

Ness M Care Services Ltd

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Inspection report

955 Lincoln Road
Peterborough
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30 November 2018

05 December 2018

07 December 2018

10 December 2018

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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

What life is like for people using this service:

Everyone we spoke with was happy with the care agency and the staff that provided their care. They all told us it was the best agency they had used and that staff were reliable. One person told us, "[Staff] deal with situations and don't leave. When they are here they are superb." Another person said, "They're excellent, very good. I'm very pleased with them."

People felt safe using the agency because staff knew what they were doing, they had been trained and visited people to learn how to care for them before having to do so. One person said, "Of course, they know exactly what they're doing, they're very good." There were enough staff, and the registered manager filled in for staff sometimes, who visited people regularly.

People told us they always received their medicines and that staff knew how these should be given. Staff supported people with meals and drinks and did this in a hygienic way, using protective equipment, such as gloves and aprons. They followed advice from health care professionals and made sure they asked people's consent before caring for them.

People and their relatives thought a lot of the staff that cared for them. One person told us, "I like the care staff," and went on to say, "What makes the difference is they're so friendly." Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the agency's aim to deliver high quality care, which helped people to continue to live in their own homes.

However, we found that there was some documentation that had not been completed, updated or looked at and despite staff knowing how to care for people, this put people at risk. Systems to monitor how well the agency was operating were not carried out well enough. This meant that where records were not detailed enough or were not available, this had not been found. Key recruitment checks were not always obtained before new staff started work. Where concerns were identified, the registered manager did not follow this up to make sure the staff member was suitable to work in this role. Medicine records were not always completed accurately or with enough detail.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post at the time of this inspection.

In two areas we found that shortfalls in documentation did not meet the characteristics of Good and we have rated these areas as Requires Improvement. This is the first time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the

report.

Rating at last inspection: Good (last report published 11 June 2016)

About the service: Ness M Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger and older people aged over 18 and over.

Why we inspected: This was a planned inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received 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 ●

Ness M Care Services

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults with a learning disability and older adults.

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:

We gave the service 48 hours' notice of the inspection visit because it is a small agency and the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 30 November and ended on 10 December 2018. It included speaking with the manager and reviewing records and policies and procedures.

What we did:

As part of the inspection, we reviewed the information available to us about the agency, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Due to technical problems, we were unable to use the Provider Information Return that they completed. This is information we require providers to send us at least once annually to give some key information about the agency, what they do well and improvement they plan to make. We took this into account when we inspected the agency and made the judgements in this report. We also

asked stakeholders, such as the local authority safeguarding team and commissioners, for their views of the agency, although we received no comments.

During our inspection, we spoke with four people using the agency and five relatives. We also spoke with five members of care staff and the registered manager. We checked five people's care records and medicines administration records (MARs). We checked records relating to how the agency is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: ☐ 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.

Staffing levels

- Not all of the required pre-employment information and checks were obtained before new staff started working for the agency. Where checks obtained had identified a potential concern the registered manager had not always assessed how this may affect their work or mitigated any potential risk to people. People could therefore not be assured newly employed staff were suitable for the role.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff usually arrived on time and if they were going to be late, the agency's office contacted them to let them know.
- The registered manager told us that the agency was sometimes short of staff and when this occurred she would cover the visit. People told us they had not seen any negative impact of this and staff arrived on time for their visits.

Using medicines safely

- People told us where they required support from staff with their medicines they always received their medicines as they should.
- Staff did not always complete medicine administration records to show if people had taken their medicines or the reason if they had not. The medicine stock for one person had remained the same on two occasions indicating they had not taken their medicine but staff had not recorded the reason for this.
- There was no information in three people's plans about the type and level of support they required from staff to take their medicines safely or order and obtain them from the pharmacy. This put people at risk of receiving their medicines incorrectly or not at all.

Assessing risk, safety monitoring and management

- The registered manager assessed risk to people's health and welfare such as moving and handling, falls and the use of oxygen. However, risk in relation to their environment, in and around their home had not always been completed. Staff, therefore did not have any information on how to reduce any risk within the home.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns.

- People felt safe, which was due to staff members caring attitude and concern that they cared for people in the way they wanted.

Preventing and controlling infection

- Staff followed infection control practices and used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager took action following accidents or incidents to reduce the risk of these reoccurring. They relayed this information to staff through meetings and closed chat groups.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ 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

- The registered manager completed assessments of people's needs before they started to use the service. This enabled them to make sure they had enough staff with the right skills to meet them.
- Staff worked with health professionals and suppliers of equipment to ensure they had the most up to date information about equipment people used.

