

Managed Care Ltd

# Managed Care Limited

## Inspection report

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Date of inspection visit:  
04 March 2019  
07 March 2019

Date of publication:  
04 April 2019

### 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: Managed Care Limited is a domiciliary care agency providing personal to people in their own homes. At the time of the inspection eight people were being supported by the service.

People's experience of using this service: People and relatives praised the service they received from Managed Care Limited and said they were treated with kindness, compassion and respect. One person told us, "They are kindness itself." A relative commented, "They [staff] are really quite special."

We received positive feedback on how staff went over and beyond what they were expected to in order to provide a truly person-centred service.

People told us they felt safe and supported by staff who visited them. Staff knew how to recognise and report abuse and were confident any concerns raised would be responded to by the provider. Risk assessments were in place to ensure people's safety. Recruitment procedures were in place to ensure the service employed suitable staff.

Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "They are pretty good with timings, they really are." People were supported to continue living at home in a way that enabled them to be as independent as possible.

Risks to people were assessed and staff had a good understanding of how to mitigate any risks. People's medicines were administered by staff who had received training and competency checks to ensure they were competent to carry out the task. One person's medicine had not been consistently administered in line with the prescribers instructions and dated when it was opened. We discussed this with the provider who told us they would address this.

Staff were trained and supported to be effective carers in a collaborative team. Staff supervision was not always recorded formally. The provider told us they would record this in the future.

Where needed, staff were quick to support people to have access to health care professionals such as GPs, district nurses and emergency services if required.

Care plans were created with people and relatives to ensure they were person centred and tailored to peoples' needs and routines. Some of the care plans required additional information to enable an unfamiliar staff member to support them. Staff working for the service knew people, their needs and preferences very well.

People and relatives told us the service was responsive to their needs. One person told us, "I can't rate them highly enough. All along they have been pushing me forwards and seeing things in advance, they are very positive."

People, their relatives and staff were complimentary of the provider and their management of the service. The provider worked closely with people, relatives and staff and continually monitored the service.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection: Good (report published October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that the quality of service good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Managed Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one adult social care inspector.

Service and service type: Managed Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Some of these people have a learning disability and others are older people. At the time of our inspection they were providing personal care to eight people.

The provider was also the day to day manager of the service and they were registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 4 March 2019 and ended on 7 March 2019. We visited the office location on 4 and 7 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: We visited four people in their homes on the first day of the inspection and spoke with four staff. We spoke on the telephone to two relatives and one further staff member. We spoke to the provider and reviewed records relating to the running of the service. These included three care plans, medicines records, staffing rotas, training records, three staff files and records relating to the monitoring of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of abuse. Although there had not been any safeguarding incidents, the provider was aware of their responsibility to report these to the local authority and the Care Quality Commission (CQC).
- People were protected from the risk of abuse because staff knew how to recognise and report any concerns. One staff member said, "We have safeguarding training every year, any concerns we would report them to [name of provider], they would be on it no questions asked. I am aware we can report to the local authority, police and the CQC. [Name of provider] promotes the whistle blowing policy."
- People told us they felt safe using the service. One person said, "Staff make me feel safe."

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person using the service. Areas covered included, the environment, moving and handling and the risk of falls. Some of the risk assessments required additional information relating to how the risks were managed. When we spoke with staff they were fully aware of the risk management plans. The provider was in the process of updating the risk assessments and care plans.
- The provider had a strategy in place for unexpected emergencies, such as extreme weather conditions. People told us during a period of snow staff managed to carry out their calls and the provider also visited people.

Staffing and recruitment

- The service had a small consistent team of carers. This ensured people received consistent care. People knew the staff that were supporting them with each call. One person said, "I know who is coming, and they let me know if it changes." A relative told us, "I am totally happy with the service, very reliable and we have never been let down, [name of relative] knows who is coming for the next week."
- All staff spoken with said the rotas were planned. Staff confirmed they were never rushed if someone needed additional support they would call the provider who would arrange for their calls to be covered.
- Recruitment procedures were in place to ensure the service employed suitable staff. These included seeking references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- The provider told us they had difficulties with obtaining references from some care companies. Records confirmed this. Where there had been issues with receiving an employment reference for one staff member, this was recorded on their file. However, the provider had not sought an employment reference from another previous care employer. They requested this during the inspection. The provider confirmed there had been additional monitoring in place for the staff member during their induction and there were no concerns with their performance.

