

Millberry Care Agency Limited

Milberry Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Milberry Care Agency is a domiciliary care agency providing care to people in their own homes. The service was supporting four people at the time of the inspection.

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

We found staff recruitment checks were not always carried out fully, and there were no records of staff interviews.

There were insufficient risk assessments in place to keep people safe from harm.

People's needs were assessed however there was a lack of personalised information in care plans.

Medicines were managed safely. Staff received training and supervision.

Staff were caring and supported people's needs. People were involved in making decisions about their care.

People's privacy and dignity was maintained, and staff treated people with respect.

People were supported to maintain their independence.

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. There was no end of life planning or staff training. We have recommended the service records people's end of life wishes relating to protected characteristics, culture and spiritual needs.

The service worked well with other agencies. The service was open and understood duty of candour. There were audits in place, but actions were not always clearly followed up for improvements to be shown. The management team were receptive to feedback throughout the inspection and responded quickly to concerns. They told us they were committed to improving the service.

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

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our schedule for new services.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led

sections of this full report. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to insufficient checks around staff recruitment.

You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Milberry Care Agency

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 team comprised of one inspector and one assistant inspector.

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

The inspection was announced. 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 the provider or registered manager would be in the office to support the inspection.

The service was registered with us on 10 October 2018 and this is the first inspection. Inspection activity started on 16 July 2019 and ended on 19 September 2019. We visited the office location on 16 September 2019.

What we did before the inspection

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 judgements in this report.

We contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three relatives. We spoke with four members of staff including the, registered manager, deputy manager, and two care workers.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were not always protected from the risk of harm or abuse because the registered manager did not follow safe recruitment and selection processes.
- Staff recruitment files did not contain relevant information to demonstrate staff had the appropriate checks in place. For example, there were no records of staff interviews. There a lack of appropriate references and incomplete employment history. Photographic evidence of proof of identity was not counter-signed, and staff were employed before their Disclosure and Barring Service (criminal record) checks were completed. Therefore, we could not be sure staff were recruited in a way that ensured they were suitable to work with vulnerable people.

We found no evidence that people had been harmed however, due to insufficient safety checks during the recruitment process people were placed at risk of harm. This was a breach of regulation 19 (Fit and Proper persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. There was an arrangement in place to work with another agency and share staff to cover sickness. This ensured there were consistent staff in place who knew people.
- Relatives told us staff turned up when expected, if they were running late they phoned to let people know, and calls were not missed.
- Staff had received training in safeguarding and could tell us how they would recognised the signs of abuse and who to report this to. There were safeguarding and whistle blowing policies in place and staff told us how they would use these if they had concerns.
- The deputy manager could describe what they needed to report to us and the safe guarding team to keep people safe.
- People and relatives told us they felt safe with staff who looked after them.

Assessing risk, safety monitoring and management

- Risks were not always managed safely. People's risks were not always fully assessed, identified or reviewed effectively. There was limited use of risk assessment in people's care plans. One person was on oxygen but there was no risk assessment around this. One person who used a frame to walk and was at risk of falls had no falls risk assessment. One person who needed prompting to eat did not have a nutritional assessment. We discussed this with the management team who agreed they would immediately look into implementing full risk assessments. Staff had a good understanding of people's needs and support they

needed to reduce risk.

- There was an environmental health and safety check of people's homes, but where problems were identified, it was not clear that these had been resolved, so continued to pose a risk to people and staff.
- People had personal evacuation plans in place in the event of an emergency and staff had received fire training.
- There was no one using the service with challenging behaviour however there was a policy to support staff when necessary.

Using medicines safely

- Medicines were managed safely, and people were supported in a safe way.
- Staff received training in medicines and their competency was assessed annually. There were policies and procedures in place to support staff knowledge.
- Staff completed records to show medicines were given regularly. There was a monthly audit where the management team performed a spot check on medicines, if issues were picked up these were discussed at staff meetings. There was a medicines incident form to record medication errors if they occurred.
- One person who had a pain-killing cream applied did not have a body map to show where to apply the cream, staff could tell us where to apply it, but this was not supported by records. This was immediately added to care records by the deputy manager.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training to prevent and control the spread of infection. Staff told us they wore protective equipment such as aprons and gloves when required and this was confirmed by relatives.

Learning lessons when things go wrong

- There was a system in place to record and monitor accident and incidents. The deputy manager told us about one incident which they had responded to and changed their practice as a result. However, this was not reflected in the records. The deputy manager agreed to improve recording of incidents and evidence of actions taken and improvements made.

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.

This is the first inspection for this newly registered service. This key question has been rated as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started with the service and a care support plan was completed with the person and a member of their family. Support plans were based on individual needs but were not fully personalised. One care plan we reviewed contained out of date information. Staff knew what was in place, but this was not reflected in the plan. The deputy manager told us they were planning to review all the care plans before they moved to an electronic care plan system, which would ensure records were all up to date. Yearly formal reviews with people and their family were planned.
- People were supported on a daily basis to make choices about the support and care they received.
- Staff were supported by health care professionals to manage people's needs in line with best practice.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained for their role. Staff training was logged on a matrix and areas of further training to meet the needs of people had been identified and booked by the deputy manager.
- Staff told us the training was good, and records showed staff had an induction and probationary period to ensure they had the skills required to support people.

