

Multilink Management Care Ltd

# Multilink Management Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Multilink Management Care Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 17 people were supported with their personal care needs.

### People's experience of using this service and what we found

Some improvements had been made to the service since our last inspection in November 2020, however the provider's action plan had not been effective in addressing the shortfalls in relation to safe care, recruitment and quality monitoring we found at our previous inspection. People may be at risk as the service continued not to meet all the regulatory requirements.

Systems to monitor the quality and safety of the service were ineffective and had not identified the concerns we found in relation to people's risks and medicines management, assessment of staff knowledge and staff recruitment prior to our inspection. Whilst the registered manager delivered care and had some oversight of the service, they had failed to ensure people received a well-managed service which was safe.

Risk assessments were not robust enough and did not contain enough information of the actions to take to minimise risks to people and to direct staff in how people should be supported. Clear medicines management records were not in place for some people. Staff we spoke with told us they understood their roles and responsibilities and felt supported by the registered manager. However, staff had not always received up to date training to ensure they could always provide safe care. Systems to support staff in their induction and probation period had not been completed.

Robust recruitment systems were still not effectively used to ensure people were supported by staff of good character.

People and relatives, we spoke with said they felt safe when staff visited them and had no concerns about the care and support, they received. People were supported by staff who were familiar with their needs, however some people felt staff could be more punctual as they sometimes arrived late which impacted on their care and well-being.

Spot checks and observations of staff visits in people's homes were carried out but not always recorded. This meant that the provider could not be sure staff were supporting people as they wished and meeting their support needs.

People reported that staff has good infection control practices and wore the appropriate PPE.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 December 2019) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 15 and 20 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service Safe and Well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Multilink Management Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified repeated breaches in relation to safe care and treatment, fit and proper person's employed and governance at this inspection.

Where we are taking or proposing to take enforcement action but cannot yet publish the actions due to representation and appeals process the text below must be added under this heading

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Multilink Management Care Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October and ended on 14 October 2020. We visited the office location on 8 and 14 October 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also spoke to the registered manager about the progress they had made with their action plan since our last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, quality compliance manager, office manager and two care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People were at risk of harm and receiving unsafe care as staff did not always have detailed information to direct them in supporting people and to mitigate their personal risks. We found risk assessments and risk management plans had not been fully completed and recorded in detail for all people.
- The assessment and support plan for one person with high risks and complex needs was not in place to direct staff on how to support their skin integrity and swallowing difficulties. Another person was put at risk as staff did not have access to a comprehensive epilepsy management plan, although staff told us they had received some training in the subject of epilepsy awareness and management.
- Care plans and risk assessments had not been reviewed and updated to reflect their changing support needs and incidents. Information about the individual impact of Covid 19 and associated risks had not been clearly identified. Staff may not understand the balance of people's risks as information about their preferences, wishes and levels of independence had not always been recorded.
- Staff may be in potential danger as they did not have clear guidance in the assessment and risk management plans associated with lone working in people's homes.
- Medicines care plans and medicines administration records (MARs) were not always completed accurately with the details and dosage of each medicine. MARs had not always been signed by staff when they had administered people's medicines.
- Information and protocols about the administration of medicines used 'as required' and topical creams were not recorded to direct staff on how and when to administer the medicines.
- Clear authorisation and consent to administer medicines covertly or to crush people's medicines was not sought or recorded for two people who required their medicines in different methods due to swallowing difficulties.
- People were at risk of not receiving appropriate care as the registered manager had not ensured that staff remained competent and skilled in their role. Staff had not received a comprehensive programme of training in subjects to support them to carry out their role such as skin integrity and some training and competency assessments had expired such as moving and handling. Evidence of the observations and

assessment of the practices and knowledge of new staff in key areas such as manual handling and probations meetings were not always clear. The competencies of staff to manage people's medicines had not been completed annually in line with national guidance and the providers policies.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's risks and medicines were effectively managed. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection the registered manager had not always ensured fit and proper staff had been employed to provide regulated activity of personal care. This was a repeated breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Some improvement had been made to the systems and documentation of recruiting new staff, however further improvement was needed to meet the regulations. We found that safe recruitment practices were not always used.
- The health and wellbeing of staff had not been obtained prior to their employment. This meant the registered manager was not aware if any reasonable adjustments were needed to enable the staff to carry out their role.
- The employment histories, gaps in employment had not always been explored to identify the character of new staff. This put people at risk of being supported by staff who were unsuitable to support people.

