M C Care Solutions Ltd

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Inspection report

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Date of inspection visit:
07 September 2022
13 September 2022

Date of publication:
24 October 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service
M C Care Solutions Ltd is a domiciliary care service providing personal care to adults in their own home. At the time of our inspection there were 21 people using the service.

Not everyone who uses the service receives 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

Right Support:
People and relatives said they felt listened to regarding their care and were happy with the care they or their loved one received. They told us staff knew and understood them as people.

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 worked in a way that promoted people's independence.

People and relatives confirmed staff obtained the person's agreement before providing care, where the person was able to consent. In the event of concerns about a person's ability to consent to their care and they had no legally authorised representative, staff followed the requirements of the Mental Capacity Act 2005 to provide necessary care in the least restrictive way possible.

The registered manager was careful not to take on more care packages than current staffing levels could sustain, in order that staff had time to provide care and support in line with people's needs and preferences.

Risks to people and to the staff supporting them were identified, assessed and were managed in the least

restrictive way possible, in line with people's preferences.

The service worked proactively with health professionals to help achieve the best outcome for people. The registered manager made appropriate, timely referrals to relevant professionals and acted swiftly on their recommendations.

Right Care:
People and their relatives told us staff were kind, caring and respectful. They said staff worked efficiently but did not rush care.

People and relatives said they felt safe with and able to trust the staff who supported them or their loved one. Staff had the necessary training and skills to be able to work safely and effectively. The registered manager and staff understood their responsibilities for keeping people safe from abuse and neglect.

Staff had access through the computerised care planning system to the up-to-date information they needed about people's care. We have made a recommendation about care planning for people's health conditions.

The care planning system alerted the registered manager and office staff in the event care had not been provided as scheduled. The registered manager monitored these alerts throughout the day and ensured people received their care.

Communication needs were assessed and were included in 'hospital passport' documents shared with health professionals in the event a person needed hospital admission.

Where staff were responsible for assisting people with medicines, people received them as prescribed.

There was a plan for emergencies that might affect the safe running of the service, such as staff shortages.

Whilst the service had a clear recruitment procedure, full recruitment checks and records were not in place for one member of staff. The management team swiftly rectified this. We have made a recommendation about recruitment checks.

Right Culture:
The provider and registered manager fostered an open, person-centred, inclusive culture within the service, drawing on their experience of supporting people with a learning disability and autistic people. This was reflected in the way care and support was planned and the approach staff took towards people.

The registered manager operated an open-door policy for people, relatives and staff. People, relatives and staff knew the registered manager and found him easy to approach.

People and staff felt confident to approach the registered manager in the event of any concerns. The registered manager and office staff promptly addressed and resolved any grumbles and queries. The service had never received a formal complaint.

The registered manager was open and honest with people and their relatives when things went wrong.

The registered manager had a current overview of the service, through constant monitoring of the computerised care recording system, quality assurance audits, the results of people's and relative's satisfaction surveys and through frequent informal conversation with people, relatives and staff. We have

made a recommendation regarding auditing.

The registered manager and staff understood their roles and responsibilities. Staff had monthly supervision with a member of the office team, where they discussed their work. There were regular unannounced spot checks, where senior staff observed care staff during a care call to ensure they were working consistently with the provider's values and procedures.

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

Rating at last inspection
This service was registered with us on 15 January 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 27 September 2017.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Recommendations
We have made recommendations about recruitment checks, care planning for people's health conditions and auditing.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

M C Care Solutions 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 Health and Social Care Act 2008.

Inspection team
The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection
We gave the service three weeks' 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. We had originally envisaged giving two days' notice, but the registered manager was on leave when we had planned to visit.

Inspection activity started on 24 August 2022 and ended on 27 September 2022. We visited the location's office on 7 and 13 September 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people and four relatives on the telephone and with four staff, including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed three care records, three staff files and various records relating to the management of the service, including incident and accident records, staff training records, quality assurance records and a recent commissioner's contract monitoring report.

