

Monarch Care Services UK 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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 12 and 15 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first inspection of this service.

Monarch Care Services UK Ltd is registered to provide personal care services to older adults in their own homes. On the day of the inspection, 62 people were receiving support. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

The registered manager was supported by a new operations director and they were committed to developing the service and making improvements.

There was not always sufficient care staff available to support people in a timely manner in line with their expectations. People did not always feel safe within the service due to not receiving the support in the way that they wanted. People received their medicines as it was prescribed.

We found that care staff received the appropriate training to know how people should be kept safe. There was not always sufficient staff to support people. Care staff received training to ensure they had the skills and knowledge to support people, but they did not always feel consistently supported. The provider ensured the requirements of the mental capacity act were being adhered to and people's consent was sought and their human rights protected.

While people told us that care staff were kind and caring, they did not always feel they were supported how they wanted. People's support needs were assessed and a support plan was in place to identify how they would be supported. However reviews were not consistently taking place so where people's support needs had changed these could be noted and actioned appropriately. People's dignity, privacy and independence was respected.

People did not consistently feel able to share any concerns. The provider had a complaints process in place but they did not take sufficient steps to ensure complaints were logged and managed appropriately.

People were not all consistently able to share their views by way of completing a questionnaire. The outcomes and actions for improvement from the process was not being made available to people.

We found that a system was in place to ensure the appropriate checks and audits could be carried out on the service quality by the registered manager and provider. However these system were not effective in identifying concerns with the poor quality in areas of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

You can see what action we told the provider to take at the back of the full version of this 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.

People told us they did not always feel safe because care staff were not always reliable.

People were administered their medicines as prescribed.

There was not always sufficient care staff to support people in a timely manner.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Care staff did not consistently get the support they needed to be able to meet people's needs.

People's consent was being sought. The provider had appropriate guidance in place about the Mental Capacity Act (2005) so care staff had the appropriate skills and knowledge to respect people human rights.

People were able to get support with their health and nutrition.

Requires Improvement ●

Is the service caring?

The service was not always caring.

While people told us that care staff were on the whole kind, caring and friendly. People did not always feel that care staff supported them in a timely manner and in the way that they wanted.

People's privacy, dignity and independence was respected.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People were involved in the assessment and care planning process, but they were not consistently involved in the review

Requires Improvement ●

process.

We found that the provider's complaints process was not sufficiently being managed to ensure complaints made could be handled in a timely and responsive manner.

Is the service well-led?

The service was not always well led.

People did not all know who the registered manager was and told us that the office did not always return their calls.

While the provider used questionnaires to gather the views of people on the service quality. We found that not all people received questionnaires to be able to share their views.

Audit and checking processes were not sufficiently effective, however changes were being made to drive up the quality of the support afforded to people using the service.

Requires Improvement 

Monarch Care Services UK Ltd

Detailed findings

Background to this 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 was planned to check whether the 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.

Our inspection took place on 12 and 15 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We sent out 35 questionnaires to people and 14 were returned, 35 to relatives and two were returned, 34 to care staff and 13 were returned. The information we received was used to help us with our inspection process. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from two Local Authorities. They have responsibility for funding and monitoring the quality of the service. We received information from them which we used as part of the inspection of this service.

We visited the provider's main office location. We spoke with three people who used the service, three relatives, four members of the care staff, a care coordinator, the registered manager and the operations

director. We reviewed five care records for people that used the service, reviewed the records for four members of the care staff and records related to the management and quality of the service.

Is the service safe?

