

MM Care Services Ltd

MM Care Services Ltd

Inspection report

Laurie House
Colyear Street
Derby
Derbyshire
DE1 1LA

Tel: 07913368551

Website: www.mmcareservices.co.uk

Date of inspection visit:
15 August 2019
19 August 2019

Date of publication:
07 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

MM Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care for older people and younger adults with needs relating to dementia and physical disabilities. There was one person using this service at the time of our inspection. Only one person received the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's needs associated with risk had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage all known risks. Systems were in place to monitor and manage safeguarding's to ensure people were kept safe. People were encouraged to raise concerns and felt safe with the staff that cared for them, but information to tell them how to do this required updating. Recruitment processes were robust enough to ensure people employed were safe to work with the people who used the service. People were responsible for their own medicines at the time of inspection, however policy and procedures were in place for medicines to be administered as prescribed and in a safe way. People were protected from cross contamination because staff followed infection control policy and procedures. Processes and procedures were in place to ensure Lessons were learned and action would be taken when things went wrong.

People consented to their care and support. The Mental Capacity Act (MCA) was considered when decisions about care were made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and delivered as reflected in their care plan, but the care plans needed to be more detailed to ensure they were written in a person centred way. Staff received sufficient training to support them in their role. Staff prepared meals when needed and fully supported people to have sufficient to eat and drink. Where appropriate people were supported to attend appointments, such as the GP; to help achieve a positive outcome for their health and wellbeing.

People were cared for by kind, compassionate and polite staff. There was an opportunity for people to discuss their care and support on a regular basis. Advocate support was acquired if people needed support to express their views. People were shown respect and their dignity was protected always.

People's care plans included choice, needs and preferences. People's communication needs were appropriately accommodated. People were supported to avoid social isolation and encouraged to be

independent. Systems were in place to monitor and address complaints. Staff had been trained in end of life care. Policy and procedures were in place to ensure people had the opportunity to share and understand their wishes, needs and preferences at the end of their life.

The service promoted an honest and open culture. The provider understood and acted on the duty of candour. The registered manager was aware of their responsibility and had a clear oversight of the service. The management were open and transparent with a willingness to learn and improve. The provider worked with other professionals and developed networks within the community.

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

Rating at last inspection: Inspected but not rated (report published 23 January 2019).
This service was registered with us on 05/01/2016 and this is the first rated inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Requires Improvement 

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 

MM Care Services Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from other professionals who work with the service. We contacted the local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. However, the two local authorities we contacted currently did not have any commissioning arrangements with MM Care Services Ltd.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided.

We spoke with two members of staff, including one care worker and the registered manager.

We reviewed a range of records. This included one person's care records. We looked at one staff file in relation to recruitment and supervision performed. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality data and a variety of policies.

Is the service safe?

Our findings

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

At the last inspection this key question was Inspected but not rated. This is the first rated inspection for this service. This key question has been rated requires Improvement.

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

Assessing risk, safety monitoring and management

- Risk associated with people's needs had been assessed. Risk assessments in place were generic and not personalised for the person; they also lacked detail of how staff would manage risk. The registered manager said they would review and address this and make them more person centred. Risk assessments that were in place were not fully completed. The registered manager told us they were in the process of putting measures in place and using a traffic light process for the level of risk to the person. They also told us they would review known risks to people and ensure there was more detail and instructions for staff to identify any risks and action they should take. This meant staff may not manage a person's risk appropriately until these records had been updated.
- Staff told us they were aware of risks for people, as risk assessments in place covered the general environment and fire risk. For example, plans were in place for the care people would need should they have to evacuate the premises.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to monitor and manage safeguarding concerns to ensure people were kept safe.
- People were encouraged to raise concern; if and when required. However, relevant information to ensure people were kept safe from harm needed to be more accessible. This was to ensure people were fully informed as to who they should report any concerns to.
- The registered manager was fully aware of theirs and staff's responsibility to make sure people were kept safe. Staff gave an example where they had reported a minor issue to the police and local safeguarding team. This meant they would take action to ensure the individual was safe.

Staffing and recruitment

- The service had sufficient staff in place to meet people's needs at the time of our inspection.
- Staff were allocated to care for people where their skills and strengths were appropriate.
- Robust recruitment processes were followed, as relevant employment checks were made to ensure staff were suitable and safe to work at the service.

Using medicines safely

- People were responsible for their own medicines at the time of our inspection.
- Staff had received training and their competency tested to ensure they were able to administer medicines

safely if the need arose.

- Systems were in place to audit medicines to ensure errors would be reported and investigated appropriately.

Preventing and controlling infection

- People were protected from infection; because staff completed infection control training and followed processes in line with the providers infection control policies and procedures.
- People told us staff wore appropriate personal protective equipment, such as gloves and aprons
- Personal protective equipment was in good supply and staff confirmed they had easy access to such things as gloves and aprons.

Learning lessons when things go wrong

- Systems were in place to ensure the service learned when things went wrong.
- Processes were in place for staff to follow should an incident arise. Staff were confident on the reporting process and what action they should take.

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.

At the last inspection this key question was Inspected but not rated. This is the first rated inspection for this service. This key question has been rated requires Improvement.

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

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

- People's needs were assessed and delivered as reflected in their care plan.
- Records showed the registered manager had established what assistance people required and support was provided accordingly.
- One person told us they were very happy with the care and support they received.

Staff support: induction, training, skills and experience

- People told us staff knew what they were doing.
- The provider was committed to staff training and development. We saw staff had attended training; including undertaking the care certificate since our last inspection. Staffs skills and experience were documented on the staff files we looked at.
- Staff had an induction period and time was spent shadowing an experienced member of staff. Supervision was undertaken, but records were not available on the day of the inspection. We requested the registered manager to send us the completed forms, which they did.
- Staff confirmed they had received one supervision since they started with MM care services. We saw dates were in place for future supervision and appraisals. The registered manager also told us they were reviewing the supervision form to ensure they captured relevant staff development and well-being.

