

Care Support MK Ltd

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Inspection report

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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 

Overall summary

Care Support MK Ltd. is registered to provide personal care for adults in their own homes and supported living services. They currently provide support to people with learning disabilities or autism, and also have the capacity to care for older people and people with physical disabilities. On the day of our visit the service provided support for 8 people in their own homes and supported living services.

This inspection was announced and took place on 15 July 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse and felt safe with the service being provided to them. Staff were knowledgeable about risks of abuse and the different forms it could take. Systems were in place to report abuse and act to reduce the likelihood of it re-occurring.

Risks to people and the service were assessed and plans put in place to manage them.

There were appropriate numbers of staff employed to meet people's needs. Safe and effective recruitment practices were followed.

There were suitable arrangements for the safe management and administration of medication.

Staff received regular training and supervision. They were well supported to perform their roles.

People's nutritional needs were identified by the service and they were supported to have a healthy diet based on those needs.

People told us their health care needs were met and staff treated them with kindness, dignity and respect.

The service listened to what people said about the care they received and took active steps to encourage feedback from each person and their families.

Comments and complaints were welcomed by the service and people were encouraged to let the service know how they felt.

There was a positive and open culture at the service. The registered manager worked closely with the provider to ensure people received good care.

Systems of audits, surveys and reviews were used to good effect in monitoring performance and managing risks.

Summary of findings

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.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

Risks to people and the service were assessed and plans put in place to manage them.

Staffing levels were sufficient to meet peoples' needs and contingency plans were in place in the event of disruption to staffing.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good



Is the service effective?

The service was effective.

People received care that met their needs and wishes from staff who received regular training and supervision.

Peoples' health and nutritional needs were monitored by the service and people were supported with these where necessary.

Good



Is the service caring?

The service was caring.

Staff provided care with kindness, compassion and empathy. They respected peoples' privacy and dignity and built meaningful relationships with service users' and their families.

People were involved in planning their care and were provided with sufficient and appropriate information about the service they were going to receive.

Good



Is the service responsive?

The service was responsive.

People received care that was specific to their individual needs and wishes and care plans were updated in accordance with peoples' changing needs.

A system was in place for the regular review of care plans which involved people who received care and their families.

People were encouraged to provide feedback on the care they received and comments or complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

People who used the service and their families knew who the provider and registered manager were and were positive about the way the service was run.

Good



Summary of findings

The provider and registered manager were hands-on and supported with care delivery, giving staff and people access to them.

There were quality assurance procedures in place.

Care Support MK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the registered manager would be in.

The inspection team comprised of one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding

and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

We spoke with three people who used the service, one relative and one healthcare professional who had regular involvement with the service. We also spoke with the provider, the registered manager and three members of care staff.

We looked at all 8 people's care records to see if their records were accurate and reflected people's needs. We reviewed 11 staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe when being supported by staff. They explained that staff worked alongside them to protect them from abuse and help them to protect themselves. One person told us, “They keep me safe.” People’s relatives were also confident that the service kept their family members safe from harm or abuse.

Staff told us that the safety of people was of the upmost importance. One staff member told us, “We try to make sure people are safe and we also try to educate them about keeping themselves safe.” They explained that they had training regarding safeguarding awareness and were able to tell us about the different types of abuse. Staff also told us that the service had a whistleblowing policy and they wouldn’t hesitate to report abuse if they suspected it had taken place. They also said that they worked with people to inform them about harm and abuse and tried to help them learn how to keep themselves safe.

Staff described the reporting process if they suspected somebody had been abused. They would inform their manager, who would refer the incident to the other relevant bodies, such as the local authority safeguarding team. Staff also explained that they would refer to the Care Quality Commission (CQC) if they required any further guidance. The registered manager told us that they had not had a lot of safeguarding incidents, but the procedure was clear and they were confident that each incident was dealt with appropriately. We looked at records and confirmed that safeguarding incidents had been reported by the registered manager and had been investigated where necessary. We also saw that staff had received safeguarding training.

Risks to people and staff were assessed and managed. Staff told us that risk assessments were in place to keep people safe, whilst allowing them to be as independent as possible. One staff member said, “Risk assessments are kept in people’s files in the home, they provide guidance on how to manage risks.” We saw that each person had individual risk assessments and management plans in

place, providing staff with information on how to manage risks for each person. There were also general risk assessments in place for the different areas in which care was provided. In addition, there were emergency plans in place, offering guidance for staff on the actions they should take in unusual circumstances, such as extreme weather conditions.

People told us that there were enough staff to meet their needs, and that they regularly saw the same members of staff. The registered manager explained that careful recruitment had taken place and they worked hard to ensure that there were enough staff available. Staffing levels were based on people’s assessed needs and were consistent throughout the week. The registered manager informed us that the service only used their own full-time staff, they did not use agency staff to cover shifts. We looked at staffing rotas and saw that people’s assessed staffing levels were being met by full-time employees.