We found no evidence that people had been harmed however, recruitment systems had not been effective in determining the suitability of new staff. This placed people at risk of harm. This was a repeated breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people praised the staff who supported them. However, four out of seven people and relatives that we spoke with expressed that staff were not always punctual and did not always arrive at the agreed time. One person said, "They are bad time keepers." Most felt that this did not have a negative impact on them however; one person went on to express that staff lateness affected their well-being as they experienced increased pain if they received their medicines late.
- The registered manager had not used the data reports available to them to monitor the time keeping of staff.
- There was enough staff to support people to meet their needs, however the registered manager had not ensured that staff were suitably trained and competent to carry out their role. New staff received a one-day induction training from the registered manager which included several subjects such as health and safety, infection control, safeguarding and dementia.

### Learning lessons when things go wrong

- Systems and processes were in place for staff to report and record any accident and incidents.
- Reports were reviewed and investigated by the registered manager and recommendations were made to prevent the incidents reoccurring. However, there was little evidence that people's care plans had been



updated with the recommendations and shared with staff. For example, the recommendations about the safe transportation of one person in their wheelchair after an accident had not been reflected in their care plan, although staff told us they had been briefed on the changes.

#### Preventing and controlling infection

- Staff had received training on preventing and controlling infection. They told us they had access to plenty of personal protective equipment (PPE).
- People confirmed that staff wore PPE when they visited them. The registered manager told us they monitored staff's PPE usage and received feedback from people about the staff's infection control and prevention practices when they visited people.

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

- People and their relatives all told us they felt safe from harm, neglect or discrimination when being supported by staff. One person said, "The carers are very kind, especially the manager. I feel completely safe with them in my house." They told us they felt free from discrimination and abuse and staff cared for them in a caring and non-judgmental manner.
- The registered manager understood their responsibility to report any safeguarding concerns to the relevant safeguarding agencies and CQC. Staff understood the importance of reporting any safeguarding concerns and the providers policies.
- All staff had received regular training on adult safeguarding and had been reminded to be more vigilant in observing safeguarding concerns during the Covid 19 pandemic restrictions.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider's action plan had not been effective in addressing the shortfalls in relation to safe care, recruitment and quality monitoring we found at our previous inspection.
- Sufficient improvement had not been made to the systems and governance processes used to monitor the service being provided and the management of people's records and staff development.
- We found that the governance systems which had been implemented since our last inspection had not been maintained or been effective in monitoring the service and driving improvements. For example, systems used to monitor staff training, competencies and support had not prompted the registered manager to act and ensure staff had received refresher training and assessed their competencies.
- Effective systems had not been implemented to monitor care plan reviews and associated record keeping, staff support and spot checks of new staff which may put people at risk of not receiving appropriate care.
- The findings and recommendations from quality audits, complaints and accidents and incidents had not always been acted on to improve people's outcomes and to ensure the service met their regulatory requirements. For example, the registered manager could not be assured that people received their prescribed medicines as the medicine's audits had not been effective in identifying shortfalls in people's medicine care plans and medicine administration records.
- People were at risk of not receiving the care and support they required as the registered manager had not effectively used the reports available to them to manage and monitor staff rotas and their punctuality of people's care visits.

We found no evidence that people had been harmed however, effective systems had not been implemented to monitor the service. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- From our conversations with the registered manager, it was clear that the services priority since our last inspection and over the Covid 19 pandemic period was to focus on the wellbeing of the people who use the service and staff.
- The registered manager explained they had experienced several challenges such as staff turnover which had impacted on their capability to address their regulatory shortfalls and the required actions from the last inspection. This meant people had been at risk of not consistently receiving positive outcomes.

Working in partnership with others

- The service worked in partnership with the local authority and in collaboration with other health care professionals and services.
- However, we found the recommendations made by partners were not always reflected in people's care records. For example, it was not clear from one person's care plan that the registered manager had worked with the district nurse to manage their skin integrity and access pressure relieving equipment.

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

- The registered manager and staff told us they knew people well and received feedback from people when delivering care and immediately acted on their concerns.
- Staff confirmed that they felt supported by the registered manager and their views and concerns were welcomed and acted on. Staff meetings had been held to share information, reinforce practices and provide staff with an update in people's care.
- The registered manager had started to implement and complete quality review and monitoring surveys with people to gain their views and experiences of the services. The registered manager planned to analyse the outcome of the surveys once they were completed to identify any patterns or trends and take action as required.

Continuous learning and improving care

- The registered manager sometimes delivered care which gave them some insight into people's experiences of care. They shared their findings and views with staff.
- The provider had employed a team leader, compliance manager and office manager to improve their oversight and governance of the service.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at potential risk of harm as safe and effective systems were not continually being used to manage and monitor people's risks, support needs and medicines.</p>

### The enforcement action we took:

We issued a warning notice to the provider informing them they must be compliant with the regulation by 14/12/2020.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems that had been put in place to assist in monitoring and mitigating risks relating to the health, safety and welfare of people and staff development and recruitment had not been fully implemented and operated effectively.</p>

### The enforcement action we took:

We issued a warning notice to the provider informing them they must be compliant with the regulation by 12/02/2021