

Monarch Care Services UK Ltd

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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: Monarch Care Services UK Ltd is registered to provide personal care services to people in their own homes. On the day of the inspection, 100 people were receiving support. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

Not everyone using [Monarch Care Services] receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

- Improvements had been made following our previous inspection on 27 October and 02 November 2017 to address the areas we identified as requiring improvement.
- People were supported by staff to stay safe and who understood the need to ensure they consented to the care they received. People told us that they received care from regular staff who arrived on time and stayed for the agreed length of time. The provider ensured consistency in staff support so people and staff were able to build positive relationships.
- People were well cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence. People received care and support based on their individual assessment, needs and preferences.
- Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.
- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.
- The provider had introduced new electronic quality assurance systems which had improved the monitoring of care people received.
- Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. People were aware of how to make a complaint should they need to.
- People spoke highly of the overall service and the management team positively encouraged feedback.

Rating at last inspection: At our last inspection on 27 October/ 02 November 2017 we rated as Requires Improvement with one Breach of regulation 17 Good Governance.

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

Follow up: We will continue to monitor the service through the information we receive 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

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.

Monarch Care Services UK 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. 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: consisted of two inspectors.

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

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 and took place on 5 March 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

Inspection site visit activity started on and ended on 5 March 2019. We visited the office location on 5 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also

reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with 15 people using the service and eight relatives to ask about their experience of care. We spoke with the registered manager who is also the provider. We also spoke with the provider, the registered manager and four care staff.

We looked at the care records for five people, five staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

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

At our last inspection which was undertaken on 27 October and 02 November 2017 we rated this key question in Safe as Requires Improvement. This was because staff were not given sufficient travel time between calls to ensure they supported people on time and the provider's recruitment procedure was not being adhered to consistently. Additionally, the provider did not ensure care staff had sufficient guidance to administer medicines as and when required. At this inspection we found the provider had made the required improvements so have changed the rating to Good.

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

Systems and processes to safeguard people from the risk of abuse

- Staff recognised the types of abuse people could be at risk from. Staff told us they had received safeguarding training and were able to tell us what action they would take if they suspected someone was a risk of abuse. Staff confirmed the provider had a whistle-blowing policy in place.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them daily. For example, we heard that staff were kept up-to-date via their mobile telephones if anything changed in people's circumstances and /or risks changed. When people returned home after coming out of hospital.
- Staff worked with the same people and were familiar with their needs and support.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency of staff for people. One person said this had improved since the last inspection which they appreciated having familiar staff was very important to them. Since our last inspection staff calls had been adjusted to reduce staff travelling time.
- People said they felt safe because staff arrived on time and stayed for the right length of time.
- When new staff started work, they shadowed more experienced staff to learn about people's needs.
- We checked the recruitment records of five staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Using medicines safely

- People who received help with their medicines told us they received their medicines on time and as prescribed.

- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice ensuring they were competent. Staff were given instructions for when people should receive their as and when medicines, such as pain relief.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff had received infection control training and had access to protective personal equipment such as gloves and aprons. One staff told us, "There are plenty of gloves aprons and antibacterial wash, available to us, we can just call into the office and collect what we need."
- Everyone told us staff practiced good infection control measures.

Learning lessons when things go wrong

- Since the last inspection there had been no incidents where something had gone wrong.

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 our last inspection undertaken on 27 October and 02 November 2017 we rated this key question in Effective as Requires Improvement. This was because staff felt they were not receiving supervisions and training on a consistent basis. Staff had not received Mental Capacity Act 2005 training. At this inspection we found the improvements required had been made so have changed the rating to Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.

- People told us they were asked for their consent before care staff supported them.
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that care staff listened to and respected. For example, one staff member told us "I always ask and won't do anything if person constantly refuses, I will try and offer them the support if a different way, but if the answer is still no, then I'll offer that support at the next visit instead"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support.
- Care was planned and delivered in line with people's individual assessments and choices, which were reviewed regularly or when needs changed. This was confirmed by the people we spoke with.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. One staff member told us, "We are asked at our supervisions if we have identified any training needs."
- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the management team regularly.

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

- People's dietary needs and preferences were included in their care plans.
- Where assessed people were supported by staff to maintain good nutrition and hydration.
- Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
- Staff were able to describe how they supported people with their health needs for example liaising with district nurse and doctors. One staff told us how they had responded to a person with significant pain when they arrived at their home, by calling the emergency services to attend to them.