### Using medicines safely

- Staff were required to assist some people with their medicines. Staff had recently received training and undergone an assessment of their competency to administer medicines.
- Staff recorded when medicines had been administered. We found one instance where a person was prescribed eye drops twice a day, staff had been administering these only once a day for a short period of time. We discussed this with the provider who told us they would put additional measures in place to ensure these medicines were administered as prescribed. Additionally, staff had not recorded on the eye drops the date they were opened. Staff confirmed the eye drops were replaced each month, which meant they were disposed of within the recommended expiry date. The provider told us they would remind staff to record the date of opening on the eye drops.
- People were happy with how staff supported them with their medicines. One person said, "[Name of staff] is very good at making sure I get the right medicines and they explain to me what I am taking and what it is for."

### Preventing and controlling infection

- People were protected from the risk of infection. Staff were knowledgeable of how to prevent the risk of infection. One staff member told us, "We have access to PPE (personal protective equipment), [name of provider] makes sure that's provided. We also have infection control training. We observe each other for good infection control practice, and can raise any concerns with each other if needed." We observed staff had access to and wore appropriate (PPE).

### Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, when a person had fallen over, this had been recorded and followed up with appropriate health professional and family input to prevent any future falls.

# 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

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

- Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. Every person had received a pre- admission assessment which had covered their care needs and support required.
- Pre-assessments formed the basis of people's care plans which were kept up to date to make sure they were reflective of people's current needs and preferences

Staff support: induction, training, skills and experience

- People received effective care because staff were trained to carry out their role. One person told us, "[Name if staff member] is very experienced and has the right skills. [Name of provider] is very keen on staff having the right training; the staff go off regularly."
- Staff had received training in areas such as moving and handling, medicines, mental capacity, safeguarding, food hygiene, first aid, equality and diversity and end of life care. Staff were being supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Staff told us they were well supported by the provider and had regular supervisions, appraisals and team meetings. One staff member said, "We have monthly supervisions. [Name of provider] will challenge us if she doesn't think something is right, not in a horrible way, she explains it to us. She makes sure we are following rules and regulations."
- Whilst annual appraisals had been held with staff and records of the meetings were completed, the supervisions however had not been recorded. We discussed this with the provider who told us they had ongoing verbal supervision with staff, they told us they would record this formally.
- The provider worked alongside staff, spoke to people and observed staff to ensure safe and effective care was being provided. Staff confirmed this. These observations were not formally recorded by the provider and they agreed they would also keep records of this.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Staff supported some people with the preparation and assisting of meals. One person told us how staff supported them with their independence by making a flask of tea and leaving it with them, to enable them to pour their own drinks between staff visits. They commented, "Staff make my flasks of tea throughout the day and they know I like my hot chocolate at night."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support



- People were proactively supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "[Name of staff member] liaises with the physiotherapist if needed and the staff contact the GP."
- People received care that was consistent from staff and collaborated with other healthcare professionals. The service worked alongside district nurses, hospices, GPs, occupational therapists and hospitals where required.
- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home.

#### 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. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care was assessed and people confirmed staff asked for their consent before supporting them. One person told us, "They ask for my consent and explain what they are doing."
- Staff were knowledgeable of the MCA. Staff described how they had been involved in assessing a person's capacity relating to them returning home following a hospital admission. One staff member said, "[Name of person] had the capacity to make the decision, we knew that because we knew them and how to communicate with them. It was a good piece of team work."
- We found one instance where a MCA assessment and best interest decision was not completed for a person with regards to their meal presentation. The provider explained the family and district nurses had been involved in the decision. They told us they would record the MCA and best interest decision in the persons care file.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 confirmed they were treated with kindness, respect and compassion by staff. One person told us, "They are kindness itself. The staff are very positive, as soon as I see their faces I feel positive." Another person commented, "Every one of them is great, they are the best." One relative told us, "They have become part of the family."
- There was a strong person-centred culture. Staff were motivated and passionate about providing individualised support. One staff member told us, "We know people well and what they like, one person likes to have their clothes warmed on the radiator before they put them on. We know that's what she wants." Another commented, "I wouldn't work anywhere else. We are never rushed, we are definitely person centred. This is not just a job, it's a commitment when you work in care."
- Staff described how they treated all people as individuals and respected their wishes. One staff member told us, "We treat people as individuals and care for the person."
- People and relatives described how staff went over and above their role to support them. One relative told us, "During the snow they walked over a mile to ensure we had our visit, the staff arrived on time, they really are quite special." Another commented, "The staff are carers in every sense of the word, they go over and above and think of the bigger picture. I don't know what we would do without them now. They are not just helping [name of relative] they are a great comfort to us too. We are really pleased."

