Monarch Care Services UK Ltd

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Inspection report

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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

The inspection took place on 27 October and 02 November 2017 and was announced. We gave the service 48 hours' notice of the inspection because we wanted to visit people in their own home. We needed to be sure that this could be arranged.

Monarch Care Services UK Ltd is registered to provide personal care services to people in their own homes. On the day of the inspection, 78 people were receiving support. 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.

People felt safe in the service. There was sufficient care staff who knew how to keep them safe. Where staff were recruited the provider did not ensure that the recruitment process where being adhered too. People received their medicines as it was prescribed, but care staff needed further guidance to administer medicines 'as and when required'.

Care staff were not consistently supported to ensure they had all the skills and knowledge necessary to support people by way of regular supervisions. People's consent was sought and the Mental Capacity Act (2005) was being adhered to, however care staff had not received the appropriate training consistently.

People received caring and compassionate support from care staff. People were able to decide how they were supported and care staff did this by ensuring people's independence, privacy and dignity was respected at all times. People's support needs were assessed but the care plan did not always reflect the up to date support people received. Where people had diverse support needs, the provider did not ensure this was captured appropriately so their support was person centred.

Whilst most people knew how to complain where needed, the provider did not ensure people were all given a copy of the complaints process.

People's views were gathered by way of a provider questionnaire; however care staff were still unable since the last inspection to share their views. The registered manager and provider completed spot checks but these were not effective in identifying areas for improvement or concern. People did not always know who the registered manager was.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

While there was sufficient care staff, they were not consistently being given travel time between calls to ensure they supported people on time.

The provider's recruitment procedure was not being adhered to consistently.

While people felt their medicines were being administered as it was prescribed. The provider did not ensure care staff had sufficient guidance to administered medicines 'as and when required'.

Is the service effective?

Requires Improvement

The service was not always effective.

While care staff felt they were able to access support when needed they did not receive supervision and training on a consistent basis.

People's consent was sought before care staff supported them. The provider had the appropriate processes in place in order to adhere to the Mental Capacity Act 2005 however care staff did not receive consistent training.

People were supported with their health care where appropriate.

Is the service caring?

Requires Improvement

The service was not always caring.

Care staff were kind, caring and compassionate.

The provider did not ensure the service was managed in a way to show it was caring.

The provider did not ensure an advocacy service was available to support people to share their views where needed.

People's privacy, dignity and independence was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

An assessment and care planning process involved people to determine their support needs.

While the provider had a complaints process not all people and relatives were given a copy.

People's equality and diverse needs were not all being captured as part of the assessment process.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not taken sufficient action since the last inspection to ensure people knew who they were. People did not feel the service was always well led.

People were able to share their views using a provider questionnaire. However the provider did not take action to ensure care staff were able to share their views.

The registered manager and provider completed spot checks but they were not effective in identifying areas for improvement or concern.

Monarch Care Services UK 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.

Our inspection took place on 27 October and 02 November 2017 and was announced. We gave the service 48 hours' notice of the inspection because we wanted to be able to visit people in their own homes and we needed to be sure this could be arranged.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return. 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. We reviewed this information and information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

We requested information about the service from the Local Authority and the information they provided was used as part of the inspection of this service.

We visited the provider's main office location and we spoke with eight people who used the service, five relatives, five members of the care staff, a care coordinator, the registered manager and the provider who was also present throughout the inspection. We reviewed three care records for people that used the service, reviewed the records for four members of the care staff and records related to the management and quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection in August 2016 we found that there was not sufficient care staff to support people in a timely and safe manner. This led to the provider being given a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan outlining how they would make the necessary improvements, which they did. We inspected the in January 2017 to check on the actions the provider told us they had taken.

At this inspection, we found that the improvements the provider told us they were going to make had taken place. We found that recruitment of care staff was still ongoing and care staff were working in much smaller teams to allow people to receive support in a timely consistent basis. We also found the provider had implemented a new timesheet system, which required care staff to phone in when they arrived and left people's homes. We found this had improved the provider's ability to know when care staff had arrived to support people and how long they were there for.