Staff told us that they had been recruited following a robust procedure. One person told us that they were not allowed to start working for the organisation until they had received two references from previous employers and a Disclosure and Barring Service (DBS) background check. The registered manager explained that they followed this procedure for each staff member to ensure they were of good character and safe to work with vulnerable people. Staff records confirmed that these checks had been completed for staff, as well as a robust application and interview process.

People told us that staff helped them to make sure they received their medication correctly. One person said, “I get my medication from staff when I am supposed to have it.” Staff members told us that they had received training in medication administration and had also been assessed by the senior staff to ensure they were competent. We looked at Medication Administration Records (MAR) and found that there were no gaps or omissions and that where codes had been used, such as when as required (PRN) medication was given, they had been used appropriately and an explanation had been given.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge they needed to support them and meet their needs. They told us that staff looked after them well and received training and support to help them provide effective care and support. One person told us, “They do their job well.” Another said, “Staff get enough training, they know what they are doing.” People’s family members were also positive about staff, expressing that they felt staff had the skills they needed to care for their relatives. One relative told us, “Staff are good, they know what they are doing and are well trained.”

Staff members told us that when they started working with the provider they received an induction. This helped to prepare them for their role and introduced them to the organisation. They told us that during this induction period they received training and supervisions with the registered manager. In addition, they shadowed more experienced members of staff to role model from them and get to know the people they would be supporting. One staff member said, “My first shifts were shadowing other staff who have experience to get to know people and learn how to deal with situations.” Another staff member told us that they had been supported well through their induction period and that the combination of training, shadowing and supervision had given the confidence to perform their role. The registered manager told us that staff were closely monitored and supported during their induction and new staff were being enrolled on the new care certificate. Records confirmed that staff were supported with training and supervision throughout their induction period.

Staff members explained that they also received regular training and updates following their induction period. They told us they were trained in areas such as safeguarding, health and safety and medication administration. One staff member told us, “I get lots of training here and with the local authority.” The registered manager told us that staff

were regularly booked onto training with the local authority and internally. They kept a record of all the courses which people had attended and ensured they attended regular refresher sessions to keep their skills up to date. Staff were also able to access other courses, such as the Qualification Credit Framework (QCF) levels 2 and 3. Staff training records showed that staff had up-to-date training sessions and that future sessions were booked in. There were also records of competency tests to ensure that staff had understood the content of the training and were able to apply it to their work.

Staff told us that they had supervision with senior staff or the registered manager on a regular basis. These took the form of a face-to-face meeting and on-site observations. The registered manager told us that this allowed them to monitor staff performance and identify areas for development. It also allowed staff and the registered manager a forum to discuss performance and development areas, such as training. Records confirmed that staff received regular supervision sessions and observations, and that these were booked in for the future.

People and their relatives told us that staff supported people with food and drink preparation if it was required. There was an emphasis on people being as independent as possible, however staff would help out if it was needed. Staff told us that they encouraged people to prepare their own meals and would only help if the person needed support. We saw that care plans offered staff guidance on meals and preparation and that work had been done with people to plan health meals which fit within their own budget.

People told us that staff helped them to see healthcare professionals when they needed to. They supported people to make appointments and ensure that they attended them on time. Records confirmed that people had access to health professionals, such as their GP or dentist, on a regular basis.

Is the service caring?

Our findings

People were happy with the care they received and felt they had strong relationships with staff. They told us they saw the same staff members and got to know them well. One person told us, "I am happy with the service I receive." Another person said, "Staff are friendly and look after everybody." Another person gave us a thumb-up sign when we asked them if they got on with staff. People's relatives told us that staff treated their family members with kindness and compassion and they were happy with the way their family member was looked after.

Staff valued people and worked hard to develop strong relationships with them. They told us that it was important to get to know each individual and that they enjoyed spending time with the people they supported. One staff member told us, "I have a very positive relationship with the people I support."

People told us that they were able to express their own views about the care they received. They said that staff and the registered manager listened to them, which meant that they felt listened to and respected by the service. People said they were offered choices daily and were able to make decisions for themselves. Relatives also told us that they had been involved in making decisions and the service regularly spoke to them about the care that they received. The registered manager told us that people, their families and staff were all involved in making decisions about people's care and support. Records showed that people had been consulted about their care and there was evidence of meetings and discussions with people's

relatives which contributed to people's care plans. People had signed their care plans to show that they had discussed and agreed the content of the plan with the registered manager and provider.

People told us that they were provided with all the information they needed from the service. The registered manager explained that people were given a service user's guide when they started receiving care from the service. This contained information regarding what they could expect from the service and how they would be cared for. The registered manager told us that the content of this guide was explained to people and they were supported to understand it. They also told us that an advocacy service was available to people. Contact information for this was provided in the service user guide. We looked at records and saw that people had service user guides in their files. We also saw that advocacy had been used in the past for one person and the service were in the process of establishing contact with the advocacy service again.

