

Montecare Solutions Limited

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Inspection report

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12 September 2018
13 September 2018
20 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We carried out an announced inspection of Montecare Solutions in October 2016 and rated the service as, 'Requires Improvement'. This was due to concerns regarding medicines administration and ineffective quality checks.

At this inspection, we checked that the registered manager had made the required improvements. Since our last inspection of the service, some improvements had been made, however further improvement was still required and the service continues to be rated as 'Requires Improvement'.

Montecare Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for adults, some of whom may be living with dementia, have a physical disability or a learning disability. The service does not provide nursing care.

This inspection was undertaken on the 11, 12, 13 and 20 September 2018. At the time of the inspection, 63 people were receiving a domiciliary care service from Montecare Solutions. The Care Quality Commission only inspects the service being received by people provided with personal care; such as help with tasks related to personal hygiene and eating, and so did not look at the support being provided to the other people in the service. There were 28 people receiving personal care at the time of our inspection.

The registered provider was also the registered manager. 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.

Staff knew how to recognise signs of abuse and were confident about what action to take if any concerns arose. Staff were mostly on time to provide people's support. People were treated with care, kindness, dignity and respect and received a good level of support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care needs and how they wished to be cared for and supported.

Although there was no impact to suggest that people's care and support needs were not being met, not all risks to people's health, welfare and safety had been recorded and improvements were required to guide staff in the steps they should take to mitigate risks to ensure people's safety and wellbeing.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance.

The application of the Mental Capacity Act 2005 (MCA) required further development. People received care from skilled staff who were able to meet their needs. Staff received supervision and appraisals to support

them in their role and identify any learning needs and opportunities for professional development.

We received mixed feedback regarding the effectiveness of the management team. Although some auditing and monitoring systems were in place to ensure the quality of care was consistently assessed, they had not identified the issues we found during our inspection to ensure the service continuously improved. The management team were not always up to date with best practice.

We have made recommendations about the management of risk and the implementation of the Mental Capacity Act 2005.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff knew how to recognise signs of abuse and the action to take to protect people from harm.

Systems were in place so medicines were administered safely and people received their medicines on time.

Risk assessments were in place to provide guidance to staff, although these required further development.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were required regarding the application of the Mental Capacity Act 2005 (MCA)

Staff received training to provide them with the knowledge required to support people effectively.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People received appropriate support and were treated with care, dignity and respect.

People's independence was respected and promoted.

Staff knew people well and had good relationships with the people they supported.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's current care needs.

A complaints procedure was in place.

Is the service well-led?

The service was not consistently well-led.

The provider's arrangements to check the quality and safety of the service required improvement as current arrangements were not reliable and effective.

The management team were not up to date with best practice.

People and their relatives told us that they felt generally the service was well managed.

Requires Improvement 

Montecare Solutions Ltd

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 between the 11 and 20 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be at the office. We visited the office location on the 11 and 20 September to review staff files and care records for people who used the service. On the 23 and 13 September, we spoke with people who used the service, people's relatives and staff employed at the service. The first day of inspection was undertaken by two inspectors and the last day of inspection was undertaken by one inspector. The inspection included visits to five people in their homes.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the domiciliary care service, 12 people's relatives, four members of staff, the registered manager and deputy manager. We reviewed six people's care files and three staff recruitment and support records. We also looked at the service's quality assurance procedures and processes, medicines management, staff training records, and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection in October 2016. This was due to concerns with medicine administration and late visits. At this inspection, we found that improvements had been made and safe is rated as 'Good'.

Systems were in place to minimise the risk of abuse. Staff received training about how to recognise signs of abuse and were aware of their responsibilities to report concerns both within the organisation and to relevant external agencies. There was a whistleblowing policy in place and staff told us that they would use it if they had any concerns about the support being provided.

Safe recruitment practices were in place to ensure staff were of good character and suitable to work with those using the service. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity.

We received mixed feedback regarding timekeeping although we found that staff were mostly on time for their visits. One relative said, "Perfect, always on time." Another relative commented, "They [staff] are not late." However, we received some feedback that staff were sometimes late and one relative commented, "Sometimes the lunch call is late which overlaps with the tea call. This means a really late lunch and then [relative] does not want tea." Another relative told us, "They [staff] are not always on time. Can be 10-15 minutes late but they usually let us know if they are running late. They [staff] have never missed a visit." The registered manager explained that the visit could be undertaken 30 minutes either side of the agreed time and some relatives may class that as a late visit. People were supported by the same staff where possible so they could become familiar with their support needs and routines. Staff confirmed 'on-call' arrangements at the service were satisfactory and the management team were responsive.

