

Multi-Care Reading Community Services Limited

Multi-Care Community

Services Reading Ltd

Inspection report

Unit 5, Bellman Court
Great Knollys Street
Reading
Berkshire
RG1 7HN

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Tel: 01184675838

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

This inspection took place on 21 May 2018 and was announced. Multi-Care Reading Community Services Limited is a Domiciliary Care Agency that provides personal care to people with a variety of needs living in their own homes. At the time of inspection, the service was delivering personal care to twelve people living in their own homes. This service has never been inspected.

At the time of our inspection a manager was in place at the service. They had submitted an application to The Care Quality Commission (CQC) to be the registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

Relatives spoke positively about the care and support offered by Multi-Care Community Services Reading Ltd.

People told us they had formed trusting relationships with staff. People's privacy and dignity were protected. They and their relatives told us staff treated them with respect.

People had their needs assessed and received appropriate person-centred care that was individualised to their specific needs. Staff were aware of their responsibilities to ensure people's rights were promoted.

Where required people were supported to access healthcare services to maintain their health and wellbeing.

The service had quality assurance systems in place to monitor the running of the service and improve the quality of the service being delivered. People and their relatives were encouraged to comment on how they felt about the service provided.

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 ●

This service was safe.

Staff were aware of their responsibilities in protecting people, and worked alongside people to help them understand the importance of keeping safe.

People's care plans addressed risks to the health, safety or well-being of people who use the service.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were policies in place to support safe medicines management and the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

Staff received the training, knowledge and skills relevant to their role.

Staff worked with other health and social care professionals to meet people's health needs.

The manager and staff had an understanding of the Mental Capacity Act 2005 and supported people to make decisions regarding their daily living.

Is the service caring?

Good ●

This service was caring.

People's privacy and dignity was respected by staff.

Relatives felt their family members valued the relationships they had with staff and they were satisfied with the care their family member received.

People were supported to make decisions about their care and to maintain their independence.

Is the service responsive?

This service was responsive.

Care plans were in place which detailed people's care and support needs.

There were systems in place to manage complaints.

Relatives said staff were approachable and they would feel comfortable making suggestions or raising any concerns they may have.

Good ●

Is the service well-led?

The service was well-led.

Systems were in place to review incidents and accidents and help identify any themes, trends or lessons to be learned.

People and relatives were given opportunities to feedback to ensure as part of the quality assurance.

Staff told us they felt supported.

Good ●

Multi-Care Community Services Reading 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 was a comprehensive inspection which took place on 21 May 2018, and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by one 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.

Before the inspection we reviewed the information we held about the service such as notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from seven community health and social care professionals. We received no responses.

Prior to inspection we request that providers submit a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, due to technical issues the provider was unable to submit this to us prior to inspection.

After the inspection we spoke to three people who use the service and two relatives of people who use the service. We spoke to three members of staff a carer, the manager and the nominated individual. We looked at five people's care plans and associated documents, including medicines records. We checked five staff recruitment files, including the most recently recruited staff. We also looked at staff training records, service

improvement and quality assurance audits and accidents/incident records.

Is the service safe?

Our findings

People felt safe when they received care. One person said, "Yes, I feel safe with them, I think it's their approach that makes you feel safe. They are patient, very polite". Another person told us, "Yes, I feel safe with the carer that comes to me".

Staff kept people safe. Safeguarding and whistleblowing policies and procedures were in place which provided guidance and information to staff. Staff were knowledgeable and understood their responsibilities to safeguard people from abuse. One staff member said if they suspected someone was at risk of abuse, "I would inform the manager and tell the victim that I am sharing this information". Whilst there had not been any safeguarding alerts at the time of inspection, the manager was aware of the need to report any concerns to the local authority safeguarding team and the Care Quality Commission as required by their registration.

The manager undertook visits to observe the working practices of staff. This was to ensure staff were following safe working practices to ensure both themselves and the person using the service were safe. A staff member told us they kept people safe as they "follow the care plan and company procedures".

Staff were aware of the provider's whistleblowing process. Staff said that they would have no hesitation in using it. Staff were confident the management team would support them.

At the time of inspection, the service employed five staff members. We looked at five staff files to ensure the appropriate checks had been completed before staff worked unsupervised at the service. These included references from previous employers, health checks to ensure staff were fit to carry out their role and Disclosure and Barring Service checks to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. These checks identified if potential staff were of good character and were suitable for their role.