Our findings

A person said, "Staff are never on time". Another person said, "Staff do not come at the agreed time". People told us, through our pre inspection questionnaires they completed that care staff were not always reliable. Some of the comments we were told included, 'I have had problems with timekeeping and staff being late to give me my medication', another person said, 'It seems they overload the carers with visits and we never see them at the correct time as per contract' and 'The carers themselves are great, but when my usual carer was on planned leave the office seemed unable to arrange carers for the preferred time, if at all'. Many carers are only seen once and then they are told by other carer staff that the staff member had left. A relative said, "Staff not turning up till after 10am to do breakfast, I don't think they have enough staff". This would potentially leave people having to wait too long before they had their breakfast and then having their lunch too quickly after they had their breakfast. A person said, "Care staff never arrive on time. On occasions they arrive at lunch time to do my breakfast". Care staff who completed our pre inspection questionnaires commented as follows, 'Management and office staff are awful. Overload calls on workers. Another person told us that they were so overworked they had to work from 3pm till after midnight still completing calls some of which involved people having to receive medicines and potentially having to have their call very late.

While the service managed at times to meet the expectation of some people this was not being done consistently. We found that the concerns identified by people and the care staff was due to there not being enough care staff employed to meet people's support needs. This had resulted in care staff having too much work to fit into their working day which resulted in them being late to people or rushing.

The ongoing recruitment drive illustrated by the advertisement banner we saw on the office window showed that the provider was recruiting more care staff. We discussed this with the registered manager who acknowledged they did need more care staff and confirmed the ongoing recruitment drive to recruit more care staff. They also told us that the new timesheet system required care staff to phone in when they arrived to support a person and also to telephone in when they had finish. This should then identify who was missed or receiving late calls. The experience of people who used the service and the concerns they shared about missed or late calls were not reflected in analysis of call start and finish times undertaken by the service. We found that during the inspection visit interviews were taking place and new care staff were being recruited. We were told by the registered manager that their staffing levels were based on the commissioned hours they were required to deliver to meet people's support needs.

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

Whilst some people told us that they felt safe using the service other people expressed concerns. A person said, "I do feel safe". Another person said, "I guess I do feel safe, but when they [office] send staff I don't know I don't feel safe". A relative said, "I do feel she is safe, but when staff don't show up I don't think she is safe". Care staff we spoke with had an understanding as to how people should be kept safe from harm and what actions they should take where they had concerns. A member of the care staff said, "I have had

safeguarding training and recently had to do a refresher course. I would report any abuse to the manager or the local authority". Other care staff we spoke with were able to give examples of abuse and told us they would report abuse to their manager. We found that the provider had the appropriate policies in place to guide staff on the actions to take. We saw on a number of occasions safeguarding alerts were appropriately raised with the local safeguarding authority where people were at risk of harm.

People we spoke with told us that a risk assessment was carried out and that they had a copy in their home. A care staff member said, "Risk assessments are in place and they are updated". Care staff were able to explain the actions they would take to ensure where risks were identified that they would be managed appropriately. We saw that risk assessments were in place for administering medicines, the environment that people lived in, carrying out of manual handling type tasks and where equipment was being used we found the appropriate risk assessment in place to ensure the equipment was being used safely. We found that where care staff were required to follow a specific process to keep people safe that a risk assessment action plan was being used to identify what was required.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and proof of their identification was part of the recruitment process.

A person said, "My medicines are given to me okay". Another person said, "Staff do not always watch to ensure I have taken my medicines". A relative said, "Medicines are given okay". Care staff we spoke with told us that training in administering medicines were available. A member of the care staff said, "I have done basic training when I started this included medicines training". Another member of the care staff said, "We [care staff] all have to go through medicines training and we only administer prescribed medicines". We found that care staff were not able to administer medicines until they had completed the required training.

We found that care staff had available a medicines procedure to give them the guidance they would need when administering medicines. The provider had in place a Medicines Administration Record (MAR). This was used to show when people had been administered their medicines. We found that the provider had no system in place to ensure where care staff wrote medicines to be administered on the MAR that this was being checked to ensure it was correctly written and accurate in order for the medicines to be administered. We found that where people were prescribed medicines to be taken 'as and when required' that care staff had no appropriate guidance in place to ensure these medicines were administered consistently especially where people lacked capacity. While we found that people were being administered their medicines as it was prescribed and they were able to get pain relief when they requested, the provider's medicines procedure did not take account of the concerns we had identified so care staff would have the appropriate guidance. We discussed our findings with the registered manager who told us they would update the medicines procedure and the gaps we had identified in the medicines procedure was be rectified to ensure care staff had the appropriate guidance. The registered manager took action to develop guidance for care staff when administering 'as and when required' medicines before the inspection was concluded.