Systems were in place to try to monitor late or missed visits. At the last inspection, the registered manager told us they were purchasing a new system, which would improve checks on staff punctuality, and this was in place. Staff were now required to log in by telephone and the time they arrived was recorded and monitored by the deputy manager. However, sometimes the staff member forgot to log in and needed to be reminded to do so. This meant that the times recorded were not always accurate and it was difficult for the deputy manager to track late calls. The system required further development to ensure that the monitoring of visits was accurate and action could be taken to address any concerns.

Risk assessments were in place which related to people's medication, manual handling needs and environmental risks, however some risk assessments relating to people's health and wellbeing required further development. Staff knew people well and there was no impact to suggest that people's individual needs were not being met. However, there was limited information recorded for people who required catheter care, who had pressure relieving equipment in place or for people who had bowel monitoring in place. Although we observed that staff supported people well, where one person could become upset and show agitation, there was no guidance recorded on the best way for staff to support the person to reduce

their anxiety or to prevent it from occurring. This was discussed with the deputy manager and the senior who assured us that further guidance for staff would be recorded.

We recommend that the service ensure that all risks to people's safety and wellbeing are fully recorded and mitigated and clear guidance is provided to staff on how to manage the risks.

Staff members were provided with medicines training and competency observations to ensure that they were able to support people with their medicines safely. There were policies and procedures in place and people's records provided guidance to staff members on the level of support each person required with their medicines. Medicines were managed safely and people received their medicines on time. The recording of medicines had mostly improved, however audits undertaken on the medication processes were not always robust. We found that where one person had gaps on their medicine administration record [MAR], there was no reason documented for this. A staff member was responsible for checking the records when they came back to the office, however the gaps had not been identified by their check or further explored to identify the reasons. The registered manager also completed audits on the process and despite team meeting minutes evidencing that improvements were required to ensure that there were no gaps on the medicine records, gaps had not been identified on their audits for six months. The registered manager confirmed that they only audited a sample of the records and that they would act to improve the process to ensure a more robust check.

Staff knew how to report accidents and incidents and these were recorded and reviewed by the deputy manager. The action that had been taken was clearly recorded and preventative measures put in place to prevent re-occurrence.

People were protected by the prevention and control of infection. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons and information available showed staff had up-to-date infection control training. We observed that staff used PPE appropriately when in people's homes.

Is the service effective?

Our findings

Effective was rated as 'Good' at our last inspection in October 2016. At this inspection, improvements were required and effective is rated as 'Requires Improvement'.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

At the last inspection, following discussion with the local authority, the registered manager implemented changes to demonstrate the service was working within the principles of the MCA. At this inspection, we found that this required further development. There was a lack of understanding from the management team regarding the assessment of capacity and that capacity could vary depending on the decision being made. In some people's records, it stated that they had been asked questions around the MCA and that based on their answers, the person did not have capacity to make their own decisions. However, the questions that people had been asked were not relevant to a specific decision. In other people's records, there was no reference made to the person's capacity to make specific decisions and there was limited information in people's care plans about how staff could support them to make decisions. The service's MCA policy did not provide guidance to the staff team on the principles of the MCA and how to apply these within their role. Staff had a basic knowledge of the MCA and we saw that staff did seek consent from the person before undertaking tasks, for example providing assistance with personal care or their moving and handling needs, however their knowledge could be further developed. One person said, "Staff do check before they help me." The deputy manager acknowledged that additional training in this area was required.

We recommend that the service source training on the MCA from a reputable source to improve their practice and knowledge.

Staff received face to face training which ensured that they had the skills and knowledge to complete their job roles effectively and their understanding of some of the training provided was evaluated through the completion of workbooks. Staff undertook mandatory training in subjects including moving and handling, medication, safeguarding and first aid. Mandatory training is training the provider thinks is necessary to support people safely. One staff member said, "I like the face to face training. I much prefer this to online training." Although we were told that staff received training specific to individual needs such as catheter care, this was not recorded on the training matrix. Although there was no impact to suggest that people's needs were not being met, improvements were needed to ensure an accurate record of all staff training was being kept. The registered manager confirmed that the matrix was in the process of being updated.

