

Multilink Management Care Ltd

# Multilink Management Care Ltd

## Inspection report

Regency Court  
31 Worcester Street  
Gloucester  
GL1 3AJ

Tel: 01452930291  
Website: [www.multilinkcaremgmt.co.uk](http://www.multilinkcaremgmt.co.uk)

Date of inspection visit:  
15 November 2019  
20 November 2019

Date of publication:  
01 January 2020

## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Multilink Management Care Ltd is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 10 people. 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

Multilink Management Care Ltd registered with CQC in March 2018. Since registration, the registered manager had concentrated on building up a service and delivering care to people. At the time of the inspection, the registered manager monitored the care people received through feedback from people and observations of staff care practices. However further quality assurance checks were needed to ensure the service fully complied with legal requirements. Staff did not have access to comprehensive records of people's care and risk management plans to guide them in the best ways to support people and assist in mitigating people's risks. End of life care plans had not been put in place for those who required palliative care.

The registered manager had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care. Staff told us they felt trained and supported, however the registered manager was unable to demonstrate that they had assessed and monitored staff practises and competencies and provided regular supervision in line with their staff management policies.

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. However, the assessment and outcome of people's mental capacity to consent to their care and support had not been implemented and completed using the principles of the Mental Capacity Act (2005).

People were supported by a small staff team who were familiar with their needs. They told us staff arrived on time and communicated when they were running late. People confirmed they received personalised care which was responsive to their needs. They all complimented the staff and told us staff were kind and always respectful and polite. Staff promoted people's independence and always cared for people with dignity and respect.

Staff were aware of their responsibilities to record and report any concerns of abuse, accidents, incidents and near misses. People's complaints had been investigated and acted on. Staff worked closely with people's relatives to monitor people's well-being and had referred people to appropriate health care services when their needs had changed

The registered manager was passionate about delivering good quality care to people. They were open to learning and making improvements to the service. People and staff complimented the registered manager and told us they were approachable and very kind. People's feedback and complaints were acted on and seen as an opportunity to learn and drive improvement.

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

#### Why we inspected

This service was registered with us on 26 March 2019 and this is the first inspection.

#### Enforcement

We have identified breaches in relation to the monitoring of the service, management of people's risks, the recruitment of staff and records of people's care and staff performance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 always 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Multilink Management Care 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

This inspection was carried out by 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

This inspection was announced.

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

Inspection activity started on 15 November 2019 and ended on 20 November 2019. We visited the office location on 15 and 20 November 2019.

#### What we did before the inspection

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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, executive assistant and two care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. 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.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered 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; using medicines safely

- People were at potential risk of not receiving safe care as comprehensive risk assessments and control measures had not been put into place. This meant staff did not always have the information they may need to guide them in managing people's risks and the actions they should take if people's needs changed. This meant people were at risk of not receiving timely and appropriate care as staff may not fully understand the correct management of people's risks. For one person who was at risk of choking, it was not clear how staff should support them to reduce the risk of choking and the actions they should take if the person experienced a choking episode. Staff had limited information on the management plans for other people who had been identified as at risk such as those people at risk of pressure ulcers, falls and epilepsy.
- An assessment of the environmental (internal and external) risks to staff who lone worked in people's homes and the measures which had been put into place to reduce the risks had not been consistently assessed or recorded.
- People who required support with their prescribed medicines and creams were at potential risk of not receiving their medicines and creams in line with their prescription. This was because there was not a clear medicines management care plan for those who required support with their medicines such as the recording of the dose of the medicines and creams to be administered and where medicinal creams should be applied.
- Information about the medicines administered from blister packs were not available to staff. This meant staff would not be able to remind people about the reasons why the medicines had been prescribed or inform other health care professionals if there was a concern about the medicines in the blister packs.
- Robust processes were not in place to guide staff on how they should support people who required staff to administer their 'over the counter' or 'as required' medicines. This meant people could be at risk of receiving medicines which may be contraindicative to their prescribed medicines.
- The registered manager told us they checked people's medicines administration records and investigated any discrepancies or gaps on the records. However, the actions they had taken to address any shortfalls in the management of people's medicines was not recorded.
- Staff had received some basic training relating to health and safety and the management of people's risks and medicines. The registered manager told us they regularly observed and checked staff care practices. However, they were unable to demonstrate how staff had been assessed as being competent in the knowledge and management of people's specific risks such as medicines management, moving and handling techniques and other clinical risks.

