Muslyt Ltd

Swale Drive

Inspection report

48 Swale Drive
Kingsheath
Northampton
Northamptonshire
NN5 7NL

Tel: 07548382517

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21 August 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 21 August 2017 and was announced. Swale Drive was registered to provide personal care to people living in their own homes. At the time of our inspection four people were receiving care and support.

This was our first inspection of the service since they registered with us in September 2016. This service had been supporting people for approximately three months.

There was a registered manager in post at the time of our inspection. 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.

Recruitment practices were not robust and had not been consistently followed to ensure staff employed were suitable for their role. We observed that essential employment checks for some staff had not been obtained.

We have made a recommendation about recruitment policies and procedures.

Care staff did not receive a comprehensive induction and adequate training to ensure they had the right skills to effectively deliver care to people.

People felt safe when staff supported them within their home and there were sufficient numbers of staff to support people. People were protected from harm by staff who knew how to report any concerns. Assessments of the risks to people's safety were in place and regularly reviewed.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People and their families had formed good relationships with the staff that cared and supported them. There was a complaints policy in place which people who used the service and their relatives knew how to

access.

People were treated with respect and dignity and they were involved with decisions made about their care and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as possible.

People had plans of care in place which contained details of people's preferences, life histories and support that people required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment practices were not robust and did not ensure staff were suitable to work at the service.

There were enough staff to meet people's needs. Staff knew how to safeguard people from abuse. The provider had risk assessment processes to mitigate risks to people including risks relating to the premises and equipment.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive training or supervision to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Staff were clear about the importance of gaining consent and giving people choice and followed the principles of the Mental Capacity Act to ensure decisions were made by people or in people's best interests.

People's health and nutritional needs were monitored and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their

views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and planned in line with their needs and personal preferences.

The delivery of care was flexible and responsive to people's changing needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems that were in place to monitor the quality and safety of the service required improvement.

The registered manager was approachable and staff and relatives communicated on a regular basis.

Swale Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 August 2017 and was announced. We gave the provider 48 hours' notice of our inspection to be sure that the staff would be available to support the inspection. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with three people who used the service, three relatives, three members of care staff, and the registered manager who is also the nominated individual.

We looked at care plan documentation relating to three people, and three staff personnel files. We also looked at other information related to the running of and the quality of the service. This included quality assurance feedback, training information for care staff and arrangements for managing complaints.

Requires Improvement

Our findings

People could not be assured that there were appropriate recruitment practices in place to ensure that the care staff supporting them were of good character and had up to date Disclose and Barring Services (DBS) certificates. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. We found that recruitment files did not all have robust employment checks in place before staff commenced work at the service. In the three staff recruitment files we viewed, although staff had provided two referee's there was only one reference for staff on each file and other references had not been obtained. All staff had a copy of their recent DBS from previous employers but the registered manager had failed to use the on-line checking service to check for any recent criminal convictions. One member of staff's DBS or DBS number could not be located.

We spoke with the registered manager about our concerns and they were taking immediate action to ensure that references were obtained for each employee and they would ensure the DBS on line checking service was viewed to offer reassurances that newly recruited staff did not have any criminal convictions since the last DBS check was completed. However, the registered manager informed us after the inspection that the member of staff whose DBS could not be located was not registered for the on-line checking service and had therefore been recruited with appropriate recruitment checks in place.

We recommend that the service follows their own policies and procedures for the recruitment of staff.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. A safeguarding policy was in place which staff had access to and gave clear guidance on how to make a safeguarding alert; however, there was a risk that care staff were not up to date on best practice and current legislation because they had not completed safeguarding adults training since commencing employment with Swale Drive. The registered manager told us that they were confident that staff knew how to recognise unsafe care and they offered assurance that safeguarding adults training would be completed as a matter of priority for all of the staff.

People and their relatives told us they were treated well by staff and felt safe when they were around. One person said "I always have the same carer (care staff) and they know what care I need and I feel confident in them." A relative said "I am really happy with the staff, they look after [my relative] really well and she is safe with them which put my mind at rest." Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff

told us, "I know how to report concerns and I wouldn't hesitate to do so, I would tell the manager and the local authority."