We asked people if there were enough care staff and did they arrive on time. A person said, "I think so. We have the same carers four days a week and a change at weekends, but not had any problems at all with them [care staff]. Well pleased". Another person said, "I have a rota so I know who is coming. I know a lot [care staff] are leaving but it hasn't affected us". A relative we spoke with said, "Well they [office staff] do send different carers so I don't know if that is because they [office staff] are short or not but they [care staff] are all very good with mother whoever they [office staff] send". Care staff we spoke with had a mixed view as to whether there was enough care staff. One care staff member told us there was not enough care staff to support everyone and they had to rush to fit all their calls, as they were not given enough travelling time between their calls. While another care staff member told us, there was enough care staff. We found that travelling time was being given as the provider told us in their provider information return (PIR), but this was not happening on a consistent basis to ensure care staff were all able to support people on time. We discussed this with the registered manager and provider who told us they would check to ensure that all care staff were able to receive appropriate travel time between their calls. We found that recruitment of care staff was an ongoing process due to the high turnover of care staff. However, we found there was sufficient care staff to support people how they wanted.

The care staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before they were appointed to their job. This check was carried out to ensure that care staff were able to work with vulnerable people. The provider's recruitment process also included references being sought to ensure care staff had the appropriate character to work with people. While care staff told us they were required to provide two references we saw that two references were not always sought to ensure care staff had the right character to work with people and the provider did not ensure a full work history was captured as is a requirement. Care staff confirmed they were able to shadow more experienced care staff as part of their induction process and their experiences, skills and knowledge were checked before an appointment was made.

People were asked to tell us how they were supported with their medicines. A person said, "I have tablets on

both of my calls and they [care staff] get them ready for me and ensure that I take them as prescribed". Another person said, "Yes my meds are in a blister pack. When they [care staff] call they put them all out for me to take which I can do myself". A relative we spoke with said, "They [care staff] get all her [person receiving the service] meds ready for her out of a blister pack and give them to her with water making sure that she has them on time". Care staff we spoke with told us they were not able to administer medicines until they had completed training. A care staff member said, "I have had training in administering medicines and I get a spot check every six months". While we found that care staff were not able to administer medicines without being trained and a spot check was carried out, this spot check did not check the competence of care staff to administer medicines safely. The check being carried out was to ensure the Medicines Administration Record (MAR) was being completed correctly. The registered manager and provider told us they would implement a competency check to ensure care staff administered medicines as required.

Care staff we spoke with did not all understand how to administer PRN medicines. These are medicines administered 'as and when required'. At our inspection in August 2016, we identified concerns with how PRN medicines were administered. There was no process in place to guide care staff and the medicines procedure did not refer to PRN medicines. The registered manager took action on the day of the inspection to put a protocol in place. However, at this inspection we found that the actions they had previously taken had not been followed up on. The registered manager provided us with documentation after the inspection to show the actions they had taken to implement further training and update their policies and processes in administering PRN medicines.

People we spoke with said, "I have four calls a day and feel completely safe with all of them [care staff]. I have a stair lift, they [care staff] watch me on it and make sure I am safe when getting me settled for bed", "Yes quite safe. Some [care staff] are better than others now and do a bit more but I feel quite safe with them [care staff] all when they assist me to wash and help me get dressed so I don't fall over". A relative we spoke with said, "Yes he [person receiving service] is safe". We found that while care staff had access to safeguarding training not all care staff who provided care had completed this training. Care staff were however able to explain what abuse was and the actions they would take where people were at risk of abuse. A care staff member said, "I would contact the office if I had any concerns".

Care staff we spoke with were able to describe the actions they would take following accidents and incidents. For example, where a person was found on the floor and the fall was not witnessed. A care member of staff said, "I would contact the office and log down what happened". The provider told us that systems were in place to record accidents and incidents and trends were analysed so lessons could be learnt and we were able to confirm this from the documentations we saw. Where required referrals had been made to healthcare professionals, for example to reduce the risk of a person experiencing further falls.

The provider told us in their Provider Information Return (PIR) that people had risk assessments in place. Care staff we spoke with confirmed this as they were able to access them in people's homes when needed. Care staff were able to explain how people were supported safely as a result of the information they were provided with in a risk assessment. We found from the records we saw that risk assessments were in place and used to identify how risks should be managed to keep people safe. Where equipment was being used for example a hoist we saw that risk assessments were also in place so care staff had appropriate guidance to support people safely.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in August 2016 we found that care staff were not able to access support when needed. The provider told us in their Provider Information Return (PIR) that care staff received regular supervision sessions and staff meetings. We found that while staff meetings did take place regularly and care staff we spoke with felt they were able to get support when needed, formal regular supervision sessions were not taking place on a consistent basis so care staff got the opportunity to share concerns. Supervision is a formal meeting where staff and their manager are able to discuss work concerns. Care staff we spoke with told us that supervision did not always happen. A care staff member said, "I don't remember when I last had supervision. It doesn't happen regularly". We saw from the supervisions that had taken place that they were not happening consistently and supported what care staff had told us. The registered manager and provider told us that some care staff may not have received supervision if they were off sick or unable to attend but would check to ensure all care staff received supervision regularly.

