

MSC Home Care Ltd

# MSC Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 30 September and 3 October 2016. This was an announced inspection and we telephoned the provider two days' prior to our inspection, in order to arrange home visits with people.

The service provides care and domiciliary support for older people who live in their own home in and around Stoke on Trent. At the time of the inspection 108 people were receiving a service.

There was a registered manager in the service. 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.

There were processes to monitor the quality of the service provided although these systems were not effective. The provider had not identified concerns with people not receiving the correct length of support time and recording of medicines. People generally received the support visit on time but some people did not receive their support for the agreed length of time. Travelling time was not included in the staff roster which impacted on the support people received. The views of people were sought but this was not used to drive improvements within the service.

Where people had capacity to make decisions about their own care their consent was sought before staff provided any care and support. Where people lacked capacity, the provider had not gained assurances that other people were making decisions in their best interests and whether people had the required legal authority to do so.

People were protected from the risks of abuse because staff knew how to recognise this and knew how to report their concerns. Safeguarding incidents were reported to the local authority to ensure these could be investigated.

People received care and support from staff who were well trained and knew how people liked things done. Staff received supervision and had opportunities to develop their skills to meet people's changing needs.

People were treated with care and kindness and they were supported to be as independent as possible. Positive and caring relationships had been developed between staff and people who used the service. People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. People were supported to express their views and be involved in planning their care.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

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

Good ●

The service was safe.

People felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people. People were supported to take their medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Where people lacked capacity, necessary checks needed to be taken to ensure only people who had the necessary authority could make decisions on their behalf. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from care staff who understood their individual needs.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive the agreed level of support that had been commissioned by the local authority and systems were not in place to identify where people's support visits needed to be reviewed. Support plans were not always reviewed to reflect

the care people were receiving. People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted to be supported.

**Is the service well-led?**

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these did not ensure people were receiving the correct length of support and audits had not always identified where improvements needed to be made. The quality of service people received was monitored through feedback from people although this was not used to drive improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

**Requires Improvement** 

# MSC Home Care Limited

## **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 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.

This announced inspection visit took place on 29 September and 3 October 2016 and was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We visited five people with their relative or friends and spoke with seven staff and the registered manager. We spoke with 18 people on the telephone and sent questionnaires to people who used the service, staff and professionals and have used this information to help us form a judgement about the service people received. There were 108 people receiving a service at the time of our 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People were confident that the staff supported them in a way which helped to keep them safe. People used a variety of equipment to help them to mobilise and staff knew about the risks associated with people's care and how these were to be managed. One member of staff told us, "This equipment is in place before we start providing any care and it is put in place by the occupational therapist. We have training for helping people to move and have a 'dummy body' in the office. We are not moving boxes so it's even more important we get things right. Some people have fragile skin and we have to make sure we are doing everything right." One person told us, "The staff are really wonderful and are so careful when they help me to move." A relative told us, "It's lovely to have the trust and not have to check everything. I know [person who used the service] is safe and comfortable. The staff know how to get them into the right position and put pillows and cushions around them so they are comfortable."

Some people were responsible for taking their own medicines and were independent in this area and other people needed support or prompting. People told us they received their medicines in blister packs. One person told us, "It makes it so much easier as I don't have to worry about missing anything as it's all packed ready for me." One member of staff told us, "Sometimes we help people take them out of the blisters as it's difficult for people. A lot of people have capacity and take the tablets themselves." Where medication changes were made, a medication review was carried out by senior staff to ensure this was accurately recorded in the support plan. One member of staff told us, "We have to check nothing else has been prescribed as if people go to the doctors, this can all change. People are very good at letting us know but if we notice anything different it's reported to the office and the seniors make the changes." Staff received training to safely administer medicines and one member of staff told us, "It's important we know what tablets are for and what the side effects could be. We may be the only people seeing them that day so we need to make sure they are well."

Staff had a good understanding and knowledge of safeguarding people and described how they would recognise possible abuse or neglect. Staff had completed training in safeguarding people and understood their responsibilities to report any concerns and one member of staff told us, "People have to be at the heart of what we do and we need to make sure they are protected." Where staff had identified concerns these had been reported to the safeguarding team. The registered manager worked with the local authority to ensure people were protected from any possible future harm.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. One member of staff told us, "I've had my police check and references and it was made clear that everything had to be alright so I could work here with people. I think the checks are a good thing as we have to make sure the right people work here."

