

Ness M Care Services Ltd

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Inspection report

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Date of inspection visit:
06 February 2020
10 February 2020
21 February 2020

Date of publication:
09 April 2020

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

Ness M Care Services is a domiciliary care agency providing personal care to 16 younger and older people at the time of the inspection. Staff provided a service to people living in Cambridgeshire and Norfolk.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were happy with the service and the staff that provided their care.

People felt safe using the service because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and equipment was checked to make sure it was safe to use. There were enough staff to support people safely. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people to have enough to eat and drink. They used protective equipment, such as disposable gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the registered manager's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. A complaints procedure was in place and people knew who to contact if they were not happy.

Systems to monitor how well the service was running were carried out. Changes were made where issues had occurred, so that the risk of a similar incident occurring again was reduced. People were asked for their view of the service and action was taken to change any areas they were not happy with.

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 requires improvement (report published 6 February 2019). The provider completed actions after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ness M Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

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

Inspection activity started on 6 February 2020 and ended on 21 February 2020. We visited the office location on 10 February 2020.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority and

professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care co-ordinator, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to obtain all of the required information and checks for new staff or to assess the risks where concerns were identified with these. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager completed required checks of prospective staff prior to them starting work. They had developed a risk assessment tool to use if they employed a person where a concern had been found, although they had not needed to use it since our previous inspection.
- There were enough staff on duty to support people. People told us they had regular staff who arrived on time. They were contacted by office staff if care workers were going to be late. One person told us the consistency of regular staff worked well.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff from the service. One person said they had, "No problems with the staff."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as for moving and handling. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified.
- Staff completed risk assessments in relation to the environment. These included those for fire safety and equipment, such as for moving and handling. They told us the checks they undertook and how this made sure equipment was working correctly. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Using medicines safely

- Guidance was in place for staff about how to give people their medicines. One person had detailed

information to tell staff how to give their medicines through a tube into their stomach. The person told us that staff were "very conscientious" when doing this.

- Staff had received training and competency checks in how to safely give medicines, they maintained records to show this.

Preventing and controlling infection

- People and relatives told us that staff always used disposable gloves and aprons to help prevent the spread of infection. One person told us, "The staff always wear gloves and aprons when they're providing care."
- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the registered manager or care co-ordinator took action following accidents or incidents to reduce the risk of these reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff completed assessments of people's needs before they started using the service. They developed plans to meet people's individual needs depending on the person's own abilities. This helped them to make sure they had enough staff with the right skills to meet their needs. One person told us, "I met the carer before they started and they were able to discuss with me what I wanted."
- Staff supported people to use equipment and technology, such as pendant alarms, that helped to keep them as independent as possible.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the service. One staff member told us, "The training is very good," and they went on to explain that they spent two weeks shadowing other staff before being able to visit people on their own. Another staff member described the training and support they had received for using technical equipment, such as suction. People told us that staff were competent and they were always able to care for people in the correct way. One person with a long-term health condition said, "[Staff] know what they're doing as much as I do."
- Staff members received supervision at individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- Staff supported people to eat and drink if this was needed. They had enough information in care plans to know what people liked to eat.
- Staff had received training in how to support people who received nutrition and fluids in other ways, such as by PEG tube (a tube through the skin into the stomach).

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

- The registered manager was working on developing a 'hospital passport' for staff to complete with key information about people. This was for people to take information with them when they visited other providers of care, such as hospitals. The registered manager told us that staff who supported the person 24 hours a day would go with them on these visits. Most people who had intermittent visits had a relative who would go with them
- Staff supported people who received advice and treatment from healthcare professionals, for example

district nurses or specialist nurses. They completed a health risk assessment and followed advice given by healthcare professionals. One person told us, "They're doing everything they need to, to make sure I get better."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA, and who had received training.
- The registered manager told us that no applications had been made to the Court of Protection to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people kindly. One person told us staff were, "Very, very caring." A relative echoed these sentiments when they said, "We're very pleased, they're very pleasant people. Very cheerful and caring, they always ask if there's anything else that needs doing."
- Staff spoke about people with fondness, they showed concern and described how they made sure people had everything they needed. They were aware of people's individual needs and preferences. The registered manager told us they tried to make sure people who spent long periods of time with staff would have things in common. We visited one person who told us that they often had conversations with staff about sporting teams they supported. We could see that these interactions meant a lot to the person. The person went on to say that staff were "friends, not just employees".

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

- People and relatives told us they were involved in care decisions and how they preferred to have their care given. One person said, "[Staff] are getting to know me. If there's something I don't want them to do I tell them." Another person told us that staff, "Always respect my wishes." Staff explained how they supported people to be involved in their care. This included developing plans for people to assist with their care as their abilities increased.
- Staff said that no advocates were being used at the time of our inspection, but they would refer people to advocacy services when needed. An advocate is an independent person whose role is to help the person get their views and opinions across.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff respected their privacy and dignity. One person said, "[Staff] always close curtains and cover me with towels."
- Staff told us they ensured the person was supported in a dignified way by closing doors and curtains. They covered the person up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely in the service's office location.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care needs were met and they were happy with the care they received. Staff did what people asked them to do. One person told us, "[Staff] are very good. They take care of me." A relative told us that staff supporting their family member with personal care meant the person's health condition did not have as great an effect on them. They said, "He's a different person and has more interest in things."
- People had care plans in place, which contained personalised information about them. They gave staff enough guidance on how to meet people's needs effectively and safely. There was information about health conditions, although staff did not have responsibility for meeting these health needs.
- There was no information about people's end of life wishes, although no-one was in need of this care at the time of our inspection. We spoke with the registered manager about the need for this information and why it was important that these conversations occurred if people were happy to discuss their wishes. They told us they would develop a strategy for asking these questions.
- Each person's care plan was reviewed regularly unless there were any changes before that time. Relatives told us plans reflected the care their family members needed and visit notes reflected the care people had been given.

Meeting people's communication needs

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

- People's communication needs were assessed and planned for, and staff had guidance about how to meet these needs fully. Staff told us how they communicated with people and how they knew what people who could not communicate verbally wanted to tell them.

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

- Staff members told us how people liked to spend their day and how they supported them to do this. There was information and guidance in people's plans about this. People told us staff helped them to go out, and to access entertainment at home where this was part of their care needs.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they or their family member received. One person told us, "I would contact the office. They're very amenable if I ring and they get back to me." No complaints had been made to the service.
- A complaints procedure was in place for people to follow.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

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

- Staff were committed to providing high-quality care and support. They told us how they made sure people received the care they needed, and how they ensured this was how the person wished to be cared for. One staff member told us, "I've worked for the agency for a long time and I understand [registered manager's] passion for the agency. I say she's a fair person to work for." Another staff member said, "[Registered manager] is very nice, came with me to one person and stayed the night so she understood the complicated medicine regime. Very helpful and very informative."
- Staff told us that office staff communicated well with them and they had regular contact, which provided them with the opportunity to discuss any concerns or issues.

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

- The registered manager displayed the service's rating from our previous inspection at the service location and on their website.
- The registered manager understood the requirements to submit notifications and the circumstances when these were required.
- Staff understood their roles and any extra responsibilities they had, such as a senior support worker position, or responsibilities for checking equipment for health needs.

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

- People and staff had completed satisfaction surveys about different aspects of the service every three months. These showed positive responses to questions and assured the registered manager that people were happy with the service they received.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they, their family member, received.
- Staff told us meetings occurred each month, which they attended if they were able. This gave them regular support and information to keep them up to date and was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. Senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority. The provider and senior staff contacted other organisations appropriately.