

## Sandwell Multi Care

# Sandwell Multi-Care

### Inspection report

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31 May 2019

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### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Sandwell Multi-Care is registered to provide personal care to adults and children living in their own homes and offers respite support to relatives. On the day of the inspection, 43 people were receiving support.

People's experience of using this service:

People received safe care. People received support that kept them safe and there were enough care staff to keep them safe. There were recruitment systems in place to ensure only appropriate staff could support people. Where people were administered medicines, this was carried out as it was prescribed. Care staff had access to appropriate equipment in line with the provider's infection control procedures. Trends were monitored to reduce the amount of accidents and incidents.

People received effective care. Care staff had the knowledge and skills to support people how they wanted. We identified a small number of gaps in care staff training, however this did not impact negatively on people currently using the service. The registered manager assured us action would be taken to address this. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Care staff supported people to make choices as to what they had to eat and drink. People accessed health care professionals when needed with the support of care staff.

People received support that was caring, kind and compassionate. People decided how they were supported and when. Care staff were respectful of people's privacy, dignity and independence.

People received support that was responsive to their needs. People were involved in the assessments and care planning process to ensure the support they received was what they wanted. There was a complaints process in place and the provider acted promptly to deal with concerns.

The registered manager told us the provider visited the service regularly however records of their visits were not kept. The registered manager told us they would ensure a form was completed in future to show the outcome of such visits. The registered manager understood the service well and had plans in place for further improvements. Audits and spot checks were carried out to ensure the service people received was of a good quality. Questionnaires were used to engage with people and the information gathered was analysed, shared with people and used to make improvements to the service.

Rating at last inspection:

Rated Good (Report published 29/10/2016).

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Sandwell Multi-Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector with two other colleagues shadowing the process.

#### Service and service type:

Sandwell Multi-Care is a domiciliary care service. It provides personal care to people living in their own homes and offers respite support to relatives. CQC regulates only the care provided. 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:

This inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be able to speak with the registered manager who was sometimes out supporting staff. Inspection site visit activity started on 30 May and ended on the 31 May 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

We used information the provider sent us in their provider information return. This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the commissioners who commissioned services from this provider and other stakeholders.

During the inspection people could not share their views verbally over the telephone but we were able to speak with one person and three relatives. We spoke with two members of the care staff, two care coordinators and the registered manager. We reviewed care records for three people and records related to the management and quality of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ The registered manager could explain the processes they followed to keep people safe.
- ☐ Care staff could explain what abuse was and the actions they would take where people were at risk of harm. A care staff member said, "We receive regular safeguarding training. If someone was at risk of harm in their home, everything is reported back to the office".
- ☐ We found that care staff attended safeguarding training, so they understood how to protect adults and children which we confirmed from training records.

Assessing risk, safety monitoring, management and Learning lessons when things go wrong

- ☐ Care staff understood how to manage risks to how people were supported.
- ☐ We found risk assessments were in place to identify why equipment like a hoist was used and the assessment was reviewed regularly.
- ☐ A relative said, "Risk assessments are done and I have a copy at home".
- ☐ We found where accidents or incidents happened that the registered manager monitored for trends, so any lessons could be learnt to improve the service.
- ☐

Staffing and recruitment

- ☐ Relatives told us that care staff arrived on time and there was enough care staff to support their relatives.
- ☐ We found that the registered manager employed enough care staff to ensure people received support timely.
- ☐ The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- ☐ People were supported with their medicines safely and relatives told us they were happy with how medicines were being administered. We found records used were clear and accurately identified who administered the medicine and how frequently.
- ☐ Care staff told us they received training before they could support people with their medicines and their competences were checked as part of a spot check process.
- ☐ Where people received medicines 'as and when required' we saw that the appropriate process was in place to guide care staff.

Preventing and controlling infection

- ☐ Care staff told us they had access to protective equipment when supporting people. A staff member said, "We do have gloves and aprons when carrying out personal care". Relatives confirmed staff wore gloves when supporting people.



# 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

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

- ☐ People's support needs were assessed and their choices were respected. A person said, "An assessment did take place before the support started and I was involved".
- ☐ We found that people's likes, dislikes and interests were part of the assessment process. Relatives we spoke with confirmed this.

Staff support: induction, training, skills and experience

- ☐ Care staff told us they felt supported. A care staff member said, "I do feel supported. I only work part time, but I feel I could share anything with the manager".
- ☐ Care staff told us they received regular supervisions, could attend staff meetings, had yearly appraisals and had regular training. We identified a small number of gaps in staff training, however this did not impact negatively on people currently using the service. The registered manager assured us action would be taken to address this.
- ☐ Care staff undertook induction and shadowed other more experienced care staff. As part of the induction the Care Certificate was used. The Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diet and Supporting people to live healthier lives, access healthcare services and support

- ☐ Relatives told us people's diet was maintained by care staff and people decided what they had to eat and drink.
- ☐ We found that while people's relatives maintained their healthcare on a regular basis, care staff were aware of people healthcare needs. Where needed in an emergency or if people were not feeling well care staff would access health care support as required.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The registered manager demonstrated how they worked with other agencies to ensure people were provided with a smooth transition when providers changed.