Good

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
- People and their relatives saw their staff as competent. They told us, "M C Care staff are very good. We've got no problems with them at all" and "They [staff] have been good."
- Staff had the necessary training and skills to be able to work safely and effectively.
- The registered manager was careful not to take on more care packages than current staffing levels could sustain.
- People received a rota in advance saying which staff would be visiting and at what time. They said staff were generally on time, stayed the full length of the visit and kept them informed in event of delays. Comments included: "Only very occasionally they have been late because of a previous call but generally speaking they are always on time" and "Sometimes if they are going to be a bit late when they get here, they apologise. The traffic round here is very heavy... They are not very late, five or ten minutes."
- Whilst the service had a clear recruitment procedure, full recruitment checks and records, including a valid Disclosure and Barring Service (DBS) check and a full employment history, were not in place for one member of staff. An employee involved in recruitment had not had a full understanding of what was required and the registered manager and nominated individual swiftly rectified the matter when drawn to their attention. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider ensures all staff involved in staff recruitment are aware of the checks and records required and reviews their application form to prompt candidates to provide the necessary information.

Systems and processes to safeguard people from the risk of abuse
- People and their relatives felt safe with and able to trust the staff who supported them.
- Staff had training about safeguarding people from abuse at induction. Safeguarding training was repeated at intervals following induction.
- Staff understood their responsibilities for keeping people safe from abuse and neglect.
- The registered manager understood how to raise safeguarding concerns with the local authority and the circumstances in which they should do so.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
- Risks to people and to the staff supporting them were assessed. These included risks associated with people's health conditions, such as moving and handling, and people's home environments. Any risks identified were managed through people's care plans, which instructed staff how to support the person

safely.
● There were dignified management plans for people whose conditions meant they may not be respectful to staff. These upheld both people's dignity and the safety of staff.
● There was a plan for emergencies that might affect the safe running of the service, such as staff shortages. The management team regularly reviewed whose care should be prioritised in such circumstances, for example people who depended on assistance to eat, drink or use the toilet and had no-one nearby who could assist them. This red-amber-green priority rating was reflected in people's care records.
● Staff reported accidents and incidents. The registered manager reviewed accident and incident reports to ensure all necessary action had been taken, such as seeking medical attention or making a safeguarding adults referral.
● The registered manager reviewed accidents and incidents to identify any trends that might suggest further changes were needed for people's safety and wellbeing.
● Learning from things that went wrong was shared with staff as necessary, whether individually or as a team.

Using medicines safely
● Staff who handled medicines had completed training about medicines and their competency was checked regularly.
● Care plans set out any support people needed with their prescribed medicines and who was responsible for this.
● Where staff were responsible for assisting people with medicines, people received them as prescribed. The electronic care recording system alerted the office team, including the registered manager, when a medicine had fallen due but had not been recorded as given. The registered manager regularly reviewed these alerts through the day and followed them up where there was no apparent reason for the medicine to be missed.

Preventing and controlling infection
● Staff confirmed they had ready access to PPE provided by the service.
● The registered manager kept abreast of current government guidance in relation to infection prevention and control, including COVID-19, and ensured this was put into practice.
● To help prevent the spread of infection, the service had ample supplies of PPE and lateral flow COVID-19 test kits.
● Staff had training in infection prevention and control and about COVID-19, including how to use PPE.
● Staff had training in safe food handling.

Good

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 and relatives said they were happy with the care they or their loved one received, describing it as "good" or "very good" when we asked them about various aspects of the service.
- Each person's care needs and preferences were assessed before the service started supporting them. The registered manager could then be sure the service was able to provide the care and support the person needed.
- Care plans were based on these assessments. The registered manager and senior staff involved in assessing and care planning had access to training and information about current good social care practice.
- Assessments and care plans were up-to-date on the computerised care planning system. Staff confirmed they had access to the up-to-date information they needed.
- The care planning system alerted the registered manager and office staff in the event care had not been provided as scheduled. The registered manager monitored these alerts throughout the day and ensured people received their care.