Is the service effective?

Our findings

A person said, "Some staff are skilful and knowledgeable, but not all". Another person said, "Some staff know what they are doing and others do not". People told us, through the completed pre inspection questionnaires that the support they received from care staff was not always consistent and that newly appointed care staff did not always have the appropriate skills and knowledge to support them. A number of people told us about their medicines not being given as they wanted by care staff, due to them not being told or not knowing what was required. A relative said, "The support varies, not all staff have the skills and knowledge. New staff never seem to know what to do". We found from what we were told that concerns were identified that newly appointed care staff did not all have the sorts of skills and knowledge they required to support people appropriately.

A member of the care staff said, "Support is available and I do get regular supervision and I am able to attend staff meetings". Supervision is a formal meeting where staff and their manager are able to discuss work concerns. We found that care staff were receiving supervisions and staff meetings were taking place. Care staff told us, through the completed pre inspection questionnaires that the support they wanted was not always consistent. Staff have been over worked and exhausted resulting in a high levels of sickness, late and missed calls. The staff in the office are over worked and doing the job of three people and falling behind on the jobs that need to be done'.

We found that the provider had an induction process which allowed newly appointed care staff the opportunity to shadow more experienced care staff before they worked on their own. A care staff member said, "I was required to complete an induction which also included the care certificate and I was able to shadow more experienced staff". The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We found that the provider had a range of training courses that care staff were expected to attend. Care staff we spoke with confirmed this. We found that the training being provided was not effective in ensuring care staff had the skills and knowledge required to support people effectively. Where care staff were newly appointed the information, skills and knowledge they were required to have to ensure people were supported appropriately was inconsistent.

A person said, "Staff do leave me a sandwich if I want one". Another person said, "I only need staff to warm up my meal I can do everything else". A relative said, "I have no concerns about staff making sure he [person receiving service] has had something to eat and drink". Another relative said, "Staff do not monitor to ensure he [person receiving the service] has eaten". Care staff we spoke with told us that people decided what they had to eat and drink. They would warm up a meal or make someone a drink. Care staff told us they were unable to influence whether people maintained a balanced diet. We found that while care staff were not involved in the decision making process as to what people had to eat and drink on a consistent basis. They told us they ensured where they were required to provide someone with a breakfast or lunch time call that this was done. However people told us that their breakfast and lunchtime calls were not always at the time they wanted. We were unable to verify where people needed to be monitored as to whether care staff ensured people had eaten and drank appropriately as there were no documentation to show this. We raised

this with the registered manager and operations director to follow up on, which they confirmed they would do.

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.

A person said, "Staff do ask me before they do anything". A relative said, "Staff do get her [person receiving the service] consent. Sometimes they will spend time explaining things to her so she can understand to be able to give her consent". Care staff were able through discussion to show that they understood the principles of the MCA. Care staff told us that they had completed training in the MCA and Deprivation of liberty safeguards (DoLS). They [care staff] told us that no one had a DoLS authorisation and that people or their relatives through best interest meetings made decisions as to how they were supported in order that their human rights were not being restricted where they lacked the capacity to make these decisions.

People told us that care staff were not required to support them with their health care needs. Relatives we spoke with confirmed this. However where people were found to need medical assistance care staff confirmed they would ensure a doctor was contacted or a 999 call made for an ambulance.

Is the service caring?

