

MCD Care Limited

Head Office

Inspection report

Unit 48
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

MCD Care Limited is a supported living service providing personal care to three people at the time of the inspection.

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

Right support

The service supported people to have the maximum possible choice, independence and control over their own lives. Staff supported people to pursue their interests.

Right care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care and support plans reflected their range of needs and promoted their wellbeing and enjoyment of life.

Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care.

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

This is the first inspection to give an overall rating for MCD Care Limited Head Office. Our previous inspection (published 12 October 2021) looked at two key areas only, which is not enough to rate the service overall.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The first inspection of this service was a focused inspection which looked at the key areas safe and well-led. This inspection followed up areas for improvement in well-led and looked at the key areas effective, caring and responsive, to allow us to give the service an overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help decide when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at key questions where we had specific concerns or were not covered at our last inspection.

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 ●

Head Office

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

Two inspectors carried out the inspection.

Service and service type

MCD Care Limited Head Office provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. There were three people living in the setting at the time of this inspection. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

The service had a manager registered with CQC. 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 a short period notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 March 2022 and ended on 4 April 2022. We visited the office location on 28 March.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with all three people who used the service and three relatives about their experience of the care provided. We spoke with a local councillor who organised community activities.

We spoke with six members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time observing people's care and support at different times and at different locations.

We reviewed a range of records. This included three people's care records. We looked at two 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. We considered all the evidence collected during the inspection to inform our judgements in line with our assessment framework.

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 rated as good. At this inspection we saw no reason to inspect this key question again. The rating remains good. This meant people were safe and protected from avoidable harm.

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 service that has covered this key question. 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

- People's care plans were personal, comprehensive, and concentrated on what people could do. They reflected people's needs and aspirations, including their physical and mental health needs. People, those important to them and staff reviewed plans regularly together. One person's relative told us the provider always consulted with families when making decisions about people's care.
- People's care plans promoted strategies to enhance independence and showed evidence of planning and consideration of people's longer-term aspirations. This included English and Maths skills teaching and experiences in line with people's aspirations, such as practical skills.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, and skills to carry out their roles. This included training in epilepsy, autism awareness, positive behavioural support, and medical conditions relevant to people's individual care needs. People's relatives were confident staff had the necessary knowledge to support them as they needed.
- Induction for new staff was based on the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had built up considerable knowledge about the people they supported and their individual conditions. This included learning from an education professional who had been responsible for the schooling of one person before they entered the adult social care sector. The provider passed this knowledge on to staff during their induction. Staff had the necessary experience to support people according to their needs.

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

- People with complex needs received support to eat and drink in a way that met their individual needs and respected their personal choices as far as possible. One person needed help to manage their appetite due to a genetic condition which meant they were constantly hungry. In combination with a programme of physical activity and exercise, they had reduced their weight from 90kg to 60kg. This had reduced their risk of diabetes and other weight related health conditions.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals. Staff encouraged people to be as independent as possible with respect to their food and drink, and to have control over their own intake. One person did their own meal plans. Another person was helped to manage their portion control by having small plates. Staff supported people to eat enough or to manage how much they ate according to their individual needs.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to attend annual health checks, screening and primary care services. People had an annual healthcare review with their GP and regular blood pressure checks. People were registered with a dentist, although there had recently been problems getting appointments due to backlogs following the COVID-19 pandemic. People had appointments as needed with other healthcare professionals such as opticians and chiropractors.
- The provider worked with other professionals to make sure people received good quality care and support. These included dietitians, occupational therapists, speech and language therapists, specialist nurses and mental health professionals. Regular reviews of people's medicines had led to reductions and removals of prescriptions to treat mental health conditions.

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.

- The provider worked within the principles of the MCA where people lacked capacity. One person was assessed as lacking capacity for certain decisions. They were supported through the Court of Protection order process by the provider working in a multi-disciplinary team alongside an independent advocate and the person's social worker. The person's relatives were involved and satisfied the provider would contact them if a best interests decision was needed.
- Where people were considered to be able to make their own decisions, the provider worked to make sure they gave informed consent. Staff empowered people to make their own decisions about their care and support, by "treating them as adults". They reviewed people's decisions at weekly welfare checks to make sure they were still happy with their care and support.

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 service that has covered this key question. 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 felt valued by staff who showed genuine interest in their wellbeing and quality of life. The registered manager said, "Those three lads are my life." One person's relative told us the person "spoke highly" of the support staff. Another person's relative said there was a good relationship with staff. Where the person's communication was limited, it was important to have people around him who knew him well. One person had given the provider a thank-you card which read, "Thank you for putting up with me for two years. Best service provider ever." There were good relationships between people and their staff.
- Staff were patient and used appropriate styles of interaction with people. Staff understood how people communicated their preferences and wishes, and they respected people's need for space and time to process changes and new information. There had been a reduction in occasions when one person had to express their feelings or emotions in public in ways that might be misinterpreted by others.