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

- People were supported to have sufficient to eat and drink depending on their needs. Staff were knowledgeable of the importance of people having a balance diet.
- People's likes, and dislikes were recorded in their care plan for nutrition and hydration, to monitor their intake and output to ensure they maintained their health and wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments, such as hospital or the GP. The registered manager gave an example where they had supported a person to visit the GP and were working with them to ensure the person was kept healthy. They followed recommendations advised by the GP when the person's diet needs changed, and staff needed to be aware of foods the person should avoid to ensure their condition did not

deteriorate.

- People confirmed staff were very supportive when they were ill.
- The service had processes in place to ensure people received healthcare in a timely way.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People had consented to their care and treatment. Records we viewed confirmed this.
- Staff were aware how to support people to make decisions for them self unless a Mental Capacity Assessment (MCA) was in place to identify decisions to be made in the persons best interest. This was to ensure people's rights were upheld
- Staff had received training in MCA and were knowledgeable what this meant for people they cared for.

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.

At the last inspection this key question was Inspected but not rated. This is the first rated inspection for this service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very complimentary about the staff and the way they treated them.
- Staff were kind, caring and compassionate towards people. They knew people's needs and preferences to ensure people were well cared for.

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

- People were supported to express their views via surveys, telephone calls and review of care.
- The registered manager gave an example where they had empowered a person and supported them to build their confidence and achieve their goals and aspirations. This was by encouraging the person to go out in the community and walk independently.
- Where people required support, the service had acted as an advocacy service. Advocacy services speak up for people on their behalf. They also signposted people to other advocacy services, such as age concern. This meant people's voices would be heard.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was upheld. People were supported and encouraged to stay independent.
- Staff described how they promoted people's privacy and always respected their wishes. One staff said, "I always cover people up to preserve their dignity when providing personal care."
- People's confidentiality was protected, and their records were stored in a safe way.

Is the service responsive?

Our findings

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

At the last inspection this key question was Inspected but not rated. This is the first rated inspection for this service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written to include choice, needs and preferences, but needed to be written in a more person centred way. We brought this to the attention of the registered manager who told us they would address this. .
- Staff were passionate about people's care needs and involving people in decisions about their care.
- People's needs were responded to. One person had an issue with their skin integrity. Staff contacted the GP and pharmacy for advice. Staff then contacted the person each day including the days they did not provide support to make sure the affected area had not deteriorated further. This meant they responded to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a format they could understand, for example, large print. The registered manager told us if the need was required they would supply information in different formats and research other options if needed.
- Staff understood how to identify people's communication needs, such as, a person whose first language was not English or if they needed to speak slower to ensure the person could understand.
- People were supported to participate in hobbies and interests, for example, going shopping. One person said, "They will take me out if I need them to."
- The registered manager gave us an example where staff supported a person to develop and maintain relationships to avoid social isolation. They said this empowered the person and raised their self-esteem.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were dealt with in a timely manner. The registered manager told us and people we spoke to confirmed there had been no complaints.
- The service user guide had information for people and guidance as to what they should do or who they should contact if they had any issues or concerns and needed to raise a complaint.
- System and processes were in place to record complaints if any arose. The registered manager told us they would review any concerns and monitor for themes and trends if they needed to.

End of life care and support

- Policies and procedures were in place for end of life care. No one was receiving end of life at the time of our inspection. However, we looked at how end of life care was planned. The registered manager told us it was their policy to ensure people had the opportunity to share and understand their wishes, needs and preferences around the care they required at the end of their life.
- Staff had received training in end of life care. This was confirmed by staff we spoke with.

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.

At the last inspection this key question was Inspected but not rated. This is the first rated inspection for this service. This key question has been rated Good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture and empowered people to achieve good outcomes.
- People received a good experience from the service and care was relevant to their needs.
- Staff were aware of person-centred care and what it means for people. One staff said, "When the person I care for is feeling unwell or not happy I interact with them and encourage them to be happy and try and change their mood. Staff told us and the person confirmed they were happy when staff were caring for them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were aware of notifications they should submit to the care Quality Commission (CQC) and would notify us if incidents or issues occurred. They said, "There had been no incidents to report."

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

- The registered manager was aware of their responsibility and had a clear oversight of the service and a plan to develop the service further.
- Quality monitoring was in place, information collected was cascaded down to staff and shared via email or text. Other information on best practice and national guidelines was printed and discussed at team meetings. Staff confirmed they were kept informed of changes by weekly memos, phone calls and text if urgent.
- The management team completed spot checks and observations on staff to monitor staff performance and competency.

Continuous learning and improving care

- The registered manager was open and transparent about shortfalls within the service regarding risk assessments and detailed care plans. They assured us they would take immediate action to make improvements.
- The provider was passionate about providing people with a high standard of care and showed determination and commitment in developing the service. They had made some improvements to some of

the records and had implemented actions since our inspection, such as sharing documents they intended to use for staff supervision. They also had plans to extend the service.

- They were looking at subscribing to an electronic call system to help monitor calls when care packages increased. This meant the provider was proactive in running the service to ensure they provided effective responsive care.

Working in partnership with others

- The registered manager told us how they had developed their networks with other professionals, such as, attending provider and manager forums. Subscribe to healthcare providers to sharing knowledge and best practice.

- The provider worked alongside GP's and district nurses when recommendations were made to ensure people's health was maintained. For example, ensuring people received their flu jab.