

MCD Care Limited

Head Office

Inspection report

Unit 48
Basepoint Enterprise Centre, Andersons Road
Southampton
Hampshire
SO14 5FE

Tel: 020380682004

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●



Summary of findings

Overall summary

About the service

MCD Care Limited Head Office provides a supported living service. The service supports autistic people and people with a learning disability with personal care in their own home, which they share with others. The provider also had an activities centre which people could visit during the day.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was not always well-led. The provider had not kept CQC informed of significant changes to the service and events that should be notified. However the provider had in place appropriate management systems; policies, processes and procedures; and quality checks and audits.

The service supported people safely. People's relatives told us they were happy with arrangements to support people safely. We saw people were comfortable in the presence of staff and had good relationships with them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and care setting maximised people's choice, control and independence, taking account of their complex needs and associated risks.

Right care:

- People's care was person-centred and promoted people's dignity, privacy and human rights as far as possible.

Right culture:

- The values, attitudes and behaviours of leaders and care staff allowed people using services to lead more confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 20 July 2017 and this was the first inspection because the provider had told us in 2018 they were not carrying on a regulated activity.

Why we inspected

The inspection was prompted in part due to concerns received about the use of physical restraint by care staff. We decided to inspect and examine those specific risks.

The incident which prompted those concerns was subject to an investigation by other agencies. As a result, this inspection did not examine the circumstances of that incident.

The information CQC received about the incident indicated concerns about the management of physical restraint. This inspection examined those risks.

We found evidence that the provider needed to make improvements. Please see the well-led section of this report.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Head Office

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

Two inspectors carried out this inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with CQC. A registered manager is jointly responsible with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We attended meetings with local authority professionals who worked with the service.

The provider was not asked to complete a provider information return before 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.

During the inspection

We met with three people who used the service at the provider's activities centre. We spoke with three relatives about their experience of the care provided. We spoke with six members of staff, the company director and the service delivery manager.

We reviewed a range of records. This included four people's care records. We looked at 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. We looked at records the provider sent to us. We continued to speak with people's families.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them. People's families told us people were safe at the service.
- The provider reviewed incidents where people might be at risk of abuse. These reviews included a debrief with staff present at the time. The provider audited incident reports and identified lessons learned, such as new triggers for unwanted behaviours, to improve people's care and support them safely.

Assessing risk, safety monitoring and management

- The provider had processes in place to assess individual risks to people's safety. People's care plans included guidance on how to manage and reduce a range of risks, such as people leaving their home unaccompanied, risks around nutrition and weight management, and managing unwanted and inappropriate behaviours.
- The provider's risk assessments took account of risks to staff and others which might arise from unwanted or inappropriate behaviours. Staff knew people well and had the required information to support people safely. Staff understood positive risk management, and that restraint was to be used a last resort to keep people safe. Staff had additional training and information about people's conditions to help them understand risks and triggers for certain behaviours.

Staffing and recruitment

- The provider had processes in place to recruit people safely. They carried out the required checks to make sure staff were suitable to work in the care sector. They retained the necessary records in staff files. People using the service met candidates during the selection process.
- The provider had made sure there were sufficient numbers of staff to support people safely during the COVID-19 pandemic. Office staff were available to cover at short notice if required.

Using medicines safely

- The provider had appropriate processes in place to make sure people received their medicines safely where this was included in their care plan. These were supported by an appropriate policy document.
- The provider gave staff training in how to administer medication and their competency was assessed via spot checks. There were regular audits of medicines records.

Preventing and controlling infection

- The provider made sure sufficient quantities of personal protective equipment (PPE) were available for staff to use when supporting people. Staff told us they had received appropriate training in infection

prevention and control and had enough PPE to provide care safely.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff and checking for symptoms of COVID-19.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. The provider responded to accidents and incidents appropriately, for instance by arranging additional training for care workers.

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.

This is the first inspection for this service. This key question has been rated requires improvement. 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

- The provider had not kept CQC up to date with changes to their service. In August 2018 the provider notified us that they were no longer carrying on the regulated activity of personal care for which they were registered. The provider remained registered but did not reply to requests to confirm the status of the service.
- At this inspection we found the support for people using the service included personal care. Two people using the service had a genetic condition which affected their appetite and meant they were at risk of obesity and diabetes. Staff exercised continuous supervision and control in relation to what and when they ate and drank. Although people were independent with other aspects of personal care, this was sufficient to meet the definition of personal care.
- Since 2018 the provider had not informed CQC of significant changes to their service. These included a change of registered address, change to their nominated individual, and the absence of a registered manager. The provider had not notified us of significant events which occur during the running of the service since 2018. There was no registered manager in place at the time of our inspection.
- We discussed this with the provider, and they accepted that their support for people using the service included personal care. They understood which changes and events they needed to notify to us. After the inspection the provider started to send us the missing notifications we had identified.

Continuous learning and improving care

- The provider had a system of checks and audits to identify areas for improvement, and a service improvement plan (SIP) to track progress. The SIP was updated monthly.
- The provider had updated the SIP in June 2021 with a note that some staff required up to date training in the use of restraint. CQC expects providers to use accredited training suppliers to deliver this training. At the time of our inspection the training supplier had not achieved accreditation but was described as "working towards" accreditation.

We recommend the provider review restraint training in the light of our expectation that only accredited suppliers be used.

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

- There was a person-centred approach to care, which was based on the provider's values and vision. The

management team worked to communicate these values to staff, including by their personal example. People's families appreciated the service their relatives received and shared with us examples of good outcomes. These included reductions in aggressive behaviours, and reductions in the need for individual supervision and support from one or more dedicated staff.

- Staff were motivated, and they told us they felt valued and supported to deliver good quality care which met people's needs. The provider had supported staff to keep themselves and people using the service safe during the COVID-19 pandemic. Staff told us there was a fair and open culture, and that the service delivery manager had made improvements since joining the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had open and honest communication with people's families.

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

- The provider engaged regularly with people who used the service and their family contacts. As well as frequent informal contact there were weekly welfare checks with people, and monthly catch-up calls with their families. People's relatives were satisfied the service kept them informed about people's care and support.

- Staff told us they had opportunities to engage with managers about people's care and support. One staff member describe management as "very hands-on". There were staff team meetings where people's care and support, and any changes, were discussed.

Working in partnership with others

- The provider worked together with other agencies to make sure people experienced good support that met their needs. They had worked with other agencies and professionals to review people's care and support. These included social services care managers and clinical psychology professionals.