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

- Staff supported people to prepare meals. Staff had completed training in food hygiene to ensure the food was safe to eat.

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

- People had an emergency grab sheet which provided essential information, such as Do Not Attempt Resuscitation orders and medicine records for emergency admission to hospital.
- People were supported to access healthcare services and families were informed if appointments were required. The service worked closely with people's GP, the district nurse team and pharmacists to support people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

- The provider was working within the principles of the MCA. Mental capacity assessment had been performed where appropriate and it was recognised where people had the capacity to make their own decisions. No one at the service had a deprivation of liberty application at the time of the inspection.
- Staff told us they gained consent from people before treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with respect and were kind and caring. One relative told us that staff had built up a very good relationship with their loved one and described them as fantastic and very caring. Staff told us how they involved families in planning care to ensure they had a good understanding of people's diverse needs.
- One relative told us that if there were any problems staff informed them quickly. One person said, "Staff go the extra mile, when [name] was unwell, staff stayed well over the time they should have and waited for me to get there so [name] was not alone."

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

- People told us staff discussed what support they wanted, on a daily basis. Relatives told us people were supported to make decisions about their care.
- The deputy manager told us advocacy services were available to people and we could see this had been offered in people's records. Advocacy services speak up for people who cannot speak for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One member of staff told us how they always worked with another member of staff to deliver personal care. "If I get there first, I will support them in other ways until my colleague arrives, I would never start personal care on my own."
- A friend of one person told us how staff supported the person to maintain their independence and helped to build their confidence. "Staff encouraged [name] to make small decisions themselves and participate in household chores, rather than sitting and watching staff. This built up [name] independence so they could do certain tasks on their own."
- One relative told us how staff were flexible and had changed arrangements to fit around a day centre their family member normally attended.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care preferences were recorded in their care plans and we could see what people wanted, however care plans were not detailed enough, and one was not up to date. Daily records completed by staff to confirm care provided was detailed and demonstrated staff knew what support people required. Information in care plans was individualised but could have been more personalised. There was not enough information on people's backgrounds and life histories.
- There was an equality and diversity policy in place to support staff to protect people from discrimination.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in care plans. Staff were aware of how to communicate with people that met their individual needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we could see that the service responded to a complaint they had received in line with their policy.
- People told us they could talk to staff or the management team if they had a problem.

End of life care and support

- No one was receiving end of life care at the time of the inspection. No staff had received end of life training at the time of the inspection, however this had been identified as a training need by the deputy manager. End of life preferences were not recorded in the care plan.
- Feedback from relatives about end of life care was very positive. One relative said, "Staff were so lovely, I could not have managed without them, [name] got to stay at home as long as possible which was what they wanted."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Governance systems were not always reliable and management systems to identify risk were not fully implemented. Monthly quality monitoring by the management team involving spot checks of staff, care plans and medications took place. However, it was not clear that improvements had been made following quality checks. It was not clear how information from accidents incidents or complaints and concerns drove improvement within the service.
- The service had a registered manager in post, however they were not always available. A deputy manager had recently been appointed to provide more oversight and monitoring of the day to day running of the service and to drive improvements.
- The management team understood what they needed to report to CQC and the local authority. Staff received regular supervisions and yearly appraisals to monitor their performance and identify training needs. One staff member had been given extra responsibilities to develop their role.
- Relatives told us that the management team did monitoring visits to see their family member and they thought they had good oversight of people's needs and staffing requirements.

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

- The deputy manager told us they were currently revising all their documentation and transferring over to an electronic system to improve their record keeping.
- Relatives told us they could contact the management team if they had issues and they also had the phone number for the regular staff, so they could message them also. Staff told us they felt well supported by the management team.

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

- Staff explained to us how they would respond if there was an error in medication. They identified they would tell the person involved first, call for medical advice and inform the manager and the persons family. They could also describe how they would record the information, this showed us they understood duty of candour.

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

- People's views were obtained by an annual survey.
- People were asked their views during spot checks on staff. Relatives told us they were given the opportunity to raise any concerns or issues during the spot checks.
- Staff told us there were regular meetings to keep up to date and discuss concerns.

Continuous learning and improving care

- The management team attended manager's forums and local provider meetings organised by the local authority to keep up to date with best practice. They told us about a change they had made following one meeting. In order to cover sickness and reduce the use of unknown agency staff, they had forged an alliance with another care agency and would share staff if sickness occurred. This ensured that staff were familiar with the service when covering.
- The deputy manager was reviewing staff training needs and had identified new training for staff to access.

Working in partnership with others

- The management team worked well with other organisations and healthcare professionals, such as, the local authority and other agencies to ensure people received the care and support they required.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were not always protected from the risk of harm or abuse because the registered manager did not follow safe recruitment and selection processes.</p>