

Martin Support Services Ltd

MSS Care Truro

Inspection report

Oceans House
Threemilestone Industrial Estate, Threemilestone
Truro
TR4 9LD

Tel: 01872225271

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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 ●

Summary of findings

Overall summary

About the service: MSS Care Truro, is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 60 people in the rural areas of The Lizard, Falmouth, Feock, Camborne, Redruth and surrounding areas in Cornwall.

What life is like for people using this service:

People were supported by staff that were caring, compassionate and treated them with the utmost dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff and encouraged them to maintain relationships and keep their independence for as long as possible.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Staff were recruited in a safe way and following a recent recruitment campaign, there were enough staff to meet people's current needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time. Staff were valued and happy in their work.

Lots of checks were completed by staff, the registered manager and provider to check the quality and safety of the service.

The registered manager and provider worked well to lead the staff team in their roles and ensure people received a good service.

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

Rating at last inspection: MSS Care Truro has not been rated at this location. This is the first rating of this service.

Why we inspected: This was a planned inspection. At this inspection the service was rated Good

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per 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 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-lead	Good ●

MSS Care Truro

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: The inspection team consisted of an adult social care 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 service.

Service and service type: MSS Care Ltd is a domiciliary care service. Staff deliver personal care support to people living in their own homes. Services are provided to both younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

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 24 hours' notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. The Expert by Experience telephoned people, with their permission on the 4 February 2019 to gain their views of the service. We visited the office location on 6 February 2019 to speak with the registered manager and to review care records and policies and procedures.

What we did: We reviewed the records held on the service. This included previous inspection reports and notifications. Notifications are specific events that the provider is required to tell us by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection.

During the inspection we spoke with staff, reviewed three staff recruitment and supervision files, six care records and records relating to health and safety, safeguarding and other aspects of the service. We spoke with two team leaders, care and administration staff, trainer and the registered manager. The expert by experience telephoned and spoke with 11 people who use the service and three relatives to gain their views of the service. We provided details for care staff to contact us to share their views on the service but received no phone calls or e mails from staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff that had regular adult safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff had contact with children and would benefit from child protection training so that they could identify potential signs of abuse. The trainer responded immediately and stated this would be implemented.
- People and their relatives explained to us how the staff maintained their safety. One person said, "Yes, I do (feel safe). It's the fact that I know someone is coming and I've got to know them all well now and they are like one of the family" and "It's the way they actually work with me and my husband and the way in which they look after us. My husband and I both have care from MSS, for 3 years now."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The registered manager checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Staffing and recruitment.

- Each person's staffing needs were calculated based on a local authority individual needs assessment, which were reviewed and updated regularly as people's individual needs changed.
- People and their relatives told us they received care in a timely way.
- Staff had been recruited safely. Pre-employment checks had been carried out including reference checks from previous employers

Using medicines safely

- Some people needed support for reminding to take their medicines. When staff supported people in this task, appropriate medicines records were completed by staff.
- People told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular

competency checks were carried to ensure safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Everyone told us staff practiced good infection control measures.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.

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

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs.
- The provider had their own training academy. The provider had a good system to monitor all staff had regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- The training academy also provided training to relatives, for example dementia training so that carers could gain an understand of their family members health condition. From this the group of relatives that attended the course had become a support group to each other.
- Staff had bespoke training to support individuals to remain in their own homes. For example, in the area of drug dependency and stoma care.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction.

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

- People told us they were supported by staff to maintain good nutrition and hydration.

Staff providing consistent, effective, timely care within and across organisations

- The registered manager informed us there had been some staff shortages in one rural area which led to people's visits being cancelled or later than the time arranged. Letters of apology and explanation were sent to those affected. The provider had successfully recruited 13 staff members so that they were now fully staffed. The providers audits evidenced that late and cancelled visits were no longer occurring. People also confirmed this.
- People told us that even if a carer was late they still provided the support they needed in an unrushed manner. Comments included "They don't appear rushed at all, even though I know they are, they take their time and do the job properly."

Adapting service, design, decoration to meet people's needs

- The service had recently moved to new office space. This allowed visitors to be able to access the main office more easily.
- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.