People felt there were enough staff working in the service to meet their needs although they received their care from a range of different staff. People told us they generally received their visit on time. One person told

us, "We understand that staff can be late because of an accident or someone may be in danger. It can't be helped." Staff telephoned the office when they started and finished their visit to record the actual time spent with people and we saw this was also recorded accurately in people's daily care notes. People knew how to contact staff in the event of any emergency and one person told us, "If there's a problem then we have the number to call. It's always been answered when I call so this gives me some extra reassurance." Some people had private arrangements in place and wore an emergency call pendant. One person told us, "I have a call pendant but whenever the staff leave, they always ask me if I'm alright and if there's anything they can do for me. If there is they make sure it is done before they leave which is nice of them."



## Is the service effective?

### Our findings

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that a capacity assessment had been completed by a social worker from the funding authority prior to starting using the service. Where people lacked capacity there was no information about how decisions about their care had been made in their best interests. The registered manager told us that some people had decisions made on their behalf through a lasting power of attorney (LPA) for finances and health and welfare. An LPA is a way of giving someone people trust the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions. The registered manager had not seen a copy of this to ensure this was registered and whether there were any conditions they needed to consider. This meant assurances had not been sought to ensure people making decisions on their behalf had the legal authorisation to do so.

People were asked about how they wanted to be supported and consent was gained before providing support. One person told us, "The staff always ask if they can help and what do I want. I'm never forced into doing anything I don't like and they respect how I feel that day." The registered manager and staff understood that where they identified concerns about people's capacity, assessments needed to be carried out and that decisions needed to be made in people's best interests. The staff had received training in relation to MCA and one member of staff told us, "It means people need help making decisions because they can't anymore."

New staff received an induction into the service after all recruitment checks had been completed. One member of staff told us, "I've been working with a second member of staff whilst I've been learning what to do. I had my moving and handling training in the first week and although it's different working with people, it was really useful as it taught me what to do. The other staff have been really supportive and make sure I'm doing things right." All new staff who did not have a care qualification completed the care certificate which sets out common induction standards for social care staff. This has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I started on this when I began working here I've been completing the first book which is about what to expect in my job here. I like it as I'm new to this work so it's really helpful." Another member of staff told us, "It's about the core principles and it's a great place to start." Following the induction, the staff received their first supervision and had an opportunity to discuss their performance and future training needs to ensure they could continue to develop the skills they needed to support people.

People were confident the staff had the skills they needed to support them. People received care from staff who were supervised and their performance and knowledge was assessed by senior staff. One member of staff told us, "The manager is really supportive and not only checks we are doing things right, but works with us on calls. They also do the care calls themselves so they know what they are talking about and know the person. That gives me extra confidence in them." Staff received individual supervision to discuss anything that was concerning them, their performance and opportunities for the future development of their role. One member of staff told us, "There are lots of opportunities to meet up and discuss what's happening. I'm really happy I chose to work here and I've been very impressed with the level of support."

People retained responsibility for managing their own health care and where people needed support this was provided. We saw that people were supported to contact health professionals when they were unwell. One person told us, "The staff are fantastic, I've not been very well recently and the staff made sure I was seen by the doctor. I wouldn't have done anything myself as I can't use the phone and hear what they are saying, so I can't thank them enough." Another person told us, "If the staff think I'm a bit run down, they will call the doctor or nurse for me. They'll even pick up any prescription which is more than they should do, they are so kind."

Some people needed support to prepare and eat their meals. One person told us, "I have all my meals delivered and the staff heat them up for me. I can choose what meal I want them to prepare and I'm happy with this." Another person told us, "I've got a drink and a snack and that's all I need until my next visit. The staff always check I have everything I need next to me."

# Is the service caring?

## Our findings

People were treated with care and kindness and were happy with the support they received from the staff. One person told us, "I can't fault the staff. They are really caring, they do so much for [person who used the service] and the family, I couldn't fault any of them." A relative told us, "They genuinely care about [person who used the service] and we happy with how we are supported, their consideration and how they respect us and our home."

People were supported to maintain their independence and to do as much for themselves as possible. Staff understood people's right to privacy and dignity and enabled people to carry out their own personal care where possible. One person told us, "I'm gradually getting better and I can do more for myself. I spoke to the staff and asked if I could wash myself now I was feeling better. We worked it out together and I like it this way." Another person told us, "I'd like to do more for myself but some days I can't. The staff always ask me what I want to do, and if I can do it, they let me, which I like."

People were involved with decision making about their care and support needs. They said their views about their care had been taken into consideration and included in their care plans. One person told us "I met the staff before they started to visit me and they asked me what I wanted. I like it better when I get the staff I know really well. You try not to have your favourites as they are all wonderful but it's so much better when you know and trust the staff."

People were given choices in the support they had and staff always asked them what they needed. One person told us, "With meal times, the staff show me the options and it's up to me to decide what I want." Another person told us, "The staff use their initiative which I like and I don't have to tell them everything to do and when, as they know me well, but they never forget to ask me what I want. They are very respectful."