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.

- The provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- A person we spoke with confirmed their consent was sought and relatives confirmed this. Care staff told us people's consent was always sought.
- Whilst there was no impact on people currently using the service, some care staff had not undertaken training about the MCA recently.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ A person told us care staff were kind and caring and they felt supported. A relative said, "The care staff are fantastic, caring, compassionate, kind and most important they had empathy. I would not go away on respite if I did not trust them".
- ☐ Care staff knew people's diverse needs and supported them as they wanted. The Equality Act characteristics were an integral part of how people were supported. We found information was gathered as part of the assessment process, which relatives confirmed and told us care staff sought further information while they supported people. The registered manager told us they and all care staff would receive further training in the Equality Act to ensure care records included more detail regarding this.

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

- ☐ Relatives told us that care staff supported people to share their views and ensured they knew people well enough to understand them. They told us care staff always obtained people's views before providing care. A relative said, "Staff never rush and go out of their way to learn gestures and body language, so they can understand what to do when they are in my home on their own".

Respecting and promoting people's privacy, dignity and independence

- ☐ Care staff could demonstrate how they respected people's dignity, privacy and independence by giving examples. A care staff member said, "I would cover people up during personal care and also shut the door and close curtains".
- ☐ Relatives told us care staff would always close the door and let people do what they could for themselves. A relative said, "All staff respect his [person receiving support] dignity, privacy and independence. For example, staff would support him to the toilet and stand outside the door in case he needed help".

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- ☐ We found that assessments and care plans were in place. These gave care staff guidance about how to support each person. A person said, "I have a copy of my care plan and I attend reviews".
- ☐ Relatives also told us that reviews took place and we saw evidence of this.
- ☐ Care plans included people's preferences and wishes and where people had a DNAR in place we saw a copy was on their care records. A DNAR means Do Not Attempt to Resuscitate in the event of a cardiac arrest.
- ☐ We found that people had choice and control over the support they received from care staff.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints process in place, so people could share their views. A person said, "I was given a copy of how I could complain, but I have never had to".
- ☐ Relatives told us they knew how to complain and had raised minor concerns which were acted on immediately.
- ☐ We found that a record of how complaints were dealt with was kept showing the actions taken and to monitor trends.

End of life care and support

- ☐ The provider told us they were not providing end of life care to people currently but would ensure care staff had the relevant training and support if this was required in the future.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ There was a registered manager 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.
- ☐ We found the support people received was diverse as is required within the Equality Act 2010. Relatives told us care staff supported people recognising their diverse needs. However, the registered manager and staff had limited knowledge about the act and its purpose. The registered manager told us they would ensure the protected characteristic were more thoroughly covered in people's records and all staff would receive further training.
- ☐ We found that staff knowledge about the Mental Capacity Act 2005 was limited and the registered manager told us they would arrange for all staff to receive further training. Staff told us the training they had was part of their induction process some years previous and staff had not had training since.
- ☐ Spot checks and audits were taking place to monitor the safety and quality of the service people received. The registered manager told us the provider visited the service regularly however records of their visits were not kept. The registered manager told us they would ensure a form was completed in future to show the outcome of such visits.
- ☐ Staff confirmed there was a whistle blowing policy in place and could explain its purpose but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- ☐ It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was not displayed within the office location and the provider did not have a website. The registered manager acted to ensure the rating was displayed immediately. This meant people, relatives and visitors to the service were kept informed of the rating we had given.
- ☐ The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- ☐ Relatives told us they completed questions on the service quality and were given information as to the outcome.

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

- We found there were accurate records and planning to ensure people received a service that was centred around their support needs.
- Relatives spoke highly about the service, the support people received and the empathy all the staff showed.
- All staff knew people well and the support they needed. Where concerns were identified they were dealt with in line with the duty of candour requirements and people and their relatives kept up to date with any progress.
- The registered manager ensured people and their relatives were involved in how the service was managed and run. This ensured people's support needs were met how they wanted.

#### Continuous learning and improving care

- We found the systems used to communicate with people met with the Accessible Information Standard (AIS). The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability, impairment or sensory loss. However, while people were communicated with appropriately the registered manager and staff did not know about the AIS. The registered manager assured us this would be discussed in the next staff meeting.

#### Working in partnership with others

- The registered manager demonstrated they worked closely with agencies, so the support people received would be what they wanted. This included working closely with the Clinical Commissioning Group (CCG), the local authority, local hospital and other local health colleagues.