

Care Support MK Ltd

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Inspection report

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21 April 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Support MK is a domiciliary care agency providing personal care to 7 people the time of the inspection. They specialise in supporting people with a learning disability and autistic people who live at home with family members or in supported living housing. 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.

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.

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

Right Support:

Medicines were administered safely, some areas of medicines recording could be strengthened to reduce the risk of errors. We have made a recommendation to the provider about medicines management. People received safe care and support in their own homes. Staff received training in safeguarding and knew how to protect people from the risk of abuse. Risks to people's safe care and support were assessed and recorded. Staff reported accidents and incidents and these were followed up appropriately and reviewed by the management team. People were supported to have maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

When people showed behaviour which may indicate distress, staff knew how to offer care and support which reduced the risk of escalation. Positive behaviour support plans gave detailed, personalised guidance to staff on how people expressed their emotions and mood. Staff were recruited safely and people received support from a small team of consistent staff as far as possible.

Right Culture:

Management oversight of the service was effective, improvements to quality assurance processes could strengthen this further. The management team encouraged an open and positive culture and feedback confirmed this. The service was well run and provided high quality, consistent care to people in their own homes. Staff felt respected, supported and valued in their roles. Staff supported people to flourish and achieve good outcomes. Positive feedback was received from professionals who worked with the provider.

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 21 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Support MK on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Support MK 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 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses with family members and in 4 supported living houses where people have their own tenancies.

Immediately following the inspection a notification was been submitted to CQC by the provider so the service type of 'Supported Living Services' can be added to their service.

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 were 2 registered managers in post.

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 20 April 2023 and ended on 21 April. We visited the location's office on 20 April.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people living in their own supported living homes and 3 relatives about their experience of the care provided. We spoke with the nominated individual and both registered managers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the deputy manager and 4 support workers. We sent an email to 16 staff to request feedback and received 8 responses.

We looked at aspects of 4 people's care records and 2 people's medication records. We reviewed recruitment records for 2 staff. We looked at a range of other records including quality assurance checks, meeting minutes and training records. We received feedback by email from 2 professionals who worked with the provider and people receiving support.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely from trained staff. We identified some areas where recording on medicine administration records (MAR) could be strengthened to align with best practice. For example, for 2 staff to sign when details were copied from the medicine box onto the MAR to reduce the risk of any error. Also, for staff to always ensure stock counts were done and tallied with the number of tablets in the box. We did not find any errors were made in medicines administration to people because of this.
- When medicines were given on an as needed basis, for example pain relief such as paracetamol, the provider was in the process of adding guidance to people's care files for staff to follow. This would ensure staff knew when to administer these medicines along with other important information such as any symptoms to look for.

We recommend the provider implements best practice in all areas of medicines management and practice.

- Care plans contained information about how people preferred to take their medicine and if they were able to manage their medicines independently. For example, 1 person's care plan stated, "I will take my medication with a bottle of Ensure (nutritional supplement) and with a glass of water."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People were provided with easy to read information about what abuse was and who to talk to if they had any worries. Relatives told us their family members received safe care.
- Staff received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to. Staff took their safeguarding responsibilities seriously, 1 staff member told us, "[Person's name] is not able to talk to tell me, so I have to make sure they are safe and protect them."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required. Information about safeguarding was discussed in staff supervision and on display in the office.

Assessing risk, safety monitoring and management

- People who may show behaviour indicating distress were supported safely. People had detailed behaviour care plans to help staff understand how people communicated their mood and how staff should offer support. Staff received training in safety intervention to support positive techniques and reduce the risk of situations escalating.
- People were supported to manage risks whilst maintaining and promoting their independence living in

their own homes. Care files included risk assessments which covered a range of areas such as risk of financial abuse, self injurious behaviour and travelling in the car/taxi/bus.

- Risk assessments were personalised to people's needs and updated regularly or as any needs changed. During the inspection it was identified 1 person recently had a seizure after a long time of not having any. The registered manager added a risk assessment to ensure staff had personalised information for the person involved.

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 MCA 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.

