

Mach Care Solutions Limited

Mach Care Solutions (Birmingham)

Inspection report

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Date of inspection visit:

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14 May 2019

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05 June 2019

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

About the service:

Mach Care Solutions is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 70 people were receiving care and support services.

People's experience of using this service:

People told us they felt safe and staff knew how to protect people from the risk of harm or abuse. People's risks were assessed, monitored and managed. People were supported by a sufficient number of safely recruited staff. Medicines were given as prescribed. Staff had access to personal protective equipment. Accidents and incidents were monitored and reviewed. The registered manager informed us as required by law.

People were cared for by staff who had the skills and knowledge to meet their needs, Staff understood their role and felt supported by the management team. Staff sought people's consent before care was provided. People were supported to access healthcare agencies when required.

People told us staff were kind in their approach. People told us their dignity and privacy was maintained and they were involved in the planning and review of their care.

People received care that was responsive to their needs. Care records were reflective and up to date. The provider had a complaints process in place which people were aware of and knew how to access.

The provider had quality auditing and monitoring systems in place which included competency checks on staff practice. People and staff said the provider and management team were approachable and the culture of the organisation open and friendly.

Rating at last inspection:

Requires improvement (report published 27 June 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service was requires improvement overall (in the key questions of Caring and Well-led). We found the required improvements had been made and the service has met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through intelligence we receive about the service 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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Mach Care Solutions (Birmingham)

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:

The inspection was carried out by one inspector and an assistant inspector.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) we require providers to send this to us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at four recruitment, training and supervision records for staff. We also looked at records which supported the registered manager and the provider to monitor the quality and management of the service. We spoke with 13 people, 12 staff, the registered manager and three senior care staff. At the time of the inspection the agency was supporting 70 people.

Inspection site activity started on 09 May 2019 and ended on 14 May 2019 It included telephone calls to people and their relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 09 and 14 May 2019 to see the registered manager and to review care records, policies and procedures. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included five staff files to check suitable members of staff were recruited and received appropriate training. We also looked at records relating to the management of the service to ensure people received a good quality service.

Details are in the key questions below.

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

- People told us they felt safe with the staff who supported them. One person told us, "I am as safe as houses with the staff who come, they look after me really well."
- Staff we spoke with understood their responsibilities to protect people from the risk of harm or abuse. All staff told us that they had training in keeping people safe. One member of staff told us, "I would tell my manager if I had any worries or if someone told me that they had some concerns."
- The registered manager understood their responsibilities to act and report on suspected abuse and had effective systems in place.

Assessing risk, safety monitoring and management

- People told us risks to their health and well-being had been assessed and staff understood how to care for them safely. One person told us, "The staff make sure I am safe when they leave they lock my door, check my windows, make sure I have my frame and leave me comfortable." ● Risks to people had been identified and care records contained guidance for staff to refer to, so people were supported safely.
- Staff we spoke with had good knowledge of people's individual risks when they were supporting them. One staff member told us, "I give support with meals, so I have to make sure that the meal is not too hot, because they could get burnt." Another staff member told us, "We have to make sure that people have got their equipment nearby, such as their Zimmer frame to prevent them falling."

Staffing and recruitment

- People and staff told us there was enough numbers of staff to meet people's needs. One person said, "Staff are good and on time. They will tell me if they are held up and will stay my full time. I have not had a missed call." All the people we spoken with told that staff would always attend. As near to the time as possible.
- The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This ensured only suitable people were employed to support people.

Using medicines safely

- People told us their medicines were managed safely. One person told us, they [staff support me with my medication now, because I was forgetting to take it, and I feel much better for them doing so."
- Staff told us they were trained in the administration of medicines. The registered manager had introduced a competency check form to ensure medicines were given as prescribed.
- People we spoke with and Medicine Administration Records (MAR) confirmed people had received their medicines as prescribed.

Preventing and controlling infection

- People told us staff used gloves and aprons, when providing care and support. One person said, "Staff always wear gloves, when they are supporting me, I think that this shows me that they are trying to ensure I don't pick anything up and get ill."
- Staff were knowledgeable about how to reduce the risk of infection and said personal protective equipment PPE was readily available to them.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. The provider had a system in place to learn from incidents when they occurred and used the information to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

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 needs had been assessed, monitored and reviewed so the care they received met their needs. When people's care needs changed a review was completed and an assessment done to see if more staff was required or their care plan needed changes to reflect their current care needs.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. One person told us, "Staff definitely know how to look after me, I know they have all sorts of training, we have a good chat which I really like, lovely girls." A relative told us, they [staff] certainly perform as if they are trained I have no complaints. I feel they look after named person well and their skills come through."

- Staff told us they felt supported in their roles and attended both one to one and team meetings to share ideas and to discuss areas of development.

