Mach Care Solutions Limited

Mach Care Solutions (Birmingham)

Inspection report

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Date of inspection visit: 22 and 23 April 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 22 and 23 April 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. The last inspection on 10 and 11 September 2014 was a follow up to check the provider had implemented actions to improve the service provided. We found the provider was meeting the requirements of the regulations inspected.

Mach Care Solutions (Birmingham) is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support for 97 people, ranging in age, gender, ethnicity and disability. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed. However, not all the risk assessments were accurately completed. Where people required support with taking their medicine, there were improved procedures in place to ensure this was done safely. Although, the provider's process did not always pick up where inaccuracies had been recorded or information omitted. Therefore, there were insufficient procedures in place to ensure people received care, support and medication in a safe way.

There were sufficient numbers of staff available to meet people's needs. There had been improvement in the procedure to recruit suitably trained staff. Though the provider had delayed in completing full and proper checks for one staff member, before they had started to work with people.

People felt safe and secure with staff coming into their homes and that they had the skills and knowledge to care and support them in their homes. Staff were trained and supported to care for people. Where appropriate, people were supported by staff to access other health and social care professionals when needed. The provider was taking the appropriate action to protect people's rights, but not all the staff was aware of how to fully protect the rights of people.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs. Most people felt they could speak with staff about their worries or concerns and they would be listened to and have their concerns addressed.

The provider had improved the internal quality assurance systems to monitor the care and support people received. Although, the systems were not always effective in identifying errors and putting action plans in place, to maintain and continue to improve the quality of the service people received.

Mach Care Solutions (Birmingham) is currently suspended from receiving any new services by the local authority. This is in relation to the number of safeguarding alerts and incomplete audit systems. The provider had drawn up an action plan, which is in place and the provider is in the process of addressing the issues identified.

Summary of findings

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 consistently safe

Staff told us they had completed security checks, although the recruitment process showed information had not been significantly checked.

Staff supported people to take their medicine, although not all records were accurately recorded.

People told us they felt safe with staff coming into their homes.

Requires Improvement

Is the service effective?
The service was not consistently effective

Not all staff was aware of key processes to ensure people's rights were protected.

People told us their care needs were being met and that staff had the skills and knowledge to support them.

Requires Improvement

Is the service caring?
The service was caring

People told us the staff were caring, kind and treated them with dignity and respect.

People and relatives said they were involved in the planning of people's care.

Staff supported people to maintain their independence where ever possible.

Good

Is the service responsive?
The service was not consistently responsive

People told us they were not always satisfied with how their complaint was addressed.

People and their relatives were encouraged to provide feedback on the quality of the service they received.

People received care and support that met their needs

Requires Improvement

Is the service well-led?
The service was not consistently well led

Quality assurance processes were in place to monitor the service to ensure people received a quality service. Although these were not always effective at identifying errors and implementing action plans.

People said that the overall quality of the service they received was good. They were happy with the service they received and the staff was friendly.

Requires Improvement

Mach Care Solutions (Birmingham)

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 was planned to check 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 inspection took place on 22 and 23 April 2015 and was announced. The inspection was conducted by two inspectors.

The provider was given 48 hours' notice, because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

We had received information of concern about Mach Care Solutions (Birmingham) and brought forward our planned inspection date. We had received safeguarding concerns relating to missed and late calls and staff not being recruited and trained adequately. The Local Authority had shared information with us. When planning our inspection, we reviewed information we held about the service. This included notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection visit, we visited the provider's main office location and spent time with the registered manager and operations manager. After the visit, we spoke with eight people, four relatives, three social care professionals and seven care staff. We reviewed the care records of 11 people, to see how their care was planned and delivered including three medicine records. We also looked at information relating to staffing and records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Mach Care Solutions (Birmingham) was suspended in February 2015 from receiving any new services by the local authority. The suspension will remain, until improvements have been made. A review meeting with the local authority was scheduled to take place shortly.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff entered their homes and supported them with their care needs. One person told us, "I am happy and feel safe with [staff name]". Another person said, "The staff are very careful that I don't get hurt." Staff we spoke with explained how they ensured people were left safely in their home when they had finished their call. One staff member told us, "I check the environment around the person is clear of objects so they can't trip up and that they are comfortable, I make sure the door is locked and the key put back in the key safe." A relative told us, "[Person's name] is safe, no doubt about that." People and relatives told us, if they were worried or concerned about anything they would, "Have no hesitation" in calling the provider with their concerns. One person said, "I have a booklet with all the information of who to contact if I need to."

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed and explained the signs they would look for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One staff member said, "Part of my job is to check the person's skin for marks and if there was a problem I would always call the office and if the person was sick I would call for an ambulance." Another staff member told us, "If the person had bruising that I had not seen before, I would tell the office straight away." Staff knew how to escalate concerns about people's safety to the provider and other external agencies. We found that the provider had a safeguarding procedure in place. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people.