- Staff received training in the MCA and supported people to make their own day to day choices.
- A care plan for 'Capacity and Consent' set out the principles of people having capacity to make their own decisions as far as they were able. For example, people had a form in their care records which was used to confirm whether or not they agreed to the keyworker who was to work with them.
- The registered managers were in the process of getting people and/or their representatives to review care plans and sign their consent and agreement to these.
- People were supported in the least restrictive way possible, and in their best interests.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. This included references and police checks. Some application forms did not have details of a full employment history going back to leaving school and these were rectified during the inspection.
- Staff were reliable and stayed with people for the duration of the time they were supposed to. This ranged from short calls to support people with personal care tasks to staying overnight in people's homes to ensure their care and safety needs were met.
- People usually received care and support from a small and consistent team of permanent staff. This meant people got to know their staff team well, and vice versa. A staff member told us, "We are never short (of staff). If someone is sick, an office member will come to ensure there is always enough staff (to support the person)."

Preventing and controlling infection

- Staff used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons. One relative whose family member lived in the same house told us, "Yes, staff use PPE. They collect it from the office and use gloves, masks and aprons. I'm quite comfortable with them coming into the house."
- Staff received training in infection prevention and control. This supported good practice in reducing the

risk of any spread of infection.

Learning lessons when things go wrong

- Processes were in place for staff to report any accidents and incidents and we saw forms were completed by staff when required. These were reviewed and overseen by the management team to ensure all appropriate actions were taken at the time and afterwards. Action was taken to reduce the risk of the same thing happening again.
- Records showed accidents, incidents and any arising issues were discussed at staff and management meetings. This meant ongoing improvements could be made to the service people received.

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. The rating for this key question has remained 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

- The management team encouraged an open and positive culture. They were visible, approachable and took a genuine interest in people's lives. This helped ensure staff were supporting people live the lives they wanted to and achieve good outcomes. A staff member told us, "I feel there is a culture from the top of openness and kindness. I'm proud to come to work, I love what I do."
- All staff gave positive feedback about the management team and how the service was run. A staff member said, "The managers are fantastic, amazing. They are really relatable, they make it really easy to speak with them if there are issues. They also come out into the field and work with us so they can see how it is and help identify any issues. It is a good place to work. I am here for the long run, I never want to leave."
- Staff felt respected, supported and valued in their roles. The registered manager told us about various ways in which they supported and developed staff which included flexible hours to work around commitments outside of work, a performance related bonus scheme and access to an employee assistance programme. One staff member said, "They care about their staff, (there are) good benefits and a positive culture in place. I am happy to be part of this great team."

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 managers were aware of their responsibility to be open and honest when things went wrong, to apologise when necessary and keep people and their relatives informed of actions taken following incidents.

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

- There were systems to monitor the quality and standard of the service people received. Quality assurance audits of some aspects of people's care records, including medicines and daily records, could be strengthened to avoid the risk of gaps and inconsistencies. No negative impact was found as there were effective communication systems. This ensured effective management oversight and consistent good quality care provision.
- The registered managers and staff were clear about their roles and responsibilities to the people they supported. The management team had the skills, knowledge and experience to perform their roles effectively and drive continuous improvements to the service. A service improvement plan was used as a live document to track improvements and actions required.

- Policies and procedures supported the effective running of the service. These were discussed in supervision and staff had access to these via the electronic system, to support consistency in staff practice.
- The registered managers submitted notifications as required by regulation to CQC and the rating from the last inspection was on display in the office.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- When any concerns arose or areas for improvement were identified, these were taken seriously and responded to. One relative told us they met regularly with the registered manager to discuss changes and arising issues, and felt the management team listened and were responsive.

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

- The management team sought feedback from people, relatives and staff informally, for example verbally or via meetings and the keyworker role. Formal surveys were used with limited success as not many were returned the last time they were sent out, so they were considering how else to gather views and suggestions more effectively.
- Staff received support and were encouraged to contribute feedback and ideas through regular 1 to 1 supervision with a senior member of staff. These alternated between telephone and in person meetings. Supervision was also an opportunity to share information and discuss any support or development needs.
- People using the service had a range of abilities and equality characteristics. An annual event took place in a hotel for everyone using and working in the service to get together to recognise and celebrate their achievements. Awards and certificates were given out and it was an occasion for everyone to enjoy together.

Working in partnership with others

- The registered managers and staff team liaised with family members, and health and social care professionals to support people's health and social care needs. For example, when people lived in a supported living house and had their own tenancy staff liaised with the landlord when any issues arose.
- Positive feedback was received from 2 professionals who worked with the service. One said, "My professional view is Care Support MK delivers a high-quality service, to people with complex needs and people achieve positive outcomes and goals." Another said, "The management team always respond in a timely manner, they are professional and very experienced. My observations are the managers are very supportive of staff and service users. I would like to thank Care Support MK for their support and professionalism over the years."
- The registered managers were supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive further improvements of the service in order to support people to thrive and flourish.