Supporting people to live healthier lives, access healthcare services and support

- People visited their local surgery to see their GP and community nurse, and attended other health appointments regularly.
- People were supported to improve their health. For example, a person told us "[Staff [have said 'do you want this done 'x'; or this 'x'' and always give me good advice. They noticed I have dry skin patch on the bottom of my back and they told me to get some cream from the GP, so I made an appointment for the GP myself and he gave me some cream and my son got the prescription."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes. For example, a person told us "[staff] will always ask me before they do it; it's very much a routine arrangement, but if I want anything they will always do it for me, I only have to ask."

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; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. Comments included "We have a lovely chat and a laugh; they [staff] are always kind and considerate. They put a hot water bottle in my bed for me and I wear my bed socks at night. They always make sure my doors are locked in the evening when they leave" and "They are absolutely as good as gold and are so caring and kind in everything they do for me, all of them are." Relatives supported this view commenting "[Staff] are very kind and caring and we have absolutely, no complaints whatsoever. He really loves them all, so that goes to show how well he thinks of them.
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- People were always treated with kindness and were positive about the staff's caring attitude. People and their relatives were highly complementary in discussions with us about the care they received.

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. People said, "I've been having them for about 18 months and they know what I like and how to do it for me." Relatives told us "[Staff] know him well now and [person's name] feels very confident with them too. As I said, they know how he likes things to be done, like warming the shower seat before he gets in the shower, because he doesn't like to sit on the cold seat.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

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

Personalised care; accessible information; choices, preferences and relationships

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including in developing care, support and treatment plans.
- People told us how the provider would respond to their changing needs. For example, one person told us 'We had a hospital appointment and we asked for someone to come a bit earlier and they did that without questions. If we have ever had to rearrange the times, they are very accommodating – they seem quite flexible.' Another person told us following an operation care staff assisted them with their post-operative recovery and provided additional support as necessary.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively. One person commented "I have all the information and telephone numbers I need and all of the print is plenty big enough for me."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The provider held a register which recorded all concerns and compliments. From this it was evident that the provider listened to and investigated any concerns raised. They also looked at what learning lessons could be made from the concerns raised. For example, a person raised concern that staff did not know how to use equipment to put on their stockings. This was discussed and training provided at the staff team meeting.

End of life care and support

- MSS Care Truro supported people who were receiving end of life care. The team worked closely with other professionals to ensure people had dignified and pain free death.
- Staff knew people's preferences and wishes. For example, one person enjoyed listening to musical instruments. Two staff visited the person and played their instruments during their last hours. The family feedback how enjoyable and comforting this was for them all and made a lasting positive memory.

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.

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

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility.

- People, relatives and staff expressed confidence in the management team. The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The registered manager and team leaders worked alongside staff and led by example.
- The registered manager and team leaders all spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and team leaders were all very much involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received "the best care".
- The registered manger, team leaders and care coordinator met weekly to plan the next weeks work. This included monitoring staffing levels to ensure all care visits would be fulfilled, the on call, rota and feedback about the people they supported and any actions they may need to take.
- People spoke highly of the service and could not identify any areas for improvement.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff.
- Staff felt respected, valued and supported and that they were fairly treated.
- A monthly Quality Improvement Plan was produced which provided an overview of their service. For example, the number of spot visit undertaken, complaints, missed, late visits or incomplete calls, and people and staff feedback. From this action would be taken when an issue was identified.

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

- People, relatives and advocates feedback was sought through a survey or phone contact. Responses showed they were happy with people's care and quality of life. All people we spoke with said they would recommend MSS Care Truro.
- There was an open culture where staff were encouraged to make suggestions about how improvements

could be made to the quality of care and support offered to people.

- Three monthly team meetings were compulsory for all staff to attend. This provided staff with an opportunity to share any ideas, or raise any issues about the service. Team leaders had regular meetings with the care staff, as well as office staff meetings to provide an opportunity to raise any issues.
- The registered manager was aware of the need to 'value my staff'. Staff were encouraged to come to the office and a dedicated staff room was available where they could have 'down time' between visits to have a drink, chat and support each other. We heard a phone call made by a team leader to a care staff to thank them for their work following a compliment the service had received.

Continuous learning and improving care.

- The registered manager was keen to ensure a culture of continuous learning and improvement. For example, when staff identified a training need this was provided, such as catheter care
- Working in partnership with others.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. For example, worked with health professionals to ensure people's health needs are met.
 - The provider opened their venue for community group to hold meetings, for example Dementia Friends.