

Muslyt Ltd

Swale Drive

Inspection report

48 Swale Drive
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Northampton
Northamptonshire
NN5 7NL

Tel: 07548382517

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19 February 2019

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07 May 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Swale Drive (Muslyt Ltd) is a domiciliary care agency. It provides personal care for people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

People's experience of using this service:

- Recruitment practices did not ensure that staff were safe to work with vulnerable people before they started to care for them.
- People were not supported to have maximum choice and control of their lives and it was not clear when people lacked capacity to make a decision for themselves.
- Systems to monitor and improve the quality of the service provided were insufficient.
- Care plans did not always contain accurate or up to date information.
- People received care from staff who were kind and caring. Staff had developed positive relationships with people and had a good understanding of their needs and preferences.

Rating at last inspection:

Requires Improvement (report published 14th February 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

At this inspection, we found the service to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any concerns found in inspections and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. Should further concerns arise we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are given in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are given in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are given in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are given in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are given in our Well-Led findings below.

Requires Improvement ●

Swale Drive

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Swale Drive is a domiciliary care agency providing personal care to people in their own homes.

Not everyone receiving care from Swale Drive received support with a regulated activity. The provider is registered to provide the regulated activity 'personal care' from this service. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where people do receive such support, we also take into account any wider social care provided. At the time of our inspection, the service provided support to 12 people, of whom 7 received support with personal care.

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 three days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place 19 February 2019. We visited the office location to see the manager and to review care records, staff records and policies and procedures. We also made telephone calls to staff and families of people using the service.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

During the inspection:

We looked at care records for three people to ensure they were reflective of their care needs. We looked at four staff recruitment files and records in relation to the management of the service such as staff training and supervision records, complaints and staff rotas. We spoke with the registered manager, two staff members and two family members of people who use the service. People receiving care from the service had limited communication abilities and were unable to speak with us during our inspection.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- At our last inspection in October 2017 we found recruitment practices were not robust and did not ensure staff were suitable to work at the service. We made recommendations that the service follow its own policies in relation to this.
- At this inspection we found safe recruitment and selection processes were still not followed. Appropriate pre-employment checks were not always completed, including written references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

This left people at risk of being cared for by people who were unsuitable to do so.

This was a breach of Regulation 19 (3)(a) Fit and Proper Persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- Risk assessments were not consistently completed and did not contain enough information to help staff deliver safe care, for example, one person's care plan stated they had a history of falls but there was no falls risk assessment in place.
- Care plans were not regularly reviewed or updated, in line with the providers own policy. Although changes to people's needs were recorded, they were not set out clearly which could lead to mistakes being made.

Learning lessons when things go wrong:

- The registered manager told us about incidents which had occurred and complaints that had been made but these had not been recorded correctly which meant opportunities to reduce the risks of them reoccurring were missed.
- The Registered Manager had acted on requests by people to change staff who cared for them.

Staffing and recruitment:

- Relatives told us they were confident people were safe in the care of staff. People had been able to change the times of staff visits to better suit their needs.
- Relatives told us there was consistency in the staff who cared for people and that staff mostly arrived on time.
- We looked at a staff rota which showed that staff were not given travelling time between visits, which

meant that staff felt under pressure to quickly get from one visit to the next

Using medicines safely:

- One person received medicine through patches applied to their skin. The service was not recording the application of these in line with guidelines.
- Staff received training in relation to medicines and knew what to do if there had been a medicines error.
- The registered manager completed medicines competency checks when shadowing staff.

Preventing and controlling infection:

- People told us staff always used personal protective equipment (PPE) such as gloves and aprons.
- Records showed staff had completed training in relation to infection control.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this agency.
- We checked whether the service was working within the principles of the MCA and found they were not. The registered manager had not completed any MCA training and did not understand their responsibility to assess people's capacity to make certain decisions.
- There were no assessment processes to identify people's capacity to make informed decisions or when best interests' decisions were needed to be made on people's behalf.
- Records showed that people's relatives signed some plans of support when there was no evidence available that they had the legal authority to do so.

This was a breach of Regulation 11 Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Initial assessments of people's needs were incomplete.
- People's choices were respected. Where they had specified they would prefer care from staff of the same gender, this was listened to and acted upon.