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

- People were supported to express their views and were involved in decisions about their care. One person told us, "[Name of provider] pops in at least once a month and goes through everything with us. We talk about my care all the time, it's ongoing. They asked me which staff I would like to support me and I've had them ever since, it's lovely." A relative told us, "They give [name of relative] choice's and respect their decision."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They worry about you as a person, and what can be done to make things better for you. They are concerned for your wellbeing and are extremely discreet."
- One person described how the provider and staff had supported them with rearranging their home and obtaining equipment to enable their independence. They told us, "They are a wonderful service, they have supported me with my mobility. [Name of provider] signposted me to the bed and chair, this chair is amazing, it helps me to get up." A relative commented, "They respect [names] independence, they are very good at that, they encourage her and treat her well."
- The provider worked alongside people, relatives and health professionals to adapt people's home

environment to enable people to remain independent and living in their home.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. One person told us how the service had responded to their changing needs. They told us, "They have been fantastic, all along they have seen what is required in advance and pushed me to the next step. I can't rate them highly enough." A relative commented, "They are responsive to [names] needs, they have recently increased visits because things have changed. They have adjusted what is needed and met his needs completely."
- People had care plans that were personalised and detailed the daily support each person required. Care plans covered areas such as medical conditions, mobility, nutrition and communication needs. Some areas of the care plans required additional information. For example, we observed staff supported someone with a flask of their chosen hot drink at each visit to enable the person to pour themselves a hot drink independently. This specific detail was not included in the care plan. Staff however knew people very well and were able to explain the support people needed and what was important to each person.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans.

Improving care quality in response to complaints or concerns

- People felt able to raise a concerns or complaint with staff and the provider and they confirmed these were responded to. One person told us, "If I do not like what is being done I let them know and it is not repeated." Another commented, "Any doubts or problems [name of provider] is at the end of the phone." A third person commented, "If I was unhappy I could speak to any of them." A relative told us, "I raised a concern regarding the time of the morning visit, an earlier visit was needed. They responded straight away and it's in place now, it has reduced the risk of them falling."
- The provider had a complaints procedure in place and there had been no complaints in the past year.

End of life care and support

- The service supported people with end of life care. Staff described how they supported people at this time with dignity and compassion. One staff member told us, "We want people to have as calm and peaceful passing as possible, and support people to have a dignified death how they want. We work closely with families and the hospice."
- We saw a comment from a person's relative who had received end of life care by the service. The comment said, "Thank you and all your staff for your kind and gentle nursing."

# 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

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; and how the provider understands and acts on their duty of candour responsibility

- People were supported by a well-managed service which promoted person centred care. Staff worked as a team, were happy in their work and were supported by a fair and approachable provider.
- An open, transparent and inclusive approach was encouraged and promoted by the provider which enabled staff to discuss any concerns they had with them. One staff member told us, "[Name of provider] listens to our opinion and concerns, I can honestly say I have the upmost respect for her, she is fair and honest. I can approach her, she cares about us as well, you can go to her and talk to her she will help if she can." A second staff member said, "[Name of provider] is very good, she is approachable, any concerns I would message her, she will always reply. She makes sure we are safe, it's nice to know she is there at the end of the phone."
- The provider was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies.

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

- The provider was also the registered manager and responsible for the day to day running of the service. The provider was supported by a small team of staff who had clear lines of responsibility and accountability.
- The provider had good oversight of the service and worked closely with people, their relatives and staff. They were in the process of implementing a new quality monitoring system, this involved a delegated staff member reviewing areas such as, care plans and records and creating a report of their findings.
- The provider worked closely and alongside staff monitoring their performance and offering feedback. One staff member told us, "[Name of provider] does observations, you never know when they will turn up."
- People and their relatives knew the provider and felt able to approach them with any concerns.

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

- The provider had systems in place for people and their relatives to give feedback on the service via a satisfaction survey. The most recent feedback results showed that people were happy with the service they were receiving. Comments included, "We get brilliant care from you" and "Managed care is a most wonderful and helpful organisation."
- People and relatives told us they had regular visits from the provider who discussed ongoing satisfaction with the service they received.
- Staff confirmed they had monthly meetings where they could discuss any concerns and received any

updated information. They told us they felt listened to by the provider. One staff member told us, "We have monthly staff meetings where we have free speech and [name of provider] listens."

- Staff told us communication in the service was good and they confirmed the provider contacted them regularly to update them on any immediate changes where required.

Continuous learning and improving care; working in partnership with others

- Staff told us the team had a culture of learning from incidents to improve the care people received. One staff member said, "We review any incidents in meetings and learn from them as a team."
- The provider kept themselves up to date with any changes in guidance or the law. They demonstrated how they cascaded this information to staff through team meetings and also sent relevant guidance to people and their relatives.
- The provider worked in partnership with other organisations such as local hospices, district nurses, pharmacies and physiotherapists.