We found no evidence that people had been harmed. However, effective control measures had not been put into place to manage people's risks placing them at risk of harm. This was a breach of regulation 12 (Safe

Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People were not consistently protected from the recruitment of unsafe staff as staff had not always been assessed as fit and safe to provide care and support. The registered manager had not always ensured that adequate checks had been completed on staff's health, criminal background and employment histories before they supported people. Update profiles of agency staff used to support people had not been kept. Risks assessments had not been put into place when the registered manager was unable to obtain sufficient information of the background and character of new staff.

We found no evidence that people had been harmed, as the registered manager closely monitored and worked alongside all the staff employed in the service. However, the registered manager had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staffing levels were determined by the needs of people and their requirement for support. People were supported by a consistent staff team who were familiar with their support requirements and knew them well. All staff employed by the service were trained to deliver personal care and remained flexible to enable them to respond to requests for additional support and unplanned staff absences. Regular agency staff were used to support people to cover staff absences. An on-call system enabled staff to request additional support if required.
- A rolling four-week staff rota was in place which informed staff of the days and times of people's support visits. People were not routinely informed of the staff who would be visiting them each day. However, people told us the all staff team had been introduced to them so they were familiar with staff with who supported them.
- Plans were in place to use electronic systems to plan and monitor the schedules of people's visits and staff who had been allocated to support them if the service expands.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they received personal care from staff. One person said "I feel very safe when the carers are here. They are all very kind." This view was also shared by people's relatives. People told us staff wore identity badges and were always introduced to them before they supported them with personal care.
- People were kept safe from the potential risk of abuse because staff had received appropriate training and had a good understanding of safeguarding procedures.
- Staff were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care or allegations of abuse. They told us they would contact external agencies if the registered manager did not act any their concerns.

#### Preventing and controlling infection

- People were protected from the spread of infection as staff wore disposable gloves and aprons to prevent cross contamination.
- Staff confirmed they had access to gloves and aprons and people confirmed that staff wore them when supporting them with their personal care.

#### Learning lessons when things go wrong

- The registered manager told us they continually reviewed the care being provided and feedback from

people. We were told no incidents had occurred since their registration, however, policies and systems were in place to report any accidents. Incidents or near misses.

- The registered manager told they would take learnings from any incidents such as provide extra training 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The registered manager assessed all new people to ensure the service could meet their needs. Information provided by people, their relatives and from the local funding authority was collated as part of the initial assessment. This information directed the levels of support that people needed. A copy of people's care plan was kept in their home and a duplicate copy kept in the office.
- The registered manager told us they carried out the initial support visits to better understand people's personalised care requirements. Staff shadowed the registered manager to understand people's needs and preferences of care before they delivered care to people.
- The provider's policies and procedures reflected current guidance and legislation.

Staff support: induction, training, skills and experience

- Staff told us they had received the training they needed to support people with their personal care needs. Through shadowing and joint visits, the registered manager had ensured all staff were familiar with people's needs and how they wished to be supported. People and their relatives were confident in the skills and knowledge of staff.
- Staff were at various stages of completing a range of health and social care E-learning courses. They had also received additional training from the registered manager which reflected parts of the care certificate standards and supported the E-learning courses. The registered manager had plans to review the timeframes of the staff induction training and implement refresher and additional training to sustain and enhance staff knowledge.
- Staff told us they felt supported and received a lot of support from the registered manager. The registered manager had an 'open door' policy in supporting staff and were in frequent contact with staff either by telephone or working alongside staff. They worked alongside staff and carried out regular observations of their care practices, however their observations and support of staff were not consistently recorded. Improvements in the records of staff management and performance have been addressed in 'Is the service well-led?' part of this report.