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

- The provider empowered people to make decisions about their care and support. In response to people's wish to be able to look after animals, the provider had built a skills centre at their property where people could do this and practise other practical skills in a safe environment. People told us they were involved in decisions about how the skills centre developed. The provider listened when people expressed views about their care.
- People, and those important to them, took part in making decisions and planning their care and risk assessments. People's relatives told us they were always involved in important decisions about people's care and support. There were monthly updates for people's families and regular welfare checks with people. The provider made sure people and significant others in their lives had the information needed to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person had written in a thank-you card to staff, "Thank you for giving me some independence back and even though I have had some ups and downs in the last year you still trusted me to go to the shops independently." Another person's family member told us, "They are supported with independent skills around everyday tasks like cooking and cleaning." People's support plans reflected respect for people's independence by developing the skills and identifying opportunities for independence.
- The provider promoted people's privacy and dignity. People told us their current house had more space than where they lived previously. This meant there were areas where they could seek privacy, and staff

respected this. People could have telephone calls with their families in the privacy of their own rooms. The provider had appointed a staff dignity champion who helped share good practice in this area. Staff promoted people's dignity by making sure they were appropriately dressed before going out, and by developing pride in their appearance and achievements.

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 service that has covered this key question. 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

- People's support focused on their quality of life and staff monitored people's outcomes regularly. One person's relative told us he was happy with the overall care and support his son received. He said that he would "change very little". Another relative said there was a varied timetable of activities to help people develop life skills. These included cooking and decorating the house. People appeared happy with the support they received and were keen to show us their cooking rota and meal planners.
- People were supported with their sexual orientation or gender identity without discrimination. One person had received support when developing a relationship with a person from outside the service. Another person had attended events with others who shared their sexual orientation or gender identity. People's human rights to live without discrimination were promoted.

Meeting people's communication needs

Since 2016 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.

- Staff had a good awareness of people's individual communication needs. People were able to communicate verbally with some knowledge of sign systems or use of visual prompts to reinforce certain messages. Staff explained information people needed in ways they could understand.
- Staff adapted people's communication plans as their needs changed. One person chose not to communicate verbally when they started to use the service. With the support of staff over time they had started to speak more and they were now happy to have a conversation with others. The provider respected people's changing preferences as to how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was considerable focus on appropriate leisure activities and avoiding social isolation. People's relatives told us there were positive relationships between the three people who used the service. People got on well with staff. One person's relative told us there was now a stable staff team after a period where some staff left. He said, "With the current staff [Name] trusts them and they understand him well." The provider had developed a mutually supportive household for people.
- The provider had developed a structured programme of activities based on people's choices, interests and preferences. Staff encouraged people to attend the skill centre which had been built in response to people's

request to be able to look after animals which they could not do where they lived. In addition, they were able to develop gardening and DIY skills, such as woodworking and bicycle repair, in a safe environment. People told us they enjoyed their time at the skills centre, but if they preferred, they could stay at home.

- Staff supported people to take part in a wide variety of leisure activities. These included bowling, football, cinema, swimming, gymnasium, attending a nearby pool club, visits to country parks and public activity centres, and trips to London. People's relatives appreciated the range of activities offered. This provided both mental and physical stimulation which contributed to people's overall wellbeing.
- Staff encouraged people to take part in voluntary work. They had joined a team of community volunteers in the nearby town which undertook activities to improve the local environment, such as by litter picks. There had been positive feedback about people's contribution to the team, and they had received certificates to recognise their effort. The provider empowered people to be active citizens.

Improving care quality in response to complaints or concerns

- The provider had an appropriate process for managing formal complaints, which people and their families were aware of. The provider learned of concerns through regular contact with families and people. They had dealt with these without the need for a formal complaint. There was a process to improve people's experience of care if concerns arose.

End of life care and support

- The people using the service at the time of the inspection were all young adults. They had not chosen to talk about future care plans.

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 rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 our last inspection we found the provider had not kept their registration up to date following a change to their location address, and there was no registered manager in post. At this inspection there was a registered manager who was familiar with the regulatory requirements. The provider had taken steps to correct errors in their registration. Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff knew and understood the provider's vision and values and how to apply them when supporting people. Staff could explain their role with reference to individual people's needs. One person's relative said staff were very clear about supporting people to follow routines and agreements around behaviours and activities. This helped to give them certainty, which was important to them.

Continuous learning and improving care

- At our last inspection we found the provider's service improvement plan had identified some staff needed up to date training in restraint. The plan mentioned a training supplier who was not accredited. We recommended the provider identify and engage an accredited supplier for this training in the interests of safety and respect for people's human rights where restraint might be needed. The provider had done this.
- The provider invested in the service, embracing change and delivering improvements. With the agreement of their landlord, the provider supported people to refurbish and adapt their house. The provider had provided space at their head office for a gymnasium and a classroom for people to use for tutored classes in English and Maths. The provider was receptive to suggestions around ideas which had been successful in other services. They had installed a new computer-based care planning system. There was a clear culture of continuous improvement.

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

- Managers worked directly with people and led by example. MCD Care Limited is a family business, and all family members working for the business were involved with actively supporting people. They all brought different skills and characteristics to the service, which enhanced the family atmosphere. Management were visible in the service, approachable and took a genuine interest in what people, staff, and family had to say.
- People achieved good outcomes. All the relatives we spoke with were very positive about the support people received. One relative said, "Honestly, no-one has ever been able to look after [Name] successfully for such a length of time. We couldn't ask for more." Management and staff put people's needs and wishes

at the heart of the service.

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 provider continued to have open and honest communications with people's families.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider engaged regularly with people who used the service and their family contacts. As well as frequent informal, ad hoc contact there were weekly welfare checks with people, and monthly catch-up calls with families supported by a written update on people's individual achievements. One relative told us communications with the provider were good, senior staff always made themselves available if needed, and family had updates when appropriate.

Working in partnership with others

- The provider continued to work with other agencies to make sure people experienced good support that met their needs. They had worked with other agencies and professionals, such as social workers and clinical professionals, to review people's support.