Staff support: induction, training, skills and experience

- Staff were supported through training, supervision and informal contact with the office team. Staff confirmed they had good access to training, including encouragement to complete qualifications.
- Before working alone, new staff completed an induction that included training and shadow shifts alongside existing staff. They and their supervisor completed a comprehensive induction checklist, to ensure key areas had been covered. New staff usually had experience in care and had already completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Shadow shifts were ongoing after induction. Existing staff completed shadow shifts when they started working with some people who used the service due to those people's needs. They also completed shadow shifts when they started using new skills, such as where there were particular moving and handling requirements.
- Following induction staff had annual refresher training in essential topics such as moving and handling theory and practice, health and safety, diversity and equality and mental capacity.

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

- Staff followed care plans that contained clear instructions regarding any support people needed with preparing and consuming food and drink. This included dietary requirements and preferences, and whether the person had swallowing difficulties.

● Staff recorded in the computerised care records when they had supported someone with preparing meals and with eating and drinking. This included how much the person had eaten or drunk during the care call and whether there were any concerns the person was not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service had worked proactively with health professionals to help achieve the best outcome for people. For example, a hospital occupational therapist had provided some moving and handling training specific to a person's needs. The service was also awaiting physiotherapy involvement, as the registered manager had requested to help stop the person's mobility reducing further.
● Staff reported any concerns about people's health to the registered manager. The registered manager made appropriate, timely referrals to relevant professionals and acted swiftly on their recommendations.
● Care records listed the contact details of any health and social care professionals involved.
● Although care plans summarised people's health conditions, they did not all detail the signs and symptoms staff should be concerned about and what to do if they observed them. In practice staff did what was necessary. Staff training included the management of health conditions; care was always provided by regular staff who understood what to look for rather than agency staff.

We recommend care plans are updated to include detail about people's health conditions and signs and symptoms staff should be alert to and what they should do if they observe them.

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 MCA 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.

● People and relatives said staff obtained the person's agreement before providing care, where the person was able to give consent.
● The registered manager and staff had training about the MCA. They recognised people, including people who were cognitively impaired, had the right to make their own care decisions unless they lacked the mental capacity to do so.
● People's care records highlighted if they had a representative with the legal authority to make decisions about their care.
● People's or their representative's consent to care was recorded in their care records. The registered manager recognised that people could withdraw their consent at any time.
● In the event of concerns about a person's ability to consent to their care and they had no legally authorised representative, the service would assess the person's mental capacity to give this consent. Should the person be found to lack capacity, the service would record a best interests decision about how to provide the necessary care in the least restrictive way possible.

Good

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

- People and relatives told us staff were kind and caring towards them. For example, a person who used the service said, "They are very respectful" and confirmed that staff "certainly are" kind to them.
- People and relatives said staff knew and understood them as people. Comments included: "We know them [staff] quite well and they know us, so it helps", "There is a core of about eight and they know the routine" and "Two or three of them come regularly and sometimes I have the same person come all week."
- Care was not rushed. People and relatives said of the staff, "They are never hurrying to get away" and "No they don't rush [person]. I just think that they are quick because they know the routine."
- People and their relatives felt listened to regarding their care; for example, a person told us, "They do all I want and if I wanted anything extra, they always do it willingly." This included discussion about care planning. A relative explained, "He spoke with [person] as I wasn't here when he came, but I went through it at the weekend with one of the carers. If there is anything, I email them."
- Care plans specified people's preferences and what was important to them, including protected characteristics such as sex where these were relevant.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them and their property with respect. This included respecting people's privacy and dignity.
- Initial assessments considered people's preference for staff of a specified gender to provide their care. People did not all think they had been asked about this but told us they were happy with the gender of staff supporting them.
- People were supported to retain their independence as far as possible. Care plans stated what they preferred to do for themselves and how staff should encourage this.
- Where people needed support with ordering medicines, the service had arranged with a named pharmacy to provide medicines in packs that promoted their independence.
- People's personal information was kept secure. Staff involved in a person's care had password-controlled access to the computerised care records.