We found that while care staff were required to attend mandatory training and an induction course was available at the point care staff were appointed, this did not happen consistently. Health and safety, manual handling and food hygiene were some of the training the provider considered as mandatory. A care staff member said, "I have not completed the care certificate", while another member of the care staff told us they had completed the certificate. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We found from the care staff we spoke with that the duration of the provider's induction course varied which meant the content of the induction was not consistent. The induction documents we were provided with showed the duration of this training was much longer than care staff told us. The registered manager and provider told us that they had recently identified a number of problems with how staff were being trained and inducted and that the care certificate was also not being used consistently and they had already taken action to rectify these problems. They were able to show us the actions they had taken and how the concerns identified would be rectified.

We found from what people told us that care staff had the skills and knowledge to support them. A person said, "Yes I am very happy with them [care staff] all. They [care staff] help me in and out of the shower and dry me off. They [care staff] are talkative and gentle with me supporting me from any chance of falling. They [care staff] are very skilled and knowledgeable in my opinion". Another person said, "As I can't stand for long they [care staff] support me when moving me. They [care staff] advise when my meds are running low so I can order more so they certainly know what they are doing". A relative told us that, "[Carer's name] is brilliant. My husband looks forward to him coming. He is wonderful with him, gets him up, laughs and jokes with him and makes him feel so valued. My husband doesn't stand well but bounces out of bed when [carer's name] comes so I think that sums up his skills and knowledge that he brings here". Care staff were able to explain how people were supported and felt they had the skills to support people. We observed someone supported by care staff, which showed us they had the skills and knowledge to support the person.

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. The application procedures where personal care is being provided must be made to the Court of Protection.

We found that not all the care staff we spoke with had an understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). While some care staff were able to explain how people who lacked capacity were supported, other care staff had not heard of the MCA. We found that the lack of consistent training was an area of concern already identified by the registered manager and actions were already being taken. At the time of this inspection there was nobody using the service assessed as lacking in capacity.

People's consent was being sought. People we spoke with told us the following, "They do. I am a private person but they are nice and chatty although some more than others but they always ask first what I want doing as sometimes I don't fancy a shower but a wash instead", "They always without fail ask what I would like doing first, that's fine that is. They communicate with me whoever comes on first name terms I have no problems with this at all". Relatives we spoke with and the care staff all confirmed they always got people's consent.

People we spoke with told us they decided what they had to eat and drink and care staff only supported them to access what they wanted. A person said, "They always make sure I am comfortable before they leave me and also with a drink". Another person told us that care staff did not need to support them with their meals as their wife cooked all the meals. A relative said, "Yes I am happy. She needs prompting with her eating and they see to it that she does eat which is good. She does have her favourites though but they are all very caring toward her". We observed one person being able to communicate with care staff exactly how they wanted their sandwich done.

People told us that they did not need care staff to support them with health care. However, if they needed the doctor or an ambulance care staff would support them. Care staff we spoke with told us that where people needed support to call a doctor or get an ambulance in an emergency they would do so. A person said, "If I needed the doctor I am sure they would call him".

Requires Improvement

Is the service caring?

Our findings

Whilst people told us they were happy with the care they received from the care staff, the management of the service caused people concern. A person said, "When you contact the office when a carer is late no one rings you back". Another person said, "If the care staff are running late no one lets you know". We found from the provider's service users guide that as part of delivering good quality care to people that they would be advised when their regular care staff was unable to attend and we found this was not happening. People were left anxious and concerned as to whether they would receive any support.

We found that the provider had not made available an advocacy service to people where they may need to be supported or enabled to express their views. The provider had no reference to this in their service users guide so where people needed this kind of support they would know how to access it. People we spoke with were not aware of an advocacy service or how such a service could benefit them. Care staff we spoke with were not aware of an advocacy service being available or how it could benefit people.