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 our last inspection undertaken on 27 October and 02 November 2017 we rated this key question in Caring as Requires Improvement. This was because the provider did not ensure the service was managed in a way to show it was caring. The provider did not ensure an advocacy service was available to support people to share their views where needed. At this inspection we found the improvements required had been made so we have changed the rating to Good.

Good: 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

- All people we spoke with said they were treated with kindness. People gave very positive feedback about the caring and respectful approach of staff. For example, one person described staff as, "They [staff] seem really caring." Another person said, "[Staff name] is like a friend, I trust them and feel safe. A relative commented, "All the staff are very, very pleasant, we would recommend them to our family and friends"

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

- People were encouraged to express their views about the support they required. One person described "We set some targets for me to work towards and worked on me getting better at looking after myself after I came out of hospital." Another person told us, "She, [staff member] always tells me what she is writing in the folder as my sight isn't very good"

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with said staff treated them with dignity and respect. One person described how staff "Helps me when my iPad stops working, they understand these technology things"
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

At our last inspection undertaken on 27 October and 02 November 2017 we rated this key question in Responsive as Requires Improvement. This was because while the provider had a complaints process not all people and relatives were given a copy. Additionally, people's equality and diverse needs were not all being captured as part of the assessment process. At this inspection we found the improvements required had been made so have changed the rating to Good.

Good: 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 told us they got support in the way they preferred.
- People said as they had regular staff, they had built good relationships and knew their likes, dislikes and preferences.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- Staff told us a good level of information was now available on the providers new electronic system, which could be updated with any changes and then staff advised. A staff member told us, "We receive notice of any changes on our mobile telephones, so we are really up-to date, with people's needs."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this The provider sent out customer satisfaction surveys to people using the service.

All the responses received were positive.

- People told us they knew how they would complain about the care if they needed to. One person told us, "I've had Monarch for a long time now and they are really good, no complaints, but if I did, I know I could just call the office"
- We saw only one complaint had been received over the last twelve months and this had been dealt with in line with the provider's complaints policy and brought to a satisfactory conclusion.

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 our last inspection undertaken on 27 October and 02 November 2017 we rated this key question in Well-Led as Requires Improvement. This was because the registered manager had not taken sufficient action since the last inspection to ensure people knew who they were and people did not feel the service was always well led. Although people were able to share their views using a provider questionnaire the provider did not take action to ensure their staff team were able to share their views. Additionally, the registered manager and provider completed spot checks, but they were not effective in identifying areas for improvement or concern. This led to a Breach of Regulation 17 HSCA RA Regulations 2014 Good governance

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-run and there was a clear staffing structure.
- The provider was also the registered manager who led on management systems and office management and worked alongside a care compliance officer, and team leaders, who worked hands on, alongside staff where required.
- People spoke highly of the service. One person said, "Things have got better over the last year, [registered manager's name] works really hard"
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- All staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the management team and staff.
- The registered manager told us she regularly called people to check they were satisfied with the care and support they received. One person told us, "She [registered manager] calls me if there are problems and we sort it out"
- All staff felt respected, valued and supported and that they were fairly treated.

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

- The management team positively encouraged feedback and inclusion and were keen to adapt their service for the needs of the local community. For example, helping people with re-enablement when they returned home following a hospital stay. A survey had been sent to people using the service requesting feedback. We saw all of the people had replied gave positive feedback.

Continuous learning and improving care

- The registered manager told us about the improvements they had made in their quality assurances systems since our last inspection. The introduction of a new electronic monitoring system allowed them to see where staff were and if they had arrived and left each person's home on time. If for any reason staff were delayed alternative arrangements could then be made to notify customers, they were running a late or alternative staff could be sent.
- The management team observed staff practice through spot checks to ensure the care delivered was of the required standard and we saw action was taken where improvements were required.

Working in partnership with others

- The provider worked in partnership and collaboration with other key organisations to support care provision. The provider also looked to develop community links. This included the provider and registered manager attended a community forum with other providers and local authority.

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

- The registered manager understood their responsibilities under duty of candour. They said where necessary they would work with external agencies to investigate any concerns raised.
- The registered manager was aware of their duties under the new general data protection regulations. We found peoples information was kept secure and confidentiality was maintained.
- The latest CQC inspection report rating was on display at the office and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.