Risks associated with people care needs were managed and measures put in place to prevent avoidable harm. Risk assessments had been completed on areas such as moving and handling, providing personal care and food preparation. These provided staff with guidance to follow to keep themselves and people using the service safe. Staff were able to tell us about they protected people from known risks. Risks associated with the environment had been assessed and took into account hazards in people's homes which staff needed to be aware of. For example if a person had a pet.

There were sufficient numbers of suitable staff in place to meet people's needs and to keep them safe. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and mostly stayed for the allotted time. One person told us "I've never known any staff to be more than a few minutes late so no complaints from me." One relative told us "[my relative] would worry about the staff if they were late and they know that so they are always here on time or they telephone even if they are going to be five minutes late."

People said they knew the staff that supported them and they met any new staff before they came to support them. One person told us "I meet any new staff before they visit me on their own; the manager brings them to visit me first." Staff told us that they had a regular schedule which meant they supported the same people. The management team provided cover for absences which ensured that people always knew the staff members who supported them.

Requires Improvement

Our findings

The induction process for new staff required improving. The registered manager told us and care staff confirmed, that they received an informal induction which covered information about the service and general organisational information. However, care staff did not receive any formal training as part of this induction. Care staff we spoke with confirmed they had knowledge and skills from their previous employment and felt they were suitably skilled to provide care for people. We spoke with three members of staff about their knowledge and skills. All staff were able to explain in detail what training they had previously received and demonstrated how they supported people using this knowledge. We spoke with the registered manager about our concerns and by the end of the inspection on-line training had been allocated to all staff to complete in the next two weeks. However, since the inspection the registered manager sent us information on the training staff had completed and it was not completed in the timescales advised.

People could not be confident that they were supported by care staff who had the appropriate supervision and support to carry out their role effectively. The majority of care staff had been employed for a period of one to three months and had not received formal supervision; however, care staff told us that they felt supported and the provider was always available and they felt able to call upon them if they had any concerns. One member of care staff said, "The registered manager is always contactable, we are in telephone contact most days and I wouldn't hesitate to call them if I needed guidance or support." The registered manager put a plan of action in place following the inspection to ensure all care staff received formal supervision in the following two weeks.

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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. We saw that they were and appropriate applications had been made; care plans reflected the restrictions needed to provide the safe care and support people needed.

The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments

had been undertaken and people and relatives told us that staff always sought their consent when supporting them with day to day tasks. One relative said "The staff always ask [relative] what they want to do, what they want to eat or wear; they are very good."

Care records detailed best interest decisions made and who had been involved in making decisions. Relatives who had lasting powers of attorney in place and who were authorised to make decisions about people's care, had been consulted and were involved with the care of their relative.

People were supported with their meals and drinks when necessary. Plans of care detailed what level of support a person needed with regards to eating or drinking. One person told us, "I always get my food and drinks when I need them; I have ready meals most of the time and the staff tell me what meals I have in my freezer and I choose whatever I want."

People's healthcare needs were carefully monitored. Care records showed that people had access to dentists and GPs and were referred to specialist services when required such as an Occupational Therapist and Speech and Language Therapist. Care files contained detailed information on visits to health professionals and outcomes of these visits, including any follow up appointments.

Good

Our findings

People who used the service were supported by care staff in a kind and caring way and were involved as much as possible in day to day choices and arrangements. One person said "I have no complaints; they [care staff] always do what I ask them to do, I never feel rushed." Relatives spoke very positively about the staff and could not praise them enough for the support they gave to their relative and the patience and caring attitude they displayed.

People had developed positive relationships with staff and staff understood people's needs and preferences. One person said "I like the staff they are very good, they always ask about my family and they know how I like my eggs cooked!" A relative said "[My relative] gets on really well with the main carer; they know all of his ways and they get on great, fully respectful. We are really happy as a family with the carers."

Staff respected people's privacy and dignity. People told us that when they were supported with personal care the care staff closed doors and curtains to maintain their privacy. One person told us "Even though I live alone the girls [staff] still close the bathroom door; they are good like that and it means I don't feel a draught." Staff told us how important it was to respect people's privacy and dignity and understood about ensuring information was kept confidential; they told us that they would not speak about people outside their home.