Our findings

A person said, "Staff do not always treat me fine, they do not all wash me down as I would like". Another person told us that while the care staff are generally okay they were not always supported how they wanted as staff would arrive late and then rush off to get to the next person not having supported them as they wanted and a final person said, "I don't always feel safe as staff do not always change my pad". We were also told that the support people received would be less consistent once their regular care staff member was not at work. We found that people we spoke with were not always being supported consistently in the way that they were originally told they would be as part of the assessment process. Care staff who covered for other permanent care staff did not always show that they knew what people's support needs were. We discussed this with the registered manager who told us they were aware of some of the concerns we were told and were working to resolve them.

A person we spoke with said, "The staff are kind, caring and we all have a laugh". Another person said, "The regular staff are fine you can have a laugh and a joke with them because I have known them for years. But the ones I don't know are not so friendly". The relatives we spoke with all confirmed what people told us. One relative said, "The staff are pleasant and friendly". The information gathered from the completed pre inspection questionnaires told us that the care staff were polite and friendly. We found that people were able to build a positive relationship with the care staff that supported them especially where the care staff member had supported the person on a regular basis and was able to develop a good understanding of the person.

A person said, "I decide what happens in my home. Care staff do listen to what I want". Another person said, "I do communicate with the staff okay, they always listen to me". A relative said, "I do find that the staff on the whole do listen to what I want and are apologetic when they need to be". A care staff member said, "People decide what happens in their home and I always listen to what they want". We found that care staff knew how to communicate with people and people were able to share their views.

A person said, "Staff only help me with some things, I try to be as independent as I can". A relative said, "The staff do respect her [person receiving the service] independence. She is able to do what she can so she keeps her skills". Care staff we spoke with were able to give examples of how people's independence was encouraged. One care staff member said, "People are encouraged to do as much as possible. I would always try and ensure they did as much as they could before I supported them".

A person said, "Staff do respect my privacy and dignity". Another person said, "My dignity and privacy is respected". A relative said, "The staff definitely respect his privacy and dignity". A care staff member said, "We do get training to ensure we respect people's privacy, dignity and independence". Care staff were able to give examples of how they ensured people were respected. Another care staff member said, "When I am going to wash someone I would ask their relative to leave the room where the person was unable to leave themselves".

Is the service responsive?

Our findings

We found that equality and diversity training was an area of training provided to care staff. Care staff we spoke with were not all able to explain how they ensured equality and diversity was integral to how people received support. We saw from care records that this information was not gathered sufficiently as part of the assessment process. The assessment only covered people's religious and cultural needs and did not gather enough information to ensure care staff would have sufficient information to meet people's diverse needs. This meant that other important information about a person for example, their sexuality was not being considered which could have been important to how the person was eventually supported by care staff.

A person said, "I have not been given a copy of the complaints process and would not know how to complain". Another person said, "I do know how to complain. I tried complaining about the poor service I received but I never had a call back". A relative said, "I have had to complain, some were dealt with and others ignored". Another relative told us they would raise any complaints they had with the registered manager or provider. They told us they had raised complaints previously and they were handled appropriately. Care staff we spoke with were not all clear on the process but told us they would pass any complaints they received to the registered manager to deal with. We found that the provider had a complaints process which was referred to in the service user's guide that people should have been given at the start of the service. We found that the complaints folder kept in the office did not have a clear logging system to show when a complaint was received and how it was handled and resolved. We discussed our findings with the registered manager who told us they would take all the appropriate action required to ensure people and all staff knew how a complaints should be made and handled and that the complaints logging process for recording all complaints was clear so all complaints are handled consistently.

A person said, "I was involved in the assessment of my support needs. The manager came to my home and discussed with me the support I needed. I have also got a copy of the assessment, care plan and risk assessment. Staff do not stick to the care plan which we have discussed in my review". Another person said, "My daughter and I were involved in the discussions with the office about my care plan which I have a copy of, but I do not remember having a review". A relative we spoke with said, "I was involved in the care plan process and I have a copy of it at home, but we haven't had a review for a long time". Another relative said, "An assessment and care plan was done which I was part of and reviews are carried out". Care staff we spoke with told us that assessments were in place and they were able to access people's care records in people's homes. The staff we spoke with knew the support needs of the people they supported on a regular basis and were able to explain the support they needed. We found that the appropriate documentation was in place in the provider's office base to show that assessments and care plans were being used to identify and show how people were being supported. We found that reviews were taking place but these were not being done in a consistent and regular manner to ensure people are supported how they want.