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

- Some people required support with their meals and drinks as part of their care package. They were encouraged by staff to have a healthy diet. Staff told us they would support and cater for people who had cultural and religious food preferences if required.
- People informed staff of their food and drink choices or staff were aware of people's preferences if they were unable to express their views, however people's food and drink preferences were not continually recorded.

- When required, staff monitored the food and fluid intake of those people who were at risk of malnutrition and dehydration.

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

- Staff liaised with people's families and raised any concerns about people's health. They monitored people's needs and referred people to health care services and professionals for additional support and advice. For example, staff had referred people to an occupational therapist to enable them to access equipment such as hoists and commodes.
- Staff worked effectively together to ensure information was securely recorded and shared amongst the team about changes in people's needs and their visit schedules.

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.

We checked whether the service was working within the principles of the MCA.

- People we spoke with said they had been involved in their care. Consent to care arrangements was recorded in people's care plans.
- Staff implemented different strategies to enable people with limited mental capacity to be involved in decisions about their care. For example, people were supported to make choices about the care they received such as clothes they wished to wear. Staff respected people's decisions and were aware of the principles of the MCA.

# 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.

This is the first inspection for this newly registered 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 told us they were treated with kindness and respect and felt that staff were genuinely caring. We received positive feedback from people and their relatives about the care they received. For example, one person said, "I couldn't wish for a better team." Another person described the care they received from staff and said, "I look forward to seeing them." A relative said, "We are very happy with Multilink. We have no complaints."
- People told us staff were very caring and attentive to their needs and on occasions had assisted them with additional chores if needed.
- The registered manager and staff told us they were passionate about supporting people in a caring manner and ensuring people received high quality and safe care.
- Staff spoke about people with compassion and empathy. They supported people equally and in a non-discriminatory manner. People's diverse needs and views were respected.

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

- People told us staff involved them in making decisions about their care and told them how they were going to support them. One staff member explained how they adapted their approach if people were resistant to accept help with their personal care. They said, they would sit down and chat with the person and build up their trust before trying again to assist them.
- Staff understood the importance of listening to people's views and respecting their opinions and diverse choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and improve their levels of independence. Staff confirmed they understood the importance of enabling people to do things for themselves.
- People told us staff always treated them with respect and ensured their dignity was maintained at all times, such as providing them private time when assisting them with personal care. Staff provided examples of how they supported people to maintain their dignity and privacy. One staff member also said, "It's about respecting people's dignity and privacy. We give them their rights and meet their needs."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered 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; end of life care and support

- People told us they received care and support from staff which was personalised and met their needs. One person said, "They [staff] are very kind and help me with anything I ask. I am very pleased with them." One person told us how staff always checked that they were comfortable and everything they needed was within reach before staff left.
- People and their relatives had been involved in planning, reviewing, and evaluating all aspects of the care and support that was being delivered. People's diverse needs, beliefs and views were respected. They were empowered to have control of their support requirements and felt that any issues would be addressed by staff.
- Where appropriate, people's end of life wishes were discussed with the registered manager who had attended end of life training. Staff were aware of people's preferences relating to protected characteristics, culture and spiritual needs and the importance of also supporting people's relatives at this time.
- Staff knew people well and were able to describe people's support requirements, levels of independence and their preferences. However, the details of people's care and support requirements and those who required end of life care had not been fully recorded. This meant staff may not have the guidance they needed to appropriately support people. Improvements in records of people's care have been addressed in 'Is the service well-led?' part of this report.

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's communication needs were assessed during the initial assessment. The registered manager confirmed that they would make adjustments to the format of any correspondence sent to people if required or inform people verbally of changes or updates to ensure that people could understand the information being shared with them.

