

Multi-Care Community Services Witham Ltd

Multi-Care Community

Services Suffolk Ltd

Inspection report

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Date of inspection visit:
21 April 2022
06 May 2022

Date of publication:
17 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Multi-Care Community Services Suffolk Ltd is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were nine people who used the service who received personal care.

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

People and their relatives were complimentary about the service Multi-Care Community Services Suffolk Ltd provided and would recommend the service. The management worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

Staffing and recruitment was a challenge, particularly considering the impact of the COVID-19 pandemic. Despite this staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits.

People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

Infection prevention and control, medicines and risks associated with people's care were well managed, and in line with legislative requirements and recognised best practice guidelines.

People's care and support records were detailed, person-centred and promoted choice. They were re-assessed regularly and guided staff on how to support people safely and encourage 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.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans promoted choice and guided staff on how to support people safely and encourage their independence. They included information on what was important to people including their preferences and interests.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed. Staff felt supported and valued in their role by the management team.

Effective systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 2 December 2020. This was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

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.

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

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 safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Multi-Care Community Services Suffolk Ltd

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.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector .

Service and service type

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

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 the service 48 hours' notice of the inspection. This was because we

needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2022 and ended on 6 May 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with two people and three relatives about their experience of Multi-Care Community Services Suffolk Ltd.

We spoke with the registered manager and the deputy manager. We received electronic feedback from eight members of staff and the local authority commissioning team who work with the service.

We reviewed a range of records which included risk assessments, medication records for three people and three staff records. We also viewed some of the provider's policies and procedures, management monitoring and oversight records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. One person told us, "The carers are amazing, they are all lovely, so considerate and take my safety very seriously. Everyone is so sweet, polite, professional I am in safe hands."
- Relatives said they had no concerns about people's safety and shared examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals.
- Staff received training, and understood how to recognise and report any concerns about people's safety and welfare. This included how to report concerns internally and to external professionals where required. A member of staff shared, "I am aware of safeguarding for adults and children and how to raise a concern and report it. If we see harm or abuse it's important to report it immediately to the right people independent from the situation."
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "I have the same team of carers that come to help me. Even management are involved. It is very rare if there are any changes to my care routine but if this happens then they always communicate changes to me. They are very reliable and always on time. Never let me down."
- There were sufficient staff available with the right skills and experience to meet the individual needs of people. A relative commented, "The staff are excellent, very professional, they turn up when they say they will. Very accommodating and flexible, so reliable and this gives me piece of mind."
- Staff confirmed they had breaks and enough travel time to get to people whom they saw regularly. One staff member said, "There is always allotted 15-30 mins travel time in between calls which gives us enough time to prepare and travel to our next client. The company also considers locations of one client to another."

- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The registered manager monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always washing their hands and wear PPE."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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 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 care and support was planned and completed in line with recognised best practice and current legislation.
- Care records were detailed, and involved people in their ongoing planning and development. The information was used to create a person-centred care and support plan to help people achieve meaningful outcomes.
- Records were regularly reviewed and updated as people's needs changed.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "I feel confident about all the training and support I have received. It helps me to perform the daily tasks safely when supporting [people]."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I have received all the support that I need. Because even though I am a nurse by profession I have still undergone all the trainings, supervision and shadowing that the carers had. [Staff] have monthly meetings with additional training or updates included."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed.

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 on 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 registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented. "Sometimes I want my hair washed sometimes I don't. I decide on the day, same with what I want to eat. They [care staff] are very flexible and accommodating, adapt to me."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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 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 we spoke with told us they were supported and treated well by the care staff. One person told us, "The carers are fantastic, couldn't ask for better, exceeded my expectations. I am so happy it is all working out really well." Another person commented on their relationship with the care staff, "They are all marvellous people, so sweet and gentle and kind. I look forward to them coming they have become my friends."
- People's relatives were complimentary about the support and care provided. One relative said about the care staff, "They have gone above and beyond to care for [family member] they adapt to change in needs with no fuss. They are all very calm and their manner is reassuring. They have been such a Godsend." Another relative commented the staff were, "100% magic, such kind, compassionate and reliable people. They made such a fuss when it was [family member's] birthday, got them flowers, gifts and even a diabetic cake. It made their day; very thoughtful."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "When my care first started, I was asked how I wanted things to be and what I didn't want, and this was put into action. I didn't think I needed care at the time so was hesitant at first but now I can see what a big help it is to me and I manage much better now. I have been asked how things are going and if we need to tweak things we do."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "They [management] went through everything asking me questions about how I like things done, it is all in the folder [care plan]."
- People's care records were person-centred, and reflected their individual needs, their history and background. They also included the person's choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "All the staff team are polite, respectful and have a lovely manner about them. They are very caring and compassionate." A relative commented, "The staff are very discreet and professional. Privacy and dignity is always respected."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person said about the care staff, "They are so supportive and patient, they never rush me. They help me to do things for myself. It's slow

going but I am getting more independent and that is thanks to them." A member of staff shared, "I always ensure that the person does everything that they can, especially when they are capable to do it on their own. I will be there to support when they need assistance and I always offer them choices or let them make the decisions."

- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

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 plans were developed with the person and/or their relatives where appropriate. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes. One person commented, "They [management] asked me what I needed, what matters to me, I can get confused but they were very patient and kind, took their time, went over things slowly and I was happy with what we agreed. They check to see how things are and if I need anything else. They are just lovely."
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "The management team regularly review and update care plans if there are any changes."
- We noted throughout the care records there were prompts for staff to seek consent, encourage people to make choices and to be as independent as possible.

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.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods. For example, one person's care plan reflected staff needed to speak slowly and loudly when communicating due to the person's hearing impairment.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "I see [deputy manager] all the time as they sometimes do my care, if I had any issues, I would say something then. Not that I can see that happening as I am more than satisfied with everything."
- A complaints policy and procedure was in place and the one complaint received had been responded to in a timely manner with appropriate actions taken. The registered manager logged any comments or concerns and these included actions they had taken in response to issues raised.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us that staff had all received end of life training and they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive culture within the service. They worked closely with staff and listened to feedback from people and their relatives. This ensured care staff were working in line with expectations.
- Feedback from people and their relatives was complimentary about Multi-Care Community Services Suffolk Ltd. They told us they were happy with the care they received and would endorse the service to others. One person told us, "Totally, 100% I would recommend the agency and have done." A relative commented, "We are thrilled with all aspects of the service. No complaints whatsoever."
- Planned assessments checked the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were complimentary about working at the service. One member of staff commented, "We have great teamwork and management is always there to support the team members even outside of work." Another member of staff shared, "My experience is positive about Multi-Care Community Services Suffolk Ltd. The management listen and care about the staff. We matter unlike in other companies."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was supported by the deputy manager and office team to ensure the service ran smoothly.
- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine

administration, care plans, daily records, incidents and accidents and complaints.

- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The registered manager shared with us the challenges of opening a new service during a pandemic. They had recognised the need to keep up to date with the latest government guidance on COVID-19 and had adapted accordingly.
- Audits were used to identify areas of improvement and an action plan developed in response and updated accordingly.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. The local commissioning team informed us they had no concerns with the service.