Spot checks were completed on staff practice and included areas such as record keeping, communication and personal care and hygiene. Where issues had been identified and recorded, the management team confirmed that these were discussed in supervision with the staff member. However, supervision records did

not demonstrate that this had taken place and there was no evidence that action had been taken to ensure lessons were learned and to prevent re-occurrence. This was discussed with the management team who agreed that this required improvement.

The registered manager confirmed all newly employed staff received an induction, which consisted of mandatory training and shadowing a more experienced member of staff so they could get to know how the person liked to be supported. The induction also covered an observation to check staff knew how to use moving and handling equipment, dignity and privacy and promoting independence. New staff were completing the 'Care Certificate' or an equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Staff felt supported and had regular staff meetings and supervision. Supervision is a one to one meeting between a staff member and their supervisor and includes a review of performance and an opportunity for discussion around any problems and achievements. One staff member said, "All sorts is discussed. We recently discussed data protection." Another staff member said, "I get the minutes of the meetings if I cannot go." Subjects discussed at staff meetings included the Care Certificate, safeguarding and the appropriate use of paperwork.

Where required, staff supported people with their nutritional and hydration needs and supported people with meal preparation and the provision of drinks and snacks at the times they needed them. One person said, "They [staff] are very good with food, always use fresh and bin stuff that's out of date." One relative commented, "Food and drink is left within reach." We saw that people were given a choice of what they would like to eat and drink and that a variety of meals had been consumed as evidenced by people's daily records.

The deputy manager told us if staff were concerned about a person's health and wellbeing, information would be relayed to them or the senior so appropriate action could be taken and records showed that appropriate contact to healthcare professionals and services were made when required. For example, where it had been noticed that a person had developed a red area on their heel, this had been recorded on a body map and escalated to the office so that a district nurse could be informed. One relative said, "They [staff] are very good at letting us know about anything unusual and always tell us if there are any issues."

Is the service caring?

Our findings

Caring was rated as 'Good' at our last inspection in October 2016. At this inspection, we found the service continued to be caring and is rated as 'Good'.

People using the service and their relatives were complimentary about the care and support provided. One person told us, "The staff are lovely and I can't fault the care." Another person commented, "It's good when [staff member] walks behind me as it helps. I get on with all of the staff and sometimes we have a dance!" One relative said, "They [staff] make our day – brilliant. We are happy to have them." Another relative commented, "The staff are kind, caring and have the right attitude." A third relative told us, "They [staff] are all lovely and really chirpy which is nice for [person]. It's not just a job, they [staff] really do care about [person]."

Two relatives felt that staff were flexible in the support that they provided. One relative said, "Staff go beyond their duty so when [person] fell, they stayed with [person] and escorted them to hospital." Another relative said, "The staff have stayed late at times when [person] seems significantly distressed." While this could impact on people receiving late visits, this demonstrated that staff were caring and wanted to ensure people's wellbeing as much as possible.

People were treated with dignity and respect and this was reflected in care plans. For example, one care plan said, 'Please ensure that you close the lounge curtains for my privacy and dignity before hoisting me.' When we visited people, we observed that staff knew them well. One staff member was patient and showed empathy and understanding when one person became upset during a visit. They provided reassurance and talked about things that the person liked to distract them as much as possible to help them to become calm. This resulted in lots of laughter and it was clear that the staff member had developed a positive relationship with this person.

People and their relatives confirmed they had been involved in writing their care plan and that regular reviews were held. Reviews had resulted in changes being made to the support provided to people, for example, one relative told us that they had increased the time of the visit to better suit the person's needs. However, we received some feedback that on occasions, despite requesting female staff to provide support, male staff were still sent to do this. While relatives were extremely positive about the male staff member, this did not meet the specific preferences of the person being supported and resulted in some personal care tasks not being carried out in line with the agreed package of care.

When people had difficulty communicating their view, staff supported them in line with the preferences outlined in their care plan as evidenced by the visits to people's houses, however this information could be further developed to provide clearer guidance to staff. For example, one care plan stated that the person had no effective method of communication, however elsewhere in the care plan stated that the person could choose their own clothes but did not say how this choice would be communicated.

People and their relatives had been given the opportunity to provide their views about the service through

the completion of a questionnaire. We received mixed feedback about the effectiveness of this process. One person said, "It is just tick boxes so I put it in the bin." One relative said, "No tick box questionnaires thank you. Asking opinions would be better as more informative." There was no evidence that the results of the questionnaires had been analysed for any themes or trends or to determine if any improvements could be made. We discussed this with the management team who agreed that this could be further developed.

