

Magnaset Limited

Magnaset Limited t/a Care Choice

Inspection report

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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

Magnaset Limited t/a Care Choice is a domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection 27 people received a service; many of whom were people with a learning disability.

Not everyone who used the service received personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safely supported by staff who had been trained in safeguarding and were aware of how to report any concerns. Medicines were managed safely with clear guidance recorded in people's plans for staff to follow. Risks were assessed and where needed staff had worked with professionals to put in place safe systems of work. There were sufficient numbers of staff to support people, most people had a core group of staff. There were times when care had not been able to be provided. However, the registered manager told us they "always tried their best" to find the right staff with the right skills.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by a staff team who enjoyed their jobs and felt valued. Training was provided to make sure staff had the skills needed to support individuals. People and relatives were all complimentary about the staff employed. Relatives described staff as being "lifelines", "amazing" and "always professional". Staff were caring and knew people well.

People had care plans which were reviewed regularly. A copy was available in their homes, so they could look at them whenever they wished. If people's packages of care allowed social support was provided. This enabled people to engage in a wide range of activity and work opportunities. The provider organised a day

service one day per week for people to go and meet friends. Staff also supported some people to go on an annual holiday.

People, relatives and staff all told us the service was well-led. The registered manager was approachable, open and well respected. Feedback was encouraged and used to improve the service. Quality monitoring systems were in place which helped to identify any shortfalls and address them.

We have made a recommendation about quality monitoring systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (report published 16 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

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 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.

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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, flats and specialist housing.

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 August 2019 and ended on 20 August 2019. We visited the office location on 8 and 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four members of staff. We also spoke with the registered manager who is the provider. We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment, and a variety of records relating to the management of the service.

After the inspection

We contacted five relatives by telephone for their views about the service. We also had feedback by email from three relatives. We contacted seven healthcare professionals for their feedback about the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient numbers of staff employed to make sure people received the support they needed. Two relatives told us they had concerns at times when their regular workers were not available. They told us about incidents where visits had to be cancelled or other arrangements made. Whilst this was not a regular occurrence it had caused some anxiety. We spoke to the registered manager about this who told us, "We will always try our best to find the right staff to carry out visits." They told us there were some visits that required staff with specialist skills. They did not deem it safe to send staff without those skills to visit people. The registered manager told us they were recruiting more staff to enable them to respond to the demand for their service.
- Staff had been recruited safely. The required pre-employment checks had been carried out. This included a disclosure and barring service check (DBS). A DBS check helps employers make safer recruiting decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One relative told us, "I feel confident that my [relative]'s safety is a priority and have confidence in the whole team." Another relative said, "I feel safe knowing the staff are with my [relative], I know [relative] is safe."
- People were kept safe by a registered manager and staff team who understood their responsibilities to safeguard people from abuse. Staff had been trained in safeguarding and knew how to report any concerns.
- Where any concerns had been raised the service had reported them to the local authority in line with local reporting protocols. Systems were in place to reduce any risk of abuse. For example, where people were being supported with their finances, staff carried out regular checks to monitor all transactions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed and plans in place to make sure staff had guidance to follow. Where risks were complex the service had worked with healthcare professionals to plan people's support. Records were detailed and had pictures where appropriate to help staff recognise safe systems of work.
- Accidents and incidents were recorded with action taken by the service to keep people safe. Records demonstrated where learning was shared with staff.

Using medicines safely

- People were supported to take their medicines as prescribed. People had medicines administration records (MAR) that recorded what medicines they had and when to take them. There were no gaps in record keeping that we saw.
- People's medicines were reviewed by the prescriber regularly. Information was shared with the staff, so records could be updated accordingly.

Preventing and controlling infection

- Staff received training on infection prevention and control and were given supplies of personal protective equipment.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 had been fully assessed before a package of care was offered. Assessments were ongoing and carried out by both the service and the funding authorities. Copies of assessments were available in people's care plans.
- Where appropriate national recognised tools were used to assess needs. For example, the service used the Abbey pain tool for one person to assess pain. This tool enables staff to assess pain for a person with dementia who is not able to verbally communicate pain.