People told us the following, "Very caring and polite although some [care staff] are more talkative than others and I like a chat as I am on my own", "They [care staff] certainly are, like the time I fell and they [care staff] were reassuring me through the letter box until the fire brigade arrived", "They [care staff] are all nice and friendly and very supportive". Relatives we spoke with said, "Brilliant. I am so pleased with all of them [care staff]. They let me know how she [person receiving the service] is, check her thoroughly all over each day, caring with her, yes well pleased", "Excellent they [care staff] will do anything that mother ask of them". We found that people were supported in a kind, compassionate and caring manner. Care staff we spoke with were able to describe to us the needs of the people they supported and understood why people were supported how they were. We visited some people in their own homes and observed the compassion from care staff and how they ensured the support people received was centred on them and was, as they wanted. Care staff and the people they supported got on well together and we observed people having a laugh and a joke while they were supported.

We observed some people deciding how care staff supported them. We observed one person in particular supported to walk as identified in their care plan. The person was able to dictate the pace and care staff listened and did exactly as the person wanted. The person said, "The staff do listen and are great". Another person we spoke with said, "Staff support me to do as much as I can for myself". Relatives told us that care staff listened and people decided how they were supported. A relative said, "Most certainly. They will even leave a note for me if she has requested anything special which I pick up when I get in".

People told us that, "They [care staff] are fully respectful of my privacy and dignity", "I am. They help me in and out of the shower and coax me to do it myself as I do try to stay as independent as I can. They always close the door when I am in the shower and have a towel waiting for me when I get out", "They always encourage me to do what I can to be independent. They are very good with my privacy when showering me and getting me dressed ensuring I am covered up and kept warm. I am never left with nothing on". Relatives confirmed what people had told us. Care staff we spoke with understood the importance of people being able to do as much for themselves as possible and principles around people's privacy and dignity being

respected. A care staff member said, "I always make sure people are covered during personal care and the door is shut so relatives can't just look in". The provider told us in the Provider's Information Return (PIR) that care staff were trained to respect people's independence, privacy and dignity. While we saw no evidence of this in the provider's training program care staff knew how and were respecting people's privacy, dignity and independence.

Requires Improvement

Is the service responsive?

Our findings

A person said, "As it happens I have got a review coming up on Thursday". A relative said, "We have not had a review of her [person receiving service] care plan and we have been with them [provider]18 months". Care staff we spoke with were unable to verify with any consistency that reviews were happening. We saw no evidence to show that reviews were happening, who attended and what was being discussed or decided. We discussed this with the registered manager and provider who told us that reviews were taking place but were not able to evidence as no formal record was being kept consistently. They told us that reviews would be noted more in future to show what took place.

The provider told us in the Provider Information Return (PIR) that they had a policy on equality and diversity and that care staff received training in this area. Care staff we spoke with confirmed this. We found that a policy and training were in place but care staff were not able to explain how they ensured the support people received was delivered in a way that encompassed people's diverse needs. We found that the assessment process did gather some basic information on people's cultural, religious and ethnicity but did not gather sufficient information on people's diverse needs for example, their sexuality to ensure any support was person centred. We also found that the questions being asked were not always being completed as part of the assessment process. The registered manager and provider told us they would action the concerns we found to ensure care staff were able to support people while ensuring their diverse needs were appropriately gathered through the assessment process and met.

We asked people if they knew how to complain and whether they had a copy of the complaints process. A person said, "I have no complaints at all the service is terrific, but if I did I would call the office. I have the information all here". Another person said, "I haven't been given a copy of the complaints, but I guess I would phone the office. I am happy with the service and have nothing to complain about". A relative said, "I am not sure to be honest. I would call the office if I have an issue". Care staff we spoke with all told us they would pass any complaints onto the office, but were not all able to confirm that they had seen, received a copy of or knew exactly what the complaints process was. The provider told us in their PIR that they had a complaints process and that trends were being monitored. We found that while a complaints process was in place and trends were monitored not all the people and relatives we spoke with had received a copy of the complaints procedure or the provider had ensure they knew a copy was in the information provided when the joined the service.

