

Multi-Care Community Services Ltd

Multi - Care Community Services Ltd

Inspection report

25A High Street
Fenstanton
Huntingdon
Cambridgeshire
PE28 9JZ

Tel: 01480466387

Date of inspection visit:
19 April 2017

Date of publication:
22 May 2017

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

Multi - Care Community Services Ltd is a domiciliary care providing the regulated activity of personal care to people living in their own homes.

This inspection was undertaken by one inspector. At the last inspection on 19 March 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were supported safely as staff were knowledgeable about reporting any incidents of harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks such as assisting people with their medicines and when supporting people when accessing the community. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and procedures in the service supported this practice.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health assessments were in place to ensure that people were supported to maintain their health and wellbeing. There were effective links with healthcare professionals.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance. Staff were supported and trained to do their job.

Staff supported people with their individual nutritional and dietary requirements when required.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the management team and staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care

provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Multi - Care Community Services 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 announced inspection took place on 19 April 2017. The provider was given 24 hours' notice. This was because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke by telephone, with 10 people who used the service and three relatives. We also spoke with the registered manager, management staff, seven care staff and three healthcare professionals including a local GP practice, a care manager from a local authority and a manager of the community nursing team. We looked at five people's support plans and records in relation to the management of the service and the management of staff.

Is the service safe?

Our findings

People spoke with felt that staff assisted them safely. One person said, "They [the staff] know me well and I feel safe when they [staff] help me." Another person said, "They [the staff] are very good and I would be lost without them." A relative also said, "The staff are good and I feel that [family member] receives safe care."

We saw that risk assessments had been completed and updated regarding people's individual needs. These risk assessments included areas such as communication guidance, nutrition and assisting people when out in the community. Staff we spoke with told us that there was sufficient information in place so that they could safely assist people with their daily needs. Staff said they were aware of and followed the information detailed in people's risk assessments.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available in the service's office. Safeguarding training had been provided for staff and refresher training had been given annually and staff and training records confirmed this to be the case. Staff we spoke with demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of abuse. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The registered manager was aware their responsibilities in reporting any safeguarding concerns to the local authority. We saw that safeguarding information was also included in people's information packs so that they could contact the local authority and other external authorities if the need arose.

The level of assistance that people needed with their medicines was recorded in their care plan. The registered manager audited the medicine administration records (MAR). This was to ensure records were being safely and accurately maintained. Medicine administration training sessions were provided for staff. Staff had competency checks made by members of the management staff to ensure they safely administered medicine and accurately completed the accompanying records. Staff we spoke with and the records seen confirmed this to be the case.

We saw three staff recruitment files and satisfactory recruitment checks were carried out by the registered manager and management team. This was confirmed by records we saw and staff that we spoke with. Staff told us that their recruitment had been dealt with effectively. Staff also confirmed that they had received a thorough induction and completed shadow shifts with experienced staff before they provided care on their own.

We saw that there were sufficient numbers of staff to meet people's needs. Staff told us that there was sufficient staffing and time given so that they were able to safely and satisfactorily assist people with their care and support needs in their home. However some staff told us that there was not always enough travel time on some occasions and this had caused them to be late for some calls. Staff we spoke with had raised this with the registered manager so that improvements could be made.

We saw that the registered manager and the management team monitored staffing levels. Staff we spoke with said that they were supported by the on call process [by members of the management team] outside of working hours if any concerns or incidents occurred. Staff also added that members of the management staff had been available to cover shifts when the need arose.

Is the service effective?

Our findings

Our discussions with staff showed that they were knowledgeable about people's individual support and care needs. A member of staff said, "I love my job and all the different support for people I give and every day is different." One person told us, "They [care staff] are very good and help me with whatever I need." Another person told us that, "They [care staff] make sure everything has been done before they leave and they are very considerate." Relatives we spoke with said they all felt that the care and support provided by care staff met their family member's needs.

Staff confirmed that they had undertaken training and had an understanding about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. The registered manager had an understanding of when an application was needed to deprive someone of their liberty and who to contact in the local authority when the need arose. The registered manager told us that there were currently no applications in place to deprive any person of their liberty.

Staff confirmed that they had received an induction and had completed a range of ongoing training since starting their job role. Examples included; first aid, infection control, epilepsy, percutaneous endoscopic gastrostomy (PEG) feeding, manual handling, safeguarding and MCA/DoLS. We also saw that the service was enrolling and supporting care staff on the Care Certificate (a nationally recognised qualification for care staff).

Training was monitored by the management team and registered manager. The staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training.

Staff confirmed that they received supervision sessions and told us that they felt well supported by the registered manager, management staff and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their performance, development and work practices.