- New staff received induction training which included the Care Certificate and shadowing experienced members of staff. The Care Certificate is a nationally recognised set of standards for staff working in care settings.

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

- People told us they were supported when they needed assistance with food or drink.

- Staff told us they supported people with their dietary needs in line with their preferences and information was available for staff to refer to in the care record if required.

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

- Staff worked with other healthcare providers when required and understood the action they should follow if a person was unwell and required medical assistance.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People told us they were asked for their consent before they received care from staff. They explained staff acted in accordance with their choices and wishes. One person said, "Staff ask what I would like to have done first".

- Staff we spoke with had knowledge of how to gain a person's consent and ensure their wishes were respected.

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.

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

- People told us they were involved in decisions about their daily care, such as whether to have a wash or shower, what clothes to wear and what they wanted to eat and drink. If they needed something else doing staff would help them. One person told us, "The staff are always willing to help."
- People, and when required their relatives, were involved in any review of their care needs. One relative said staff are very good at letting me know when things have changed such as [person's] care to make sure I have up to date information."
- Staff told us that the care people have is what they ask them to do. One staff member told us, "We always ask what is needed and people tell us, and that's what we do." One person told us "They are kind and know what I need and how to look after me properly."

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

- People and their relatives spoke positively about the caring attitude of staff. One person said, "Yes [staff] are nice and caring in what they do for me." A relative commented, "Staff all care and are very kind in my opinion. They are all lovely and [person] would agree."
- Staff spoke with kindness about the people they supported and knew people's individual choices and preferences.
- Staff told us they had time to complete the tasks expected of them and calls were not rushed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect when providing care. One person told us, "[Staff] are very respectful, about my dignity they wait until I am ready and talk to me throughout as to save me embarrassment." Another person told us, "[Staff] are most respectful."
- Staff told us how they promoted people's privacy and dignity. One member of staff said, "I close the doors when providing personal care and ask if person is happy. I will cover them up with a towel and won't rush."
- People were supported to maintain their independence. One person said, "[Staff] let me do what I can for myself." Staff explained they encouraged people to do as much as they could for themselves. One member of staff told us, "I am there to keep them safe but offer encouragement to maintain their independence."

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

- People told us they were involved in decisions about how they wanted to receive their care. One person said, "I have had input into the [care plan]; it is up-to-date and it's here to look at if I wish."
- Staff knew the people they cared for well and could describe the support they provided including people's personal preferences. One person told us, "The carers do a beautiful job, I respect them, and they respect me."
- Care records we looked at were up-to-date, personalised and reflective of people's needs.
- Information about people's health and support needs was available for staff to refer to for people to receive safe care.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. One person said, "I have had a few issues in the past, but they sorted them out quickly and now all is good."
- The provider had a system in place to log and investigate complaints. Records seen showed complaints were fully investigated. One person told us, "I would not say it was a complaint, it was something that I wanted changing which was sorted straight away so I was very happy."

End of life care and support

- There were no people using the service who required this level of support at the time of our inspection.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection improvements were required to monitor the quality of service provided to people. At this inspection the provider and registered manager had developed and sustained improvements at the service since the last inspection.
- Governance and quality assurance systems were in place to monitor service delivery. Regular checks were carried out of care records, MARS and communication books to ensure people received their care as planned.
- Regular spot observational checks were carried out on staff performance to ensure people received safe effective care.
- The service ensure there was an out of office on call system so people could get advice and support if required.

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

- The provider notified CQC of events such as safeguarding's and serious injuries as required by law.
- People told us that they could contact the office and there was always someone they could speak to if they had any worries
- Staff told us the management team were very supportive and open and friendly. One member of staff told us, "I feel very well supported by the managers they are always available to speak to. It's a good company to work for, I am very happy in my job."

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

- The registered manager spoken with people through telephone conversations, visits to their homes and care reviews. Information was analysed, and areas of improvement identified.
- Staff meetings were held so staff could share any ideas with the management team. One staff member told us, "if you have any good ideas they [management team will try it, they also speak with us in supervision, so I feel that we are well supported."

Continuous learning and improving care, working in partnership with others

- Training was ongoing for both the management team and staff to maintain and develop their knowledge to ensure care continually reflected a person's needs.
- The provider worked in partnership with other professionals to ensure people received the support they required. The providers PIR told us, "Our management approach is in line with our statement of values and purpose. We have a quality assurance system to meet our registration and commissioning standards and to

effect continuous improvements to the service. We obtain regular feedback about our care from service users, relatives and other stakeholders through informal discussions, regular meetings and annual surveys, which are staggered for the different audiences." The evidence found during the inspection demonstrated that the provider sought feedback from people and used the information to improve the service were required.