People were supported by sufficient numbers of staff to meet their individual needs. The service used an electronic scheduling system which ensured that staff were allocated appropriately to people's visits based on their need.

Risks to people were identified by undertaking assessments. These were reviewed on a regular basis. Examples included risks related to moving and handling, equipment safety, nutrition, medication and the home environment. Risk management plans however did not always reflect the plans the service had put in place to reduce the risk. For example, in one person's file it was identified that they had a history of falls however there was no evidence of how these risks were managed. We discussed this with the manager who said they would address this. The manager told us that the risks identified had been discussed with staff and mitigation was in place.

People's medicines were handled safely. Once staff were trained and assessed as competent they could administer medicines. The training log confirmed staff had received training and that their competence had been checked by the manager observing them. Medicine record sheets were up to date and completed

accurately.

There was a system for recording accidents and incidents. Appropriate initial investigations and actions had been taken when incidents happened. However, records did not always reflect the outcome of the investigation or that lessons learnt had been disseminated. For example, one person had a risk of falls which was identified through an incident however there was no detail of outcome of investigation or actions put in place to manage and mitigate these risks. We discussed this with the manager who agreed to address this. The manager provided us with an investigation template that had recently been implemented that would improve the recording of investigations and actions going forward.

There was business continuity plan for unforeseen emergencies such as IT issues, severe weather or a pandemic. Staff had access to the appropriate personal protective equipment (PPE) and told us they use this to reduce the risk of cross contamination and the spread of infection. In addition, we saw that the business continuity plans included detailed instructions on how to utilise PPE in the event of infectious disease.

Is the service effective?

Our findings

People told us they were confident about the staff who visited and the support they received from the service. One person told us, "I had one carer throughout and she was absolutely excellent. I explained to her what I wanted done and she picked it up straightaway so it was a very harmonious relationship". Another person said about their carer, "She knows her job and she's so confident".

Staff received induction training that introduced staff to policies, procedures and the expectations of their role. This was followed by a period of shadowing more experienced staff. One person told us, "The carer I had was very well trained". Staff received training which incorporated the care certificate standards. The service assessed the competence of staff by direct observation in the form of 'spot checks'. The manager completed these observations to ensure staff were following best practice and meeting the needs of people in their care. There had been no annual appraisals due to all care staff being with the service for less than six months. The manager advised they would utilise an appraisals tracker to monitor these.

Staff received regular supervision both via telephone and face to face. The manager kept a tracker to ensure these meetings took place accordingly. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. The staff also had an opportunity to discuss any difficulties or concerns they had.

People felt that the care they received helped to achieve their desired outcomes. One person said, "Everything has gone very well and I was blessed with an exceptionally good carer. So much so that I have got better very quickly and don't need their help anymore".

The service was aware of people's dietary needs and food preferences. The level of support each person needed was identified in their care plan. Some people were supported by staff to plan menus and to eat a healthy, balanced diet and when necessary their nutrition was monitored.

People were supported to access healthcare where appropriate. Each person had an individual needs assessment that identified their health and care needs. Health professionals were contacted for advice when required. One person told us, "They pick up on any health issues they spot and alert my wife if they feel I need to see the doctor". Relatives felt reassured that staff would inform them if their family member had any health concerns. One relative told us, "They always tell me if they think there's anything I need to speak to the doctor about".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The 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. Staff received training in MCA and were aware of how to support and respect people's decision making. One staff told us "you must always assume someone has capacity". People were asked for their consent to the care they received. People's care files contained consent form which had been signed and dated by the

person receiving the care. One person said about a staff member, "She always asked what I wanted her to do".

The manager was had a good knowledge and was aware of their responsibilities in respect of this legislation. They told us that they would seek professional support when needing to support someone to make decisions in their best interest. The manager advised that the service is currently not supporting anyone who lacks capacity. When a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Is the service caring?

Our findings

People spoke positively about the staff and the support they received. One person told us, "I couldn't be better looked after. The staff are willing, thoughtful and kind. What more can you ask for". Another person told us about their carer, "She is respectful, polite, kind. It's been exceptionally good care".

Relatives told us staff treated their family member with understanding and kindness. One relative said, "The staff are very, very kind and patient". Another relative told us about the carer that supports their family member, "A cheerful person who understands how to encourage him when he's feeling down". Another relative told us, "There's always a buzz of happy chatter when they are helping him. They are very gentle and considerate".