We saw when staff entered people's homes they rang the bell and waited until they were invited in. The staff were friendly and spoke with people before they provided any care and asked about their day and if they were well. One relative told us, "It was strange at first having people come into your home but they always knock at the door and wait for us to answer and respect our home. It isn't just [person who used the service] that receives support here, it's all of us and the staff take time to get to know all of us and are very respectful." We observed that people were relaxed in the company of the staff who were supporting them. Staff explained what they were doing, ensured the person was comfortable and chatted with them whilst they supported them.

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas. A coding system was used to record where people had a key safe so information was safe. One member of staff told us, "If we have to write something down then we use our word code; we don't write the numbers down that way everything is kept private and safe for people."

## Is the service responsive?

### Our findings

People had agreed the time they would receive their support visit prior to receiving a service. Staff had a rota of all their visits but this did not always allow travelling time between calls. We saw that where people were funded through the local authority, they did not always receive the time they had been funded for. The staff agreed that it was difficult as there was no designated travelling time and one member of staff told us, "We tend to get there at the right time but sometimes we have to travel a distance and it's not possible." People told us they understood that staff may be late or early due to issues such as traffic or emergencies when visiting other people. One person told us, "The staff will come around about the time I expect them. It would be nice if they called us if they were running late but we don't always get time." We checked to see if people received the length of call they were commissioned for and saw that some people received less time on many of their visits. The provider had not identified people may be receiving less care than agreed and had not reviewed the care to ensure that people received the right care for the right length of time. We shared our concerns with the commissioning team.

People had an individual support plan that had been developed by the local authority. We saw where changes to care had been made, the support plan did not always reflect this. For example, where people needed less support and were independent in some areas, the support plan had not been reviewed. Staff told us they were informed when people's needs changed and knew how people wanted to be supported although we saw the care records did not always contain up to date or sufficient detail to reflect the actual care people received.

People had mixed views about knowing who was providing their support. One person told us, "The staff always tell me who's coming to see me on the next visit, which is nice." Another person told us, "My main grumble is the number of different staff who come here. Most of them I know. I know staff can leave but it would be better to have the same staff." There were arrangements to cover emergencies and there was an on-call system for people to contact in an emergency and for staff to receive support. One person told us, "I know I can contact them at any time and I have the staff number too so if there's any problem I can call them up. They are very good and I know they do more than they should." People told us they knew the number to call if there were any problems and this was available in people's care records. A member of staff told us, "We are very lucky with the on call arrangements. If there's any queries or problems then they are there to support us. If they don't know the answer they come straight back to us or come out to us. The manager and staff are really good like that and supportive."

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. One relative told us, "I've got the number of the staff and the office to call if there are any problems. I made a complaint about staff a while back and they sorted it out. I'm confident that they do what is necessary." We saw any complaint received was investigated and the registered manager responded to all concerns.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example

when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

## Is the service well-led?

### Our findings

The system to monitor and identify whether people received their support on time and for the agreed support time was not effective. The electronic system used by the provider identified when staff arrived and left each visit but the length of support people should receive was not monitored by the provider. We saw for some people this meant they received significantly shorter support visits than had been formally agreed and the staff told us when personal care had been completed, they would leave with people's agreement. Quality monitoring systems were in place including reviewing daily care records and medication administration sheets each month. However, when medication audit systems were completed and omissions or errors had taken place, action had not been taken to explore this and make improvements.

People were consulted about the quality of the service through an annual quality assurance survey. The surveys were reviewed and a chart was compiled to demonstrate whether people were happy with the service. This information was not analysed in any detail and was not used to drive improvements within the service. The results of the survey were not communicated to people. One relative told us, "I've filled in a questionnaire but you never hear anything back from the. It would be nice to know what they found."

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

The staff told us they felt part of a supportive team and felt the registered manager was approachable and listened to them if they raised any concerns. Staff were aware of the provider's whistle blowing procedure and felt confident about reporting any concerns or poor practice to their managers. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. A member of staff told us, "The manager and office staff are really supportive and want to get things right. They are interested in what we have to say and I'm really confident they would act on anything I said." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

People benefitted from staff who were motivated and kept up to date with good practice. Staff told us they enjoyed their work. One staff member said, "I feel lucky to have found this job. I've never been happier in my work and really enjoy it." Another staff member said "The manager and all the senior staff are always there to support and guide you. I like the fact that the manager goes out and does visits and keeps in touch with people. It makes it easier when we talk with them about any problem, as they know the people and understand." There were team meetings for all staff. Minutes of these meetings showed they were an opportunity to share ideas and receive information.

The manager understood their responsibilities and had submitted statutory notifications to us so that we were able to monitor the service people received. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their

rating.

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  Effective systems had not been developed to ensure the quality and safety of the services provided were improved.