People we spoke with told us that before they received any care an assessment and care plan was completed which they were part of. A person we spoke with said, "Yes I had full input into my care assessment before it started". Another person said, "Yes I was involved together with my family". Relatives we spoke with all told us that a care plan and assessment process was completed and they were involved. A relative said, "Yes fully involved. So pleased with them the previous company were awful. I can sleep better now". Care staff we spoke with told us that assessments and care plans were being used and were able to demonstrate a good understanding of the needs of the people they were supporting. We were shown care plans, assessments and other documentation that people had available to them during our visits to a number of homes.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in August 2016 we found that care records were not always consistently kept. At this inspection we found there had not been sufficient improvement. Care records were still not consistently kept to show how people were being supported and they were not always up to date. We found that care records were also not being signed to show where people had agreed or consented in writing. Where care staff shadowed more experience care staff during their induction we found that appropriate records were not in place to show the outcome of the shadowing, when it took place and whether there were areas of improvement/any actions needed.

We found that while 'spot checks' were taking place by the registered manager and provider they were not always happening consistently or effective in finding out areas of concern or improvement. We found no audit process in place to ensure that sufficient references and a full work history was being gathered where care staff were being recruited. We found a number of care staff files where recruitment information had not been gathered appropriately. Where medicines were being administered, appropriate spot checks were not being carried out to ensure medicines were being administered as required as per the provider's medicine procedures. We found unexplained gaps on the Medicines Administration Record (MAR). These gaps could potentially have been where people had not been administered their medicines or medicines were not needed. The registered manager was unable to explain why there were gaps and the checking process had not picked these up so was not effective.

At our previous inspection in August 2016 we found that people and relatives did not all know who the registered manager was. At this inspection people said, "I don't know who the manager is but I know she is a lady", "No I don't know the name of the manager" and "I do know who the manager is but she is never willing to speak to me on the telephone". Relatives we spoke with all knew who the registered manager was. We found that while people had the contact details for the office and were able to contact the office they did not always know who the registered manager was to be able to ask for them. The registered manager told us that they had carried out a number of spot checks on care staff in people's homes as a way of people getting to know who they were. But they would look at other ways to improve the view people had of them and who they were.

We asked people if the service was well led and they told us the following, "No sorry I don't", "No I don't even know the name of the manager", "Care provided very badly organised". Relatives we spoke with said, "Not at first it wasn't, we had all those missed calls I mentioned and the staff at the office were not nice when speaking to me or my daughter. I felt scared to ring them. It has improved though and is ok at the moment", "Mostly but they [office staff] could do with calling me if they are running late. One night they turned up at 10.45pm. I do call them but they never return my call to confirm anything". A care staff we spoke with said, "The care is good but the office side is not very sociable" and "I would say it was well led but there are some areas that still need improvement". We found that people were generally happy with the standard of care they received and improvements had been made but felt the service was still not managed very well. This was due to poor communication between the office and service users and the office staff did not treat people as well as they should.

We found that the provider had no system in place to log missed calls. Such a system would allow the provider to be able to monitor trends and taken appropriate action to reduce missed calls on a consistent basis. The registered manager and provider told us they would introduce a system to log missed calls.

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

People and care staff told us that there was an on call system in place to enable them to contact someone in an emergency when the office was closed. We found that the provider had an on call system so in situations such as a bank holiday, weekends or on evenings when the office was closed people and care staff could get advice. However people told us that when they tried to contact someone in an emergency no one answered the call. The registered manager and provider were already aware of this and had already taken action to resolve the problem.

We found that the provider used questionnaires to gather views on the service so where improvements were needed this could be done. The information gathered was then analysed and feedback sent out to people and their relatives. People we spoke with said, "Yes I have received feedback surveys which I return", "Yes I have had feedback surveys about the service I receive. They do send them out from time to time". We found at our last inspection that care staff views were not gathered as part of the questionnaire process. At this inspection no improvement had been made. Care staff we spoke with told us again that they had not had questionnaires.

Whilst we saw that care staff communicated with people in a way that supported them to make decisions as to how they were supported. We found that the office did not always communicate with people as well as they expected. We found that the registered manager and provider were already aware of these concerns and had already taken some action.

We found that a whistle blowing policy was in place. Care staff we spoke with were aware of the policy and was able to explain the circumstances where they would use the policy to keep people safe. A care staff member said, "I do know about the whistle blowing policy and when I would use it".

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 that the provider had displayed their rating as required.

The registered manager knew and understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

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 The provider did not ensure the effective governance of the service, including assurance and auditing systems were effective in ensuring the quality of the regulated activity. In addition, the provider did not ensure people receiving the service could access the office effectively.