People told us staff treated them with dignity and respect. They told us that spoke to them nicely and made sure that doors were closed and they were covered if they were supported with personal care. They also said that staff were always working to promote and encourage their independence. This meant that the staff would prompt and help people to perform a task, rather than carrying it out for them. Staff confirmed this approach and also told us that they felt people's privacy and dignity were very important. One member of staff told us, "I do everything possible to safeguard people's privacy." Records also showed that staff had received training in this area and that care plans were focussed on promoting people's independence.

Is the service responsive?

Our findings

People told us that they received care which was personalised to meet their own specific needs. They said that they were listened to and that their thoughts and feelings went into their care plans, which were regularly reviewed. People's relatives also told us that people had care plans and that they were personalised to meet the needs of each person. Staff told us that they used care plans and their knowledge of individuals, to provide people with care which was tailored to meet their needs.

We spoke to staff about the people they supported. They were able to tell us about each person's individual needs and the care that they received. They explained to us that care plans were in place for them to follow and were updated to reflect any changes or updates. The registered manager told us that people had care plans in their homes and a copy was held at the office. Prior to receiving care from the provider, an assessment was carried out for each person. This identified areas where support would be required to ensure the provider would be able to meet people's needs, before care was provided. When the plan was updated, both versions were to ensure people received continuity of care. They explained that Multi-Disciplinary Team (MDT) meetings took place on a monthly basis. During these meetings people's on-going care needs, wishes and goals were discussed. This information was then used to update people's care plans and therefore the care they received. Staff told us that people contributed to the MDT meetings, so that their views and wishes were at the forefront of their care planning.

People told us that they knew that they had a care plan in place and had contributed to the content of it. The registered manager explained that care plans were person centred and highlighted areas of strength, as well as need. We looked at people's care plans and found that they provided staff with the information they needed to provide

people with person-centred care. They included an assessment of needs as well as information regarding people's background and their family, likes, dislikes, goals and aspirations. For example, we saw that one person wanted to get a paid job. This information was used to help design their care plan and support them to build skills towards this achieving this goal. Care plans also stated what each person was capable of doing for themselves. This meant that staff provided support only where it was needed, and there were less likely to de-skill people. We saw evidence that care plans had been re-visited and updated on a regular basis, to ensure they contained the most up-to-date information for each person.

People told us that they were encouraged to give the provider feedback about the care they received. Each person had a nominated key worker who met with them regularly to discuss their care, as well as any other concerns they may be having. People said that they had not had the need to complain to or about the service, however they were aware of the complaints procedure and were happy to raise complaints with the registered manager or provider. Staff told us that they encouraged people to give them feedback so that they could improve the service they delivered. We saw that there was a complaints policy which had been made accessible to people in the form of an easy-read version. We also saw evidence of feedback surveys which had been completed and returned to the service. These had been produced in an easy-read format so that each person had the opportunity to give their thoughts to the service. The registered manager analysed the feedback and used to highlight areas for improvement.

We looked at complaints records and found that there was a logging system in place to record complaints and any actions taken as a result. The registered manager investigated and responded to complaints to ensure people's issues were resolved.

Is the service well-led?

Our findings

There was an open and transparent culture, which was promoted by the service. People and their relatives were positive about the care that they received and impact that the service had on their lives. People told us that they had made progress as a result of receiving care from the service. People received person-centred care which focussed on their abilities, as well as their needs. This meant their independence and development was promoted.

Staff members were also positive and expressed that they felt well supported. They were valued by the registered manager and provider and had been empowered by them. There were clear lines of communication between people, staff and the management of the service, which meant that messages could quickly be shared and any problems quickly resolved.

People were aware of who the registered manager and provider were. They told us that they saw them regularly and that they were easy to communicate with. One person told us, "I know who the managers are." Another said, "I know who the manager is and I see her quite a bit." Staff also stated that they were well supported by the registered manager and the provider. They told us that both were very hands on and worked alongside staff to provide care for people. The registered manager confirmed that they spent time working with all the people the service supported.

This allowed them to get to know people and their families, and provide staff with support and role modelling. During our inspection the provider was out supporting somebody to access the community and engage in their chose activity.

The registered manager and the provider worked closely together to ensure the service was run effectively. They had a positive ethos which filtered down to staff which resulted in people receiving care from a motivated and enthusiastic team. They worked closely with other organisations, such as the local authority safeguarding team, to ensure people were well cared for and protected from harm. The registered manager investigated incidents and accidents and reported them to external bodies appropriately. They also took steps to ensure the service met its statutory obligations, such as sending the Care Quality Commission information about incidents at the service.

The registered manager explained to us that they maintained a number of checks and audits within the service to monitor levels of quality. These were carried out on a regular basis and included checks of care plans, medication and the environment. These checks were then used to draw up action plans for improvements within the service. We looked at records and confirmed that the registered manager had conducted regular quality assurance checks to monitor the quality of care delivered. A document control system had also been implemented to log and track key information such as incidents, safeguarding referrals and care plans, and identify where further actions were required.