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

- People had support to eat and drink where needed. Some people liked to go out for meals which staff helped them to do. Where appropriate staff supported people to go shopping and buy their own food.
- People's needs in relation to eating or drinking was recorded in care plans so staff had good guidance on what support to give. For example, we saw one person had detailed guidance on how to assist them for all meals and drinks. This included the type of food they liked to eat and how they needed to be positioned to eat.

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

- People were supported by core teams. This meant there was a small group of staff who communicated with each other to share information about people's needs. One member of staff told us, "We are always updated by the management, you don't ever get to a client and not know what has changed."
- People were able to see healthcare professionals when needed. There were detailed records in people's care plans from other agencies such as social workers, consultants and occupational therapists. The registered manager told us staff had received training from healthcare professionals to use equipment or to provide specialist support.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadowing more experienced members of staff and being observed in the workplace. Once an induction had been completed staff received training appropriate to their role. A member of staff told us, "We do different training to meet people's needs, management give us the training we need to meet specialist needs. We also do mandatory training."
- Supervision was provided to enable staff to have feedback about their performance and discuss any training needs or concerns. One member of staff said, "I find supervision useful, it is good to reflect on good things or development needs. It is good to get feedback on how I am doing." All the staff had an annual

appraisal with a member of the management team.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. The management team understood their responsibilities under the Act and knew to contact the local authority where they had concerns about people's capacity. Staff understood the principles of the Act and made sure they were working in people's best interest.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 and relatives, we spoke with were very happy with the staff who visited them. Comments included, "[Person] considers the support team to be friends and every member of staff takes the utmost care to meet [person]'s needs whilst at the same time encouraging independence", "We have a keyworker who is brilliant" and "Staff show good initiative, compassion and dedication to [person]." The service had received many compliments from people, relatives and professionals giving thanks and praise to the care provided and the staff approach.
- People were supported by a staff team that enjoyed their jobs and talked about people with respect and understanding of their needs. Comments included, "We care about people, we try to give everyone a choice, even though people have a disability they have a voice. We support people to their maximum" and "I love working with the clients and I like the variety with the activities we do."
- Staff received training on equality and diversity and understood the importance of respecting people's individual needs. All the staff we spoke with told us they aimed to provide person-centred care that enabled people to achieve goals.
- The registered manager and senior staff told us they tried to match people with a support worker to make sure the relationship worked. A senior member of staff told us, "We match people according to personalities, we match to the needs and abilities of the clients. We look at what activities people like to do with what staff like to do." One relative said, "Care Choice are very good at matching care workers to people and the families. I have been working with them for 10 years, they are consistently good at that."

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

- People were supported to be involved in their care where possible and appropriate. Some people were not able to verbally inform staff of their views. We saw care plans contained details on what to observe to indicate people were happy or unhappy.
- Staff we spoke with told us how they supported people to make choices and made sure people were happy with their choices.
- People were sent a rota every week, so they could see who would be supporting them and when. They were informed of any changes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in all aspects of care delivery. Personal information was kept secure and we observed staff in the office make sure doors were closed when discussing individuals. Relatives told us people were treated with respect and dignity was promoted.

- Staff told us they continually aimed to promote people's independence and encourage them to do as much for themselves as they could. The registered manager told us they were supporting some people to live independently in their own homes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with a personalised package of care that aimed to meet their needs. Care plans were in place which recorded how staff were to provide care and support. These were reviewed when needed with people being involved where possible. One relative told us, "The agency is great at updating care plans and providing a folder that staff use for diary sheets which contains all the relevant information for [person]." One professional told us, "If there are any concerns or if an individual's needs have changed staff will promptly act on this and contact the relevant professional for a review."
- Where people needed additional monitoring, this was recorded by staff and reviewed by the registered manager. For example, some people needed their food and fluids monitored, or their re-positioning recorded. The registered manager told us this additional monitoring was shared with healthcare professionals where needed to provide updates on specific needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plans. Where people needed easy read information or pictorial information this was provided.
- We observed one person communicating with a member of staff by writing on a piece of paper. It was clear the member of staff knew the person and communicated well with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a variety of interests and activities that were appropriate for them according to needs and their wishes. Some people had a weekly plan of what they liked to do which included a variety of activities such as swimming, horse-riding and arts and crafts.
- People were being supported to maintain a job or work as a volunteer. One person was supported to work on a farm twice per week.
- The provider hired a local hall one day per week, so staff could provide a day service for people if they wanted to go. The registered manager told us this gave people an opportunity to maintain relationships with friends in a safe environment.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and available in an easy read format for people if they wished. Relatives we spoke with knew how to complain if they needed to. One relative told us, "I feel I have a very good relationship with the service, I have no complaints, but I know who to go to if there are any issues."
- Since the last inspection some complaints had been received. The registered manager had recorded investigations and any responses.