The service proactively involved people in the care that they received to ensure it was meeting their needs. One person told us, "The other day I didn't need her help with lunch but instead she changed the bed for me". Another person told us when they wished to make a change to the care they receive that "they are flexible about things like that".

The service involved relatives where this was agreed and appropriate. One relative told us, "The staff we have always come and see me before they go and ask me to 'inspect' their work to make sure it is as I want it to be".

People told us how their privacy was respected and their dignity was maintained. One person told us, "The carer I have is brilliant, very thoughtful when helping me with washing, she knows it could be embarrassing for me but she makes sure I'm covered up and she talks to me about other things while helping me to distract me". A relative told us about their family member that staff "make sure doors and curtains are closed when he's having help with personal care".

People's independence was promoted and people were supported to be as independent as possible. One person told us about their carer, "She always asked what I wanted her to do, she encouraged me to do as much as I could for myself, always listened to what I had to say and did things my way". Care plans guided staff on how to promote people's independence. For example, one person's care plan stated, "Please ask me if I require assistance" and another said "I choose my own clothes".

People's confidential information and records were stored appropriately and securely in the office. As part of the induction staff had received training on the principles of privacy and dignity and respecting confidentiality.

Is the service responsive?

Our findings

People's needs had been assessed and appropriate care plans were in place. Each person had a care plan which was personal to them, providing detailed guidance for staff. The plans included information on their preferences, daily routines and the support they needed with personal care. For example, each person's file contained information on 'What I want you to know about my health capabilities'. This section contained detailed person-centred health information on how best to provide care and support to people. A staff member told us they ensured "the person is the priority and the care needs to be based on their needs and not everybody else's needs".

Regular reviews of people's care were completed and where appropriate involved people and their families. People and their relatives told us they were consulted in the planning of their care. One person told us, "Yes the care plan was all discussed with me when it was set up". Another told us, ""Yes the care plan was set up and talked through with me before I was discharged [from hospital]".

We looked at the arrangements in place to manage complaints and concerns that were brought to the manager's attention. There had not been any complaints since the service had registered. People were aware of the services complaints policy. One person told us, "I've no complaints at all. An A1 company". A relative told us, "We've never had to complain. Everyone is so kind. It's obvious that the carers really care for old people, we're not just a job".

People's individuality was promoted and people were supported to make their own choices. One person told us, "I do feel that I am in the driving seat, things are done at my pace and the way I want them done".

The manager was aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. At the time of inspection all people accessing the service were funded privately and therefore this does not apply. However, in preparation the provider had an 'Accessible information and Communication' Policy.

People were protected from discrimination by staff who had received training in equality and diversity. One staff member told us that "by treating everybody equally" they avoid discrimination.

Is the service well-led?

Our findings

The service did not have a registered manager in post however the current manager was in the process of applying to be the registered manager of the service. Both the Nominated Individual and the manager demonstrated their knowledge of the service and the service users during the inspection. The management team sought up to date information on best practice via relevant internet resources and organisational updates.

People and their relatives spoke highly of the management team. One relative said, "[The manager] keeps in touch and rings to check if everything is okay. I find they are very responsive to any queries and I can't find fault with them. They have a very good attitude and we are very happy with them". The person receiving care told us, "I wholeheartedly endorse everything my wife has said and I have no criticism of them. I would recommend them". Another relative said about the NI, "She sometimes visits with a new member of staff to show them the ropes. She's very good, easy to talk to and she listens to you. I would recommend them".

Formal staff meetings had not been held regularly since the service registered. However, the manager advised they do send regular 'memos' updating staff in the form of emails and they speak regularly either face to face or via the telephone. We were unable to confirm if staff were happy with the level of communication and staff engagement was satisfactory. However, people and their relatives were happy with the level of communication, skill and support they received from the service and its staff.

The views of the people using the service, their relatives and staff were sought by the provider to support the development of the service. The service had recently asked people and their relatives to comment on such things as how they felt about services provided and staff competencies. At the time of inspection, they had received two responses so far which had been very positive. The manager told us that information from this survey would be used to make improvements to the service.

The manager had put in place quality assurance systems to monitor and assess the quality of service being delivered. These included audits of the care files, medicine records, staff competency checks and daily log sheet audits. These were used to ensure quality of work and that actions were being completed effectively and on time. For example, one audit identified that staff were not correctly dating the daily logs accordingly. The manager took action and staff had received advice and guidance to ensure this is being completed correctly.