Staff support: induction, training, skills and experience:

- Staff received induction training when they commenced employment at the service but this was not always completed within the service's own required timescales.
- Staff without a recognised care qualification had not completed the Care Certificate, or the provider's equivalent.
- Staff records showed staff received training that covered areas such as, moving and handling, first aid, safeguarding and medicines management. Staff confirmed they were pleased with the quality of training they received.

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

- Staff helped people to prepare meals they had chosen themselves.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations:

- We saw that where staff had concerns about people's health, this was dealt with appropriately by the registered manager who had ensured further support and medical treatment was sought.
- The provider told us they have experience of working with other professionals.
- People told us carers completed their visits on time and were not rushed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were well-cared for by staff. A relative said '[Person] refers to carers as [their] extended family'. Another relative described the service as "Wonderful"
- Staff told us 'I like to care, its important'.
- People's equality and diversity needs had not been considered by the provider.

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

- When people had communication difficulties, the provider had not explored alternative methods of obtaining their views or helping them make decisions about their care. For example, one person was unable to communicate verbally. The service relied on the person's family to interpret their wishes and had not sought advice or support from appropriate professionals.
- We saw the provider had used questionnaires to ask people about their experiences of the care they received. The responses we saw were positive.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected by staff. A relative told us 'They [carers] treat [relative] with dignity and respect... [relative]has a good laugh with them.'
- The service had agreed to provide extra visits to help people take part in new activities and access community resources, and although the extra visits were taking place these opportunities for furthering people's independence had not been explored. There were no records to explain why.

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had care plans in place but the quality of the content was inconsistent. Some were personalised and written in more detail than others. Care plans did not always give staff enough guidance on how to respond to people's needs effectively.
- Care plans were not regularly updated, in line with the providers own policy. This meant changes to people's needs were not properly recorded and care plans did not accurately reflect people's needs
- People's wishes about their cultural needs had been considered but there was no information on what staff needed to do to observe these.
- Information about the service was not available in formats that were accessible to people who had a disability, sensory loss or impairment.

Improving care quality in response to complaints or concerns:

- A complaints policy was available to people for reference. Relatives told us they had not had to make any formal complaints but they would feel comfortable in doing so, and confident that any issues would be resolved by the registered manager.
- Staff told us they knew what to do if they felt people were at risk of harm and had received safeguarding training.

End of life care and support:

- No one was receiving end of life care at the time of our visit.
- People's wishes about the care they would like to receive at the end of their life was not included in care plans.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had implemented some quality assurance checks, however these required further development.
- Although the registered manager completed spot checks on staff, they did not complete any written assessments to track and monitor performance.
- Whilst incidents and complaints were dealt with there was no evidence of a system in place for recording or analysing these to identify any themes and trends

The lack of robust quality assurance meant the provider had not identified that people hadn't been asked to consent; and people were at risk of receiving unsafe care because the provider had not picked up on problems with recruitment or acted on recommendations made at our last inspection.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were gaps in the registered manager's knowledge of regulatory requirements, including when to submit notifications of incidents to the CQC. For example, the provider had correctly shared information about a minor medicines error with the local authority but not with CQC.
- The registered manager had not completed training in areas where their knowledge was limited. For example, the Mental Capacity Act, which meant they were unable to recognise when they were not meeting regulatory requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Care plans and risk assessments did not always reflect people's hopes, dreams and wishes to enable staff to support people in a person centred way.
- We did not find the culture to be open and transparent. For example, the registered manager was not honest with inspectors about staffing and the lack of records relating to complaints made it difficult to assess the action the service had taken.

Continuous learning and improving care:

- The registered manager told us staff did not wish to receive additional training. However, staff told us they would like to achieve further qualifications. This lack of consistency meant that opportunities for

continuous learning and improving care were missed.

Engaging and involving people using the service, the public and staff:

- The service asked people for feedback on their care via questionnaires and surveys.
- Relatives and staff told us they had regular contact with the registered manager.
- Staff told us the registered manager was approachable.

Working in partnership with others:

- The service works with professionals from other agencies such as district nurses, physiotherapists, learning disability team, diabetes nurses and tissue viability nurses.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and improve the quality of the service provided were insufficient.