

Multi-Care Reading Community Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Multi-Care Community Services Reading Ltd is a domiciliary care agency providing personal care to people. The service provides support to older people, younger adults, people with dementia, a physical disability, learning disability and autistic people. At the time of our inspection there were 129 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People's care plans did not identify and mitigate risks to people. Medicines were not always managed safely. The service supported people to have control and independence over their own lives. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate.

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 (published 28 June 2018)

Why we inspected

We received concerns in relation to the documentation and information held within people's care plans and risk assessments, and the management of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Multi-Care Community Services Reading Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines management, risk assessments and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Multi-Care Community Services Reading Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we held about the provider including notifications sent to us and information received from the public. We sought feedback from the local authorities who work with the service. We looked at online reviews of the service and the providers website. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four staff including the registered manager, a receptionist, an assessor and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to 9 people who use the service and 5 relatives. We reviewed a range of records including 5 peoples care plans and medicine administration records. We looked at 4 staff files in relation to recruitment and specific training. A variety of records relating to the management of the service, quality assurance, maintenance and incidents and accidents, including policies and procedures were also reviewed.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk assessments did not contain clear and detailed guidance for staff to protect people from the risk of harm. For example, a risk assessment of a person identified to be at risk of falling contained no guidance about how to prevent the person from falling. Their mobility assessment stated, "[Person] needs assisting in transferring and mobilising with return help of two carers." The risk assessment stated they were not at risk of falls.
- Another person's falls risk assessment stated, "out of balance that can lead to fall and further injury." There was no further documentation to advise what equipment to use, or any other information in order to mitigate the risk of falls.
- Comprehensive care plans and risk assessments were not available for all people. Whilst people had initial assessments in place, comprehensive care plans were being created and uploaded onto the services online system however these were not in place at the time of the inspection. This put people at risk of not receiving appropriate and safe care in order to ensure their needs are met as staff may not be aware of how to meet each person's needs effectively.

The registered person had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider reviewed and implemented more robust care plans and risk assessments in order to mitigate the risks to people.

Using medicines safely

- Individual protocols for the use of 'when required' (PRN) medicines were not available. This was a finding of the previous inspection. Providing PRN protocols is good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects, and reduces the risk of misuse. Not having protocols may put people using the service at risk.
- The provider had a policy, last reviewed December 2022, titled "When Required Medication", which stated, "Where a service user is prescribed "when required" medication, a specific plan for administering this must be documented in the medicine care records." Evidence from this inspection indicated that the providers policy was not being implemented.
- Handwritten additions to people's medicine administration records (MAR) were seen when the service had not yet received print out versions from the pharmacy. In four cases, the transcriptions did not specify the

dose of medicine required. Failing to state the required dose on a medicine administration record could put the person using the service at risk of receiving the wrong dose.

- In five cases, the signature of the person transcribing had not been added. Where a staff member had added their signature, the transcription had not always been witnessed and signed by a second member of staff. These findings were brought to the attention of the team leader and resources manager, who took immediate action to ensure that dosages and signatures were added.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicine safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider introduced PRN protocols where required.
- Staff who had undertaken medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management training.
- A review of spot check audits indicated that staff medication practice was being reviewed. When asked if staff had an annual review of their knowledge, skills and competencies relating to medicine management (as recommended by NICE) the registered manager stated that staff competency was reviewed during spot checks, and training update every three years.
- A person using the service confirmed that they always received their medicines on time and had not missed any doses.

Systems and processes to safeguard people from the risk of abuse

- All staff had received training in safeguarding adults and were able to explain the process they would take to raise a safeguarding concern.
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.
- Where safeguarding incidents had been identified, the registered manager had investigated the incident and documented actions taken.

Staffing and recruitment

- The provider used safe recruitment procedures when employing new staff. This included evidence of conduct from previous roles within health and social care, any required qualifications and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they felt there were enough staff to meet their needs. However, there had been times where staff were more than 30 minutes late to the agreed time. One person told us, "I've had occasional missed calls...The office were very apologetic and immediately got in touch with the carer due. I was offered a call at 10.30pm but I felt that was too late and decided to refuse".
- Other people told us they had not had any issues with timings of calls.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.
- All staff had received infection control training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- There was evidence that the management team investigated incidents and accidents appropriately.
- However, the management team had not analysed themes and trends in the accident and incident reports, and ensured measures were in place to reduce the likelihood of repeat events.

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 we rated this key question good. At this inspection the rating has changed to 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

- At this inspection, we found the provider was in breach of 2 regulations.
- Regular audits had taken place; however, the audits were not always robust and failed to identify some of the concerns we found during our inspection. For example, the registered manager undertook audits of daily care records, however, had failed to identify a disparity between the time a staff member arrived at the person's home and the time they were scheduled to arrive. One example of this was, a person was due to have their morning call at 9am, however, staff had arrived at 6:30am. This was discussed with the registered manager and nominated individual who advised this may be because the carer and person had agreed a different time but had not informed them of the change.
- Care plans and risk assessments were not in place for people. There was no evidence any person who was supported with medicines had a medicines risk assessment in place or any information explaining how they would like to be supported with their medicines.
- There was not always evidence themes and trends had been identified with the service's incidents and accidents.

The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of regulation 17 (1, 2, a, b, c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Staff felt the managers were accessible and approachable, and any concerns raised would be dealt with effectively.
- The management team were welcoming and demonstrated an open and transparent approach.
- Staff told us they were involved and felt listened to.

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 had a satisfactory understanding of duty of candour. They described candour as being open, honest and transparent with people and relatives.

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

- Supervision records identified that some staff members had not received supervision for at least four months. This was not in line with the provider's policy.
- People and their relatives gave us mixed feedback about their involvement. One relative told us when they spoke to the management recently about concerns, they were, "Very sympathetic and understanding." Other comments included, "The service now have an app detailing [person's] plan of care but nobody has let me know the password. Some carers still write care notes down on paper, some use the app".
- There were opportunities for people and relatives to provide feedback. The management team told us they operated an open-door policy and welcomed any feedback.
- The registered manager sent out an annual survey for people who use the service and their relatives. This had recently been analysed, in order to identify areas where improvement was required in the coming months.
- Staff told us they knew how to raise concerns and felt they would be confident enough to do so with the new management team.

Continuous learning and improving care

- Regular feedback from people was gathered through regular telephone calls. People told us, "The manager will call every so often to touch base and make sure I'm happy with everything".

Working in partnership with others

- The provider worked with a number of health and social care professionals, this included the local commissioners and health professionals such as, the local GP surgeries and the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>Systems were not robust enough to demonstrate medicine safety was effectively managed.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>Regulation 17 (1, 2, a, b, c)</p> |