End of life care and support

- The service was not providing palliative care, but we could see information recorded in people's care plans about some decisions that had been made. Staff had received end of life care training to give them the skills and knowledge needed in case end of life support was required.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt very supported by the whole management team, which included the registered manager. One member of staff told us, "I feel able to approach everyone in the office, day to day if I am not sure about a client I can ring up the office. I always get the right advice at the right time for that client." Another member of staff said, "I enjoy what I do, I feel I am listened to by the management."
- People were supported by a staff team that enjoyed their jobs and worked together as a team. Comments included, "Staff all get on well, we all know each other", "I feel I can make a difference to people" and "I really enjoy working for the company, very friendly office, very approachable, any problems I would ring, they always try and help me."
- The registered manager was passionate about the service they provided. They spoke with us about their values of enabling and providing a person-centred, inclusive service. The service took people on holiday and showed us pictures of where they had been. Staff had supported people to go on holiday to the seaside and abroad to America. The registered manager told us they were planning another holiday this year and what this meant for people who might not be able to get away.
- Relatives we spoke with told us the service was well-led. Comments included, "The leadership team is strong and always on hand to answer any queries or concerns" and "I have always found the service to be professional and in my opinion, it is well run." One relative told us, "[Registered manager] is excellent, she is a hard act to follow, she is genuine and compassionate."

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 registered manager worked with people in the service providing care and support regularly alongside staff. They were open to listening to people, relatives and staff which was appreciated by all. Staff and relatives, we spoke with all told us they would not hesitate to approach the registered manager if they needed to. Where appropriate referrals to other organisations had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were very experienced and knowledgeable about how best to support people. Staff told us that all the management team were approachable and available to them to talk to if they needed guidance. There was a clear staff structure in place with a team of senior staff available to support staff day to day.

- Systems were in place to monitor and improve the quality of the service. Audits and checks were carried out to make sure records were being completed correctly. Medicines administration records were checked when they were returned to the office. Any actions were recorded and cascaded to the appropriate staff to complete.
- Staff were observed when supporting people by senior staff. Observations could be unannounced and were all recorded. Any development needs for staff were discussed in their supervisions.
- Whilst there were systems in place to monitor quality they were basic and were not used to produce an overview of how the service performed. The registered manager did not have a service development plan to provide an overview of any areas requiring development. We discussed this with the registered manager who recognised it was an area for development.

We recommend the service seek advice and guidance on how to develop a service improvement plan to give the provider an overview of service performance in all areas.

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

- The provider had sought feedback from people who used the service using surveys. A summary report had been produced which demonstrated that overall people were happy with the service. Whilst senior staff observed staff practice there was also time to talk to people and get their feedback. This information was recorded on observation sheets and shared with staff at meetings or during supervision.
- Staff were able to attend meetings to share information and voice their ideas or concerns. Minutes were kept and available to review by staff who had not been able to attend. The registered manager regularly emailed staff with changes to policy or updates. Staff told us communication was very good. One member of staff said, "They [management] are good with regular emails, send us regular information and updates on policies."

Working in partnership with others

- The provider worked closely with a range of professionals to make sure people's needs were met. One professional told us, "Our team works closely with the service, and we care manage several patients who have care packages provided by them. Overall, I find the provider very approachable and positive in the care they provide."