Is the service responsive?

Our findings

Responsive was rated as 'Good' at our last inspection in October 2016. At this inspection, we found the service continued to be responsive and is rated as 'Good'.

Referrals to the service were made through the Local Authority or by individuals who wished to contract with the service privately. Prior to accepting the care package, an initial assessment was completed by the registered manager and this was used to inform the person's care plan if they felt that the service could meet the person's needs.

People's care plans included the number of staff required to provide support on each visit, the length of time for each visit and the support to be provided. Evidence was available to show the content of the care plan had been agreed with the person who used the service or those acting on their behalf.

Care plans contained relevant and personalised information in relation to the support people required and included what people could do for themselves to promote their independence. Staff knew people well and knew what they liked. For example, one staff member was looking for cowboy films for one person to watch on the television. People had personal weekly planners in their files, however some of this was blank and the section around likes and dislikes was not completed. Care plans could be further developed to include this information and to provide guidance to staff on the topics of conversation that they could discuss with people to further develop positive engagement. This was discussed with the senior who confirmed they would raise it with the management team.

People supported by the service and their relatives knew how to raise a concern or make a complaint if needed and most people felt that their complaints had been listened to and resolved. Where complaints had been raised these had been investigated and the outcome recorded. Changes had been made as a result including the times of visits being amended to better suit the individual's needs.

Thank you cards were displayed in the foyer area of the office and a record of compliments was kept by the service. Comments included, "Thank you for getting an ambulance so quickly." And, "[Staff member] is brilliant and is so patient with [relative]. A comment on a social media site said, "Thank you for getting to my mum regardless of the conditions. You are amazing and Mum loves you all." Some relatives said that they would recommend Montecare to others.

No-one using the service was receiving end of life care. The registered manager told us people would be supported to receive good end of life care and support to ensure a comfortable, dignified and pain-free death and that they would work closely with relevant healthcare professionals and provide relevant support to people's families and staff.

Is the service well-led?

Our findings

Well Led was rated as 'Requires Improvement' at our last inspection in October 2016. This was due to concerns with quality checks not being effective. At this inspection, we found that further improvements were required and the service continues to be rated as 'Requires Improvement'.

A registered manager was in post and they were also the registered provider. They were supported by a deputy manager, senior staff and administration staff. The deputy manager was responsible for the day to day running of the service in the registered manager's absence. The management team were passionate and motivated about the service and recognised the areas that required improvement.

There were systems in place to audit the quality of the service. However, these were not always effective in ensuring that action was taken to address areas for improvement such as gaps in medicines records, missing information in risk assessments, concerns from spot checks, analysis of information for themes and trends and compliance with the MCA as identified in this report. Records did not always provide a clear audit trail to ensure any actions identified were being acted on and completed. Despite some of these concerns being raised at the last inspection, measures had not been effective in ensuring that these areas were fully addressed and continuously improved.

The registered manager was not always up to date with current best practice. They told us they kept their knowledge up to date through networking, research and the CQC website. They had not received any recent formal training relating to Health and Social Care, did not demonstrate a good knowledge of the principles of the MCA and were not aware of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. While we saw that information was available in different formats for people, some people's communication needs were not always recorded clearly within care plans and required further development. This was discussed with the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

The ratings from the previous inspection were not displayed at the office location or on the website. The website was not up to date and had details of inspections held in 2012 and 2013. Action was taken by the registered manager to rectify this immediately and on the second visit to the office, the ratings were clearly displayed and the website had a link to the current ratings. However, the registered manager had not independently identified this as needing action prior to our inspection.

People and their relatives told us that they felt generally the service was well managed. One relative said, "If I raise concerns it is accepted and dealt with." One person said, "Yes they [management team] listen and are always very trustworthy". Another person said, "It's the fact I know everyone and they turn up when they should and I get my meals and medicines on time." However, one person and some relatives felt that their

views were not always listened to or any action taken as a result. One person said, "Yes they do listen but nothing happens about getting my morning call sorted." One relative said, "Not well organised and not that approachable." Another relative told us, "They [management team] still keep sending a male." A third relative said, "It is generally well-led but they [management team] don't always put things right."

The service had a statement of purpose in place. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals to ensure the best outcomes for people.

Staff felt supported and told us that they could be open and honest about the service and could contribute their views on how the service could be developed.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements were required to ensure that the provider's quality and assurance processes were effective to ensure that concerns were addressed and to achieve continuous improvement.</p> |