People's dietary needs and food preferences were assessed and any requirements and associated risks were incorporated into their care plan. One person we spoke with said, "The staff provide me with a breakfast and lunch which is very helpful." People told us they were assisted by staff with the preparation of drinks and meals where required.

The management team and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. Comments were positive and they felt that any issues were dealt with and that communication with the service was responsive and promptly actioned. This showed us that people's health and care needs were supported by the service.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "The staff are cheerful and helpful and assist me with what I need and make sure everything is done before they leave. Another person said, "The staff are excellent and kind and I could not do without them." One relative told us that, "The care my [family member] receives is very good – the staff are really kind and caring."

People that we spoke with confirmed that they had a friendly and supportive relationship with staff who provided them with care. People said they were encouraged by staff to be as independent as possible with their personal care and that staff assisted them where needed in a respectful way to preserve their dignity. One person said, "I look forward to seeing staff and we have laugh and a joke together." A relative said, "Staff have been really kind and caring I am really happy with the level of support [family member] receives."

Staff we spoke with were enthusiastic about the care and support they provided and spoke with warmth and affection about the people they were supporting. One member of staff told us, "I really enjoy my job and helping people to be as independent as possible." We saw that staff positively promoted people's choices and independence so that they could successfully maintain living in their homes. One person said. "They [the staff] always treat me with respect and kindness and never rush me when they give care to me."

However some people we spoke with said that they preferred to have care from female staff assisting them but due to availability this had not always been possible. We raised this with the registered manager who stated that this request was met as much as possible but that there were occasions where female staff had not been available.

Relatives that we spoke with said that they had regular contact with the service and had been involved in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

One relative said, "My family member's care is kept up to date and any changes to calls are made as necessary." One person said, "They [staff] know me well and really help me with what I need - I am very happy with the care indeed." Another relative said, "They know [family member] really well and I am very happy with the care they give." People said they were able to choose the staff who provided their support, their preferred time of care and what was important to them. One person said "The staff let me know if they are running late" However some people we spoke with said that some of their calls had been late. We raised this with the registered manager who told us that additional staff and a care coordinator were in the process of being employed to ensure that calls were met in a timely manner.

We saw copies of assessments in a sample of care plans. The care plans and accompanying risk assessments gave staff information and guidelines to enable them to provide people with their required care and support. Staff we spoke with confirmed this to be the case. Examples included assistance with personal care, mobility, assistance with medicines (where required) and providing meals and drinks.

Care plans were up to date and had been reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the registered manager to evaluate care practices and identify any areas for improvement and development.

Relatives we spoke with confirmed that they were asked to be involved in reviews, where appropriate. This gave them an opportunity to comment on the care and support that their family member was receiving. One relative said "They [management staff] contact me regarding any changes to [family member] care and support needs. A healthcare professional we spoke with was positive about the way that the care and support was provided to meet individual's particular needs.

The services had a complaints procedure, including timescales for responding to people and their relative's complaints. A copy of the service's complaints procedure was included in people's information pack. One person told us that "I can always talk to the managers and staff if I ever have any worries." Relatives we spoke with said that they knew how to raise concerns and that staff listened to their views and responded to any concerns they raised. One relative said, "I can always raise any issues and I feel listened to." We saw the complaints log and there was evidence of correspondence in place which had investigated complaints to the complainant's satisfaction. We also saw a log of compliments that the service had received from relatives with positive comments about the care that had been given to their family member.

Is the service well-led?

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.

People told us that their views were considered at all times. One person said, "The staff assist me with what I need and we get on very well." People told us that they had contact with members of the services' management team. People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. There were, however, some concerns raised about the lateness of some care calls.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. Staff told us that they felt supported by the registered manager, management team and staff colleagues. One member of staff said that, "We work well as a team and I am kept informed [by the management team] of any changes in people's support."

Staff told us that they were confident that if ever they identified or suspected any instances of poor care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care is monitored. This was confirmed by staff that we spoke with.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. We saw the summary report of the annual survey from 2016 and included positive comments about the care and support being provided. The registered manager and management staff undertook audits to ensure safe working practices were in place. Examples included; people's medicines, care and support, staffing and records to ensure that people were receiving an effective and safe service. We saw any areas for action were highlighted and an agreed action plan was put in place to deal with any identified concerns or shortfalls. Examples including updates regarding; care plans, staff recruitment and training and policy updates. This showed us that the service and its staff monitored health and safety and considered opportunities for improvement.

Completed incident forms were reviewed by the registered manager and the management team. Any actions taken as a result of incidents were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring such as with people's mobility and medicine administration. This showed us that the provider had proactive systems in place to monitor the quality of the services being provided.