Good

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 and relatives told us they or their loved one received the care and support they needed, although one was seeking approval from commissioners for additional support time. For example, a relative confirmed they were happy with the service received and said, "They are generally very helpful if we need extra care as they are flexible."
- People and staff confirmed they knew each other well and that staff had a good understanding of people's current care needs.
- Care plans were clear and personalised, detailing how the person required their needs and preferences to be met. If a person's needs and circumstances changed, their care plan was promptly updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs were assessed and were included in 'hospital passport' documents to be shared with health professionals in the event a person needed hospital admission. This included any sensory, speech or cognitive impairments that affected the person's communication.
- Information could be provided in alternative formats, such as large print, if people needed this.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was anticipated to be approaching the end of their life. The registered manager told us the service always stayed with the care package when a person was nearing death, unless the person moved into residential or hospital care.
- The service worked with people's healthcare professionals, particularly district nurses and GPs, to provide end of life care.
- People had an opportunity to discuss their preferences for end of life care if they felt comfortable to talk about it. Care records reflected whether people had Do Not Attempt Resuscitation notices.
- End of life care was included in mandatory training for staff.

Improving care quality in response to complaints or concerns

- No-one we spoke with had had cause to complain to the service. However, they were clear they would

contact the registered manager if they had any queries or concerns.

● People and their relatives were given details of how to raise complaints and concerns when their care and support package commenced.

● The registered manager and staff promptly addressed and resolved any grumbles and queries. The service had never received a formal complaint.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager, nominated individual and staff understood their roles and responsibilities. The nominated individual received regular reports from the registered manager about the status of the service and any issues arising.
- The registered manager understood and had met the legal requirement to notify CQC of significant incidents and events.
- The registered manager had a current overview of the service through monitoring alerts raised by the computerised care recording system throughout the day, as well as frequent conversations with people using the service, relatives, staff and professionals.
- Staff had monthly supervision with a member of the office team. There were regular unannounced spot checks, where senior staff observed care staff during a care call to ensure they were working consistently with the provider's values and procedures. Staff received feedback afterwards.
- There were also audits of records, including care records, medicines records and staff records. Any shortfalls found were promptly addressed. However, a recent staff file audit had not identified some omissions in the recruitment of one member of staff. The member of staff involved in that employee's recruitment who had also audited that file had not fully understood what information must be recorded; the audit tool did not specify this either.

We recommend the registered manager and provider ensure staff undertaking audits fully understand what they are checking and that audit tools are reviewed to ensure they assist with this.

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

- People using the service and their relatives voiced confidence in the quality of the service and the way it was run. Comments included: "[regarding the quality of the service] I think we are extremely lucky from what I hear", "I'm very happy with them. They are very easy to deal with, very pleasant", "It's good, I don't think we could get better care than we do now" and "It all runs very, very smooth."
- The nominated individual and registered manager fostered an open, person-centred, inclusive culture within the service, drawing on their experience of supporting people with a learning disability and autistic people. This was reflected in the way care and support was planned and the approach staff took towards people.
- People and relatives knew the registered manager and found him easy to approach. They told us, "He is

very good" and "[The registered manager is] a bloke, [name]. He is in the office, he is lovely." Similarly, they knew the office staff; a person told us how they often spoke with "the girl in the office, the [local football team] supporter".
● Staff confirmed the registered manager and office staff operated an open-door policy for them also and that they were supported. A member of staff commented, "Anything I need, they sort."

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 and nominated individual recognised what they needed to do to honour the duty of candour. They were open and honest with people and their relatives when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● People and their relatives were encouraged to give feedback about the service through meetings and informal conversations with the registered manager and office staff, satisfaction questionnaires and care reviews. This information was used to develop the service, addressing any issues and highlighting positive areas. A relative commented, "We had one [questionnaire] the other day. There's nothing wrong with what they do. As far as I'm concerned, they [the service] are spot on with it."
● Following the height of the pandemic, biannual staff meetings had resumed in April 2022 to help keep staff informed of developments at the service and to listen to their views. There was more frequent communication with staff through e-mails, phone calls, a secure messaging app and informal chats at the office.
● Staff were kept informed of developments at the service, as well as changes in people's care. Staff told us the registered manager listened to any ideas regarding people's care and acted on them as appropriate, for example negotiating with commissioners for longer call times where staff felt the timetabled visits were too short.
● The registered manager and office team maintained positive working relationships with health and social care professionals.
● The registered manager and nominated individual were linked into local provider forums, which assisted them to keep abreast of current best practice in social care.