This showed that people were treated with dignity and respect.

Relatives told us: “Everyone has been lovely, greeted [relative] with a smile and a ‘hello my name is and I’m from MSC care’, asked what [they] wanted to be called and ask before doing anything and explain what going to do” and: “They chat away to [relative] really nicely. They have no airs and graces just friendly yet professional” and: “They always have a chat whichever carer it is and ask [relative] how they are. They never rush [relative] and have a laugh and joke with us both” and: “I don’t know what goes on in the bathroom but I can hear them laughing and joking while they are getting [relative] ready. I have told them they are spoilt with them”.

Prior to our inspection we sent 50 people who used the service a questionnaire about the quality of care provided by MSC Homecare LTD. We received 16 responses. People told us that they felt the care and support workers were caring and kind and all of the people said that they felt that care staff treated them with dignity and respect.

The manager told us that all the people who used the service had capacity to make decisions about their planned care themselves. We saw that people had signed to agree to their care plan. The manager told us that if a person who appeared to lack capacity was referred to the service they would ensure that the relevant people would be involved in the planning process and this may involve an advocate.

We spoke with five care staff, the registered manager and the nominated individual. All the staff members we spoke with talked about people they cared for in a kind and dignified manner. One staff member said: “If they’re happy, I’m happy”. In one person’s daily records we saw that a member of staff had recorded; ‘We had a chat and a giggle today’.

Care plans were clear and concise. We discussed with the registered manager that the plans lacked any personalised information about people which would help staff to better understand the person and offer a more personal service. The manager recognised that this was an area that required further development.

Is the service responsive?

Our findings

People told us that they had been able to ask for “specific” times when their care packages were being set up and where possible MSC Homecare had accommodated them. One person told us: “We discussed the times when they came out to talk about my care and I told them what suited me and that is when they come.” Another person told us: “My care was reviewed about six weeks ago. The manager came round when the workers were here and went through the book and everything.” They went on to say: “The manager reviewed the package after two months with us as a family. They said “to tighten it up the care package. They added things like paracetamol to the care plan and checked times were ok”.

Most people we spoke with had not had any need to change the times of their calls. However, we were told by two people that MSC Homecare were flexible and did its best to accommodate appointments and individual activities, such as attendance at a day care centre and a place of worship.

The service had a complaints procedure and we saw that when they received a complaint it was dealt with appropriately within an appropriate time scale. The nominated individual told us that they were responsible for dealing with complaints and they liked to deal with them in a timely manner. No one we spoke with had used the official complaints procedure. People told us that problems were dealt with informally through discussions with staff and management.

The service has an informal business continuity plan. The manager told us that contact numbers for staff, people who used the service and all other necessary contacts were always available with the ‘on call’ manager. The service had an ‘on call’ rota so there was always someone available for advice and support 24 hours a day, seven days a week. If staff rang in sick or were going to be late for a call, the care coordinator, supervisors or training coordinator would be available to attend the call. One person told us: “One of the bosses came out to do my care recently”.

We saw records that confirmed that the service responded appropriately when a person became unwell. A member of staff told us that they had found someone to be unwell when they attended their home visit. They told us: “I rang the office and they told me what to do straight away. I had to call an ambulance. The on call is always available to us”. This meant the service responded appropriately when people required health care support.

Information we saw showed that the manager responded appropriately when they were informed of any concerns. There was a record called ‘journal of events’ on some of the care records we looked at. The journal documented what steps the manager had taken to deal with the situation. We saw logs which said; ‘Rang relatives and social worker informed’. A member of staff told us: “(The manager) always reacts and gets onto the person’s social worker if we are concerned about anybody”.

Is the service well-led?

Our findings

The service had a registered manager. Most people we spoke with were aware of who managed the service. Some people told us that the manager had completed their initial assessment. One person told us: “I have met the [manager] who runs it and spoken to them on the phone if they [staff] have been late.” Another person said: “They had no one else to cover the call so [the manager] has been out themselves three times in the past two weeks or so”.

There was also a care coordinator and two senior supervisors in post. There was a clear definition of roles between the management team. The care coordinator was responsible for the rotas. The supervisors worked with staff in people’s homes. They supported and supervised staff performance and reviewed and audited people’s care files.

Prior to the inspection the nominated individual completed a ‘Provider Information Return’ (PIR) which informed us of relevant information about the service and how it met the five domains. This information supported us in our inspection process.

We saw that the provider had devised its own health and safety policy which new staff were required to read and sign. The policy covered all areas of health and safety law. We saw that staff had signed to say they had read this and other policies implemented by the service.

Regular staff support and supervision took place. Staff were given the opportunity to contribute to the running of the service through regular staff meetings. Staff we spoke with told us they felt supported by the manager and supervisors

to fulfil their role. One member of staff told us: “They (managers) always listen and do their best”. We saw that the service had implemented a ‘care worker of the month’ scheme, to motivate and support staff to achieve a good quality service.

Unannounced spot checks on staff took place by the management team. This was to ensure that staff arrived at their calls on time and were effective in their care practices. This meant that people who used the service could be sure that their care was being monitored.

The service had recently started to implement quality monitoring audits this included the use of an electronic form of call monitoring. The system meant that the manager and senior staff were made aware when staff had not attended a call or had been late. They were then able to respond and act accordingly to ensure that care was delivered as planned to people.

The manager told us that they sent out annual questionnaires to people who used the service to obtain their view on the care they received.

A social worker of a person who used the service told us that the manager contacted them for advice when they had concerns. They said: “The manager has phoned me for advice when they were unsure about things with one particular service user. The networking approach to problems would seem to be appropriate”.

Our records showed that we had received all the required CQC notifications in a timely way. This meant the service followed the correct procedure and notified us of significant events which affected people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person must have suitable arrangements in place in order to ensure that persons employed for the purpose of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by –</p> <p>receiving appropriate training, professional development, supervision and appraisal</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.</p>