Plans of care included people's preferences and choices about how they wanted their support to be given. One person showed us a plan they had developed with staff to support them with personal care tasks in the bathroom. This ensured that the person was enabled to do things for them self and staff knew when and what support to give the person. The person was happy that they were being encouraged to do more things for themselves. Another person told us "I need different support depending on if I am staying at home or with my relative because of the stairs." We viewed this person's plan of care and it was clear what support the person required at the different properties they resided in. People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing.

There was information on an advocacy service which was available to people and their relatives. The registered manager understood their responsibilities in ensuring a person had an advocate if they were unable to speak up for them self and had no one to support them. At the time of the inspection no-one had needed the support of an advocate.

People were involved in making decisions about their care. People's care plans recorded details about their

personal preferences for their support where possible. Where appropriate, the provider had sought information from relatives about people's preferences for receiving personal care. This included information about what people were able to do for themselves, and what staff needed to support them with. For example, one person's care plan detailed their bathing and dressing routine and preferences. The person confirmed with us that staff supported them in this way, which was their choice.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.

Good

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis of individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records demonstrated that staff provided support according to the plans of care and people's wishes.

Relatives confirmed that they were asked for their ideas and suggestions as to how best to support their loved one. One relative commented 'I was involved with the care plan and am free to make suggestions for any changes." We saw that the care plans had been regularly updated and details of any meetings with the people being supported were recorded which ensured that care plans were accurate, up to date and reflective of people's current needs..

All the staff, including the registered manager, knew people well and had a good knowledge and understanding of the people they supported. This was demonstrated by the different ways they supported people. For example one person told us "[Name of care staff] knows I like to have a cigarette before I get washed in the mornings; so they do other tasks for me first like prepare my breakfast and open the curtains while I have a cigarette." A relative told us "Some days [name of relative] goes to a coffee morning so the staff know on these days that they like to dress a bit smarter and have a shower, they are brilliant like that."

People were given a service user guide at the commencement of their support. This detailed the information they needed to know about the service provided and what to expect. Information such as how to make a complaint was incorporated into the guide. One relative told us, "I don't have any concerns but I would say to [the registered manager] if I wasn't happy with something." Care staff knew how to respond to a complaint. One staff member told us "I would try and make it right for the person if I could and then tell the manager about it; there is a form that people can complete as well if they are not happy." The provider had not received any complaints about the service.

Requires Improvement

Our findings

A registered manager was 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.

Effective systems were in place but not yet embedded to ensure that care staff received the appropriate training, support and supervision to carry out their roles effectively. The care staff we spoke with were knowledgeable about how to deliver safe and effective care; however the registered manager had not assured themselves that a thorough induction process was in place. Policies relating to recruitment were in place, however these had not been followed by the registered manager. After the inspection in response to the concerns raised, the registered manager provided CQC with detailed actions that had already been taken to address the concerns; however, these actions were not completed in a timely manner.

People, staff and families told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families that every staff member who supported them would be knowledgeable about their care and support needs. It was clear through observations that the staff understood the expectations of the registered manager and delivered care and support in line with these expectations.

Communication between people, families and staff was encouraged in an open way. Relative's contacted the provider on a regular basis to update them on people's changing care needs. One relative said "The carer [care staff] was late once and although they telephoned to say they were running late we also received a letter to apologise; that meant a lot to us." The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

There was a system in place for people using the service to provide feedback about their experience of care and about how the service could be improved. Feedback was positive and comments included "Thank you for my carer [care staff], we get on amazingly well; my life is better than it was before" and "Excellent care, no complaints at all."

There was a quality monitoring system in place which the registered manager planned on using to assess the quality and safety of the service. However, as the service had only been operational for approximately three months this had not yet been used. At the time of the inspection the registered manager oversaw all aspects of care planning and care delivery and had a good oversight of people's needs.

The registered manager kept up to date with best practice guidelines by subscribing to various social care newsletters and publications.