Is the service well-led?

Our findings

The provider had recently appointed an operations director and together with the registered manager they had commenced making improvements to the service. This had resulted in staff changes both in the office and the care staff who support people. The operations director assured us that more changes would be taking place in how the service was managed and delivered and the quality of support people received.

A person said, "The service is not well led". Another person said, "The service is not well led when they never return calls". People told us, through the completed pre inspection questionnaires that the service was not well led. A person said, "The problem was not the care staff but the management. They send out care workers who don't know what to do". Relatives we spoke with told us they felt there was a high turnover of staff. A relative told us, through the completed pre inspection questionnaires that they understood from their mother [person receiving the service] that the service had improved slightly. All of the care staff we spoke with told us that the service was well led. However the completed pre inspection questionnaires from staff showed that not all care staff felt the service provided was well led. A well led service is one where the leadership and management ensure the people received high quality support that meets people's needs and care staff get the support needed to deliver the service. One care staff member said, "I do feel that the manager can be abrupt and sometimes it feels awkward about getting your opinions or concerns across so we tend to not say anything".

We found that not all people who received the service knew who the registered manager was. On arrival to the provider's office the operations director told us they were already aware of this concern and had asked the registered manager to plan a number of visits to people's homes as part of introducing themselves. We found that the service people received was not empowering, inclusive and did not promote a culture of openness.

We found that people's care records were not consistently kept. We found paperwork that was duplicated, out of date and not reviewed timely. We also found care records headed up with a previous provider's name. We discussed this with the registered manager and operations manager who told us they were currently updating the care planning process which included all the care records and all the identified concerns would be corrected.

The service user's guide informed people they would have the right to say who could enter their home, but many people told us this was not being adhered to. One person said, "I never know who is coming to support me and they never let me know if a new staff member was on shadowing". The people we spoke with all told us that when they contact the office to speak with the registered manager or someone to clarify who was attending their home, they would regularly not receive a call back. We found that not all the aims and objectives identified in the service user's guide as part of the service requirements was being adhered to and people shared these concern and frustrations with us.

A person said, "I have never had a manager visit my home to check on staff". Another person said, "I had a call once to check on the quality of the service". Care staff we spoke with told us that checks were carried

out on their competency to administer medicines. However we found no evidence to substantiate this. We found that checks and audits were being carried out by the registered manager on the service being delivered to people. However this was not being done consistently and was not effective. We found evidence to show shortfalls in the quality of the service people received. We found that the provider had no effective system to manage where calls were missed within the service. We found that a number of people we spoke with raised concerns about staff not turning up to support them.

A person said, "I do receive questionnaires which I complete". Another person said, "I have never had a questionnaire". The relatives we spoke with only one of them had received a questionnaire asking for their view on the service. Care staff we spoke with all told us that they were not given questionnaires. We found that the provider used questionnaires to gather people's views on the service, but this was not being done consistently. The information gathered was analysed however no action plan had been developed to improve the areas of concern and people were not sent any information as to the findings from the process. The registered manager acknowledged this and told us they would take the steps necessary to ensure where people were not receiving questionnaires that they did in future. Where improvements were identified these would also be communicated to people appropriately and an action plan put in place to show the improvements made.

We found that the provider had systems in place to manage and investigate accidents and incidents where required, this included the monitoring of trends. Care staff we spoke with knew the actions they were required to take where an incident or accident had happened. A care member of staff said, "I would log any accident in the accident book, inform my manager and seek medical support if required".

Care staff we spoke with were aware of the whistleblowing policy and knew its purpose in enabling them to raise concerns anonymously where people were at risk of harm.

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

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 18 HSCA RA Regulations 2014 Staffing 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.