Improving care quality in response to complaints or concerns

- Information about the service's complaints process was provided in the service user guide which was given to people at the start of the service.
- People and relatives told us they knew how to make a complaint and how to contact the registered manager. They gave us examples of times when they had raised concerns, and these had been effectively dealt with.

- Complaints were managed well and used to drive improvement. The registered manager kept a recorded log of people's complaints and the actions taken to resolve the complaints.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Since their registration with CQC in March 2019, the registered manager told us they had been focused on building up the service and delivering care to people. However, they had not ensured effective systems were being operated to assist them in the monitoring of the service. Comprehensive records in relation to people's support requirements and staff management had not been completed. This meant the registered manager had not fully complied with the legal frameworks in line with the provider's policies, national guidance and CQC legislation.
- People's care plans did not fully contain individualised information to guide staff about their support needs, management of risks, preferences of care and levels of independence. For one person, information about their end of life care and wishes had not been recorded.
- Staff's assessment of people's mental capacity to consent to the care being provided and decisions in relation to their care was not clearly recorded in line with the principles of the Mental Capacity Act (2005) (MCA). For example, consent to the management of people's medicines had not been obtained or assessed in accordance with the MCA.
- Comprehensive records of staff professional development and recruitment had not always been maintained. Records of staff support, probation, competencies and spot checks of their care practices had not been always documented.
- Robust quality assurance systems had not been fully established or recorded to monitor the quality of the service being provided. For example, systems to audit the quality of people's care records, staff records, and performance had not been fully established. Therefore, the registered manager may not be able to assess if the care provided fully met people's needs by staff who were competent in their role.

We found no evidence that people had been harmed. However accurate records of people's care requirements and staff employed to carry out the regulated activity had not been maintained. Effective systems had not been established to assess and monitor the service being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that these concerns had no impact on the care that people received as the registered manager worked alongside staff to monitor their care practices and delivery of care to people. They carried out regular spot checks of staff and spoke to people about their views of the service. Any issues or shortfalls were immediately addressed with staff such as gaps in people's medicines administration records. However,

this system of monitoring would not be effective if the service expanded.

- The registered manager demonstrated a willingness to learn and improve the service. There was an open approach to learn from the inspection and make changes to improve the governance and monitoring of the service. For example, they were reviewing the content and timeliness of the induction training of new staff and was planning to implement an annual appraisal of staff work practices as part of their personal development objectives.
- The registered manager told us they had plans to further develop staff skills and knowledge and provided additional training such as best practices in end of life care and dementia.

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

- The registered manager led by example and was passionate about providing a service which was personalised and caring. The culture of the service was to deliver care and support which focused on providing person-centred care that met people's needs. One relative described the service as, "Very kind, respectful and very caring. Nothing is too much trouble for them."
- The registered manager was supported by an operational and care staff who had defined roles but were flexible and trained to deliver care to people as needed. This ensured that people received regular support visits by staff who were familiar with their needs.

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 was aware of their responsibility to be honest with people, investigate when things went wrong and to take action and learn from any mistakes. Staff were aware of the importance of reporting any concerns, accidents and near misses promptly.

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

- People and staff told us they felt the service was well-led and found the registered manager approachable and kind.
- The registered manager actively sought the views of people who used the service through quality surveys and when providing care and working alongside staff. This information was used to ensure that people were satisfied with the service they received.
- Two staff members described the registered manager as a 'mother figure' to them. Staff felt supported and felt informed of changes in the service and any updates. Regular staff meetings were held to enable staff to discuss any concerns and share ideas.

Working in partnership with others

- The service worked in partnership with people's relatives, key organisations and health care professional to support people's care provision.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective control measures had not been put into place to manage people's risks placing them at risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Accurate records of people's care requirements and staff employed to carry out the regulated activity had not been maintained.</p> <p>Effective systems had not been established to assess and monitor the service being provided.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care.</p>