Staff skills, knowledge and experience

- People and relatives told us that staff knew how to care for people and knew how to use equipment. Staff had received training when they first started working for the agency and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health, and social care workers should consistently adhere to and includes assessments of competency.
- Staff and the registered manager told us that staff received other training, however this was not always recorded to show when the training had been given or what the training contained.
- Staff members received annual appraisals and supervision through online chat groups or as individual meetings. They felt well supported to do their jobs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough.
- Records of food intake were kept if people were at risk of not eating or drinking enough, but the quality of record keeping was inconsistent and staff did not always record the amount of food a person had eaten.

Staff providing consistent, effective, timely care

- Staff had access to information from health care professionals, where people were happy to share this information.
- Staff followed this advice, which was included in their care records.

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No

applications had been made for people who received care from this agency.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated kindly and they commented positively about staff members. One person's relative told us that staff were, "Extremely polite, always pleasant. They really are remarkable, always friendly and relaxed, thorough and gentle."
- Staff treated people kindly; they showed concern for people and made sure people had everything they needed if staff were only visiting for a short time. They were aware of people's individual needs and preferences.

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

- People confirmed that they were consulted by staff about how they preferred to have their care and support given.
- Staff told us they provided care to people in a way that the person preferred. The provider gave staff enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy. They ensured people were not put into undignified situations, they closed doors and curtains and covered people up as much as possible. A relative told us, "They always knock and announce themselves. Doors closed and curtains [are] closed during personal care, [they are] very discreet, they always cover [family member]. I'm very impressed with that."
- Staff encouraged people to do what they could for themselves. Staff supported one person to have control of their equipment and the speed of their movement, this helped to reduce their anxiety.
- People's confidentiality was maintained; records were kept securely in the office of the agency.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People's care needs were met and they were happy with the care they received. One person said, "I wouldn't change anything, they do things properly. It's all very good." Other people and their relatives echoed these sentiments and told us they were cared for well and that staff knew what they were doing.
- People had care plans in place but the quality of the content was inconsistent. Some were personalised and written in detail. They gave staff enough guidance on how to respond to people's needs effectively and safely. Others lacked this detail. However, as staff had built good relationships and knew people's likes, dislikes and preferences this did not impact on people's care.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received.
- Complaints were recorded, investigated and responded to. People had information about external organisations that they could also contact about their concerns.

End of life care and support

- Some guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit.
- Additional guidance was available in the agency's end of life policy, which was available to staff.
- Staff received training in end of life care from the registered manager, who had completed specific training in addition to their knowledge as a registered nurse.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were not consistently carried out. The registered manager acknowledged they had been unable to monitor the quality and safety of the service effectively because they also covered care visits when staff were not available. This took them away from the day to day management of the service.
- Records of complaint, accidents and incidents were not analysed to find trends or themes, such as the staff involved or the cause. This would enable the registered manager to take action where needed and reduce re-occurrence.
- The registered manager completed 'spot checks' to observe staff working practice and delivery of care to people and check their satisfaction. The checks did not include care records nor medicine administration records to ensure staff were completing them properly.

Engaging and involving people using the service, the public and staff

- People, their relatives and staff had completed a survey of their views in 2018, which showed very positive comments from people.
- The registered manager completed reviews of people's care, which also provided people with the opportunity to feed back about their care.
- Staff told us that they attended meetings in person where possible but communicated more regularly through a closed social media chat. They told us this gave them regular support and information was shared quickly with them.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us that they received the care they wanted and needed at the time they needed it.
- Staff knew people well and were provided with enough time to deliver personalised care. The agency supplied a rota of staff members to each person so people knew who would be visiting them.
- The registered manager understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff told us they were able to provide good quality care and support to people because they were given

enough time to do this. A staff member told us they also promoted independence and well-being for the people they cared for. One person told us about staff, "They seem to value the job" and "They're the best care company I've ever had." Everyone we spoke with echoed this last sentiment.

- Staff said that the registered manager was approachable and "really supportive", and that they could contact them at any time for advice.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the continuing healthcare team. The registered manager contacted other organisations appropriately.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not protected against the risks associated with the unsafe recruitment of staff. Regulation 19 (3) (a).