People and relatives we spoke with told us they had received a risk assessment, before staff came to visit and support them in their home. One person said "[Operation manager] came out before the service started and completed the assessment." A relative told us, "I was involved with the risk assessment." Another relative said, "The risk assessment was done too quickly for me." We saw the assessments included, for example, the person's environment they lived in and their health condition. This included the effects of the condition and signs to look for if the person's health began to deteriorate. However, on two assessments we saw they contained personal information relating to other people. This could cause confusion for staff and delay appropriate support for people. This was raised with the operations manager, who told us they would review their information and make the necessary amendments immediately.

We asked staff what action they would take if they witnessed an, for example, a person fall. All staff spoken with were able to tell us what the process was. One staff member told us, "If they [the person] had fallen, I would check them for injury and they were breathing and call 999, then report to the office to tell the relatives." Another staff member said, "I would check the person is comfortable and not in any more danger, then call for an ambulance and contact the office." We saw the provider had an accident and incident policy in place to support staff through the process to help keep people safe in the event of an accident.

Staff we spoke with said there was currently enough staff to meet people's needs. One staff member told us, "When I go on holiday, the office arrange for another staff to cover for me." People and relatives told us that care workers were consistent and they knew when they were coming to their home; which helped with the continuity of care. Staff told us that there was enough flexibility in the team to allow for sickness and annual leave. One person said, "I think there is enough staff. I have two regular carers and they tend to come on time and have never missed a call, if one can't make it, they always send an emergency cover."

People and relatives told us they felt that the staff that provided them with care and support had the skills and knowledge that met people's needs. One person said, "[Staff name] is smashing, always makes sure I have everything I need." A relative told us, "[Staff name] has plenty of patience when helping [person's name] they do things properly."

There had been some improvement in the recruitment process. We checked the recruitment records of seven staff and found the necessary pre-employment checks had been completed. The Disclosure and Barring Services checks (DBS) had been correctly completed for six of the staff. However we saw that one staff member had started to work, unsupervised, before the provider had received their completed DBS check. When this was raised with the provider, they explained to us the staff member had transferred from another company, with a DBS and was already known to the management, "[Staff name] has worked under my supervision before." There was no copy

Requires Improvement

Is the service safe?

of a previous DBS on the staff file and we reminded the provider, they had a legal duty of care to ensure pre-employment checks were adequately completed, before staff worked unsupervised with people.

Four of the people we spoke to required assistance with their medicines and told us they received help to take their medicines as prescribed. We saw from care records, staff would prompt and assist people to take medicines. Staff told us they provided assistance to people to take their medicine. One staff member told us, "We don't actually give people their medicine, we put the medicine out for them and remind them it is there. " We looked at three medicine records and found there was inconsistency with recording information. Entries showed that one person had taken their medicine, however on checking the daily record sheets; we saw that the person had refused medicine. We could not see protocol had been followed, the provider was unable to confirm to us the family and GP had been made aware. On this occasion there had been no detriment to the person. The provider told us they had taken steps, through training, to improve the way staff recorded information and they would take the matter up with the individual care workers concerned.

A number of the safeguardings raised against the provider concerned hygiene and infection control. We informed the provider that we would open an additional key line of enquiry, to look at how well people were protected from infection.

Staff we spoke with told us they had received training on infection prevention and control. The provider had arranged for refresher training for staff for August 2015. Staff explained to us how they reduced the risk of infection by washing their hands regularly, use of disposable gloves, where appropriate the use of aprons and hand gel. People and relatives told us staff washed their hands before and after addressing to their care needs and always wore gloves. They confirmed there was personal protective equipment (PPE) left at their homes for the staff to use and this was replaced by the provider, with fresh stock, each month.

We saw the provider had policies in place relating to infection control, personal hygiene, hand decontamination and catheter care. The provider also completed regular spot checks which included PPE. We saw any issues identified at a spot check were addressed with the staff member directly in their supervision. This supported staff to be aware of the risk of harm through infection and the measures they should take to reduce that risk.

Requires Improvement

Is the service effective?

Our findings

People told us they felt the care they were receiving was consistent and staff that supported them had the correct training and knowledge to meet their needs. One person said, "I think the staff are trained in what they do, the care staff have more confidence now." Staff were able to explain to us about people's needs and how they supported them. A relative told us, "I can only talk about the care worker that comes to [person's name] but they seem to know how to look after them, [person's name] doesn't complain."

We saw that new staff members had completed induction training which included shadowing a member of staff. One staff member told us, "I shadowed [staff name] for seven days, they showed me what to do." We saw from the provider's training development plan for 2015 refresher and additional training for staff had been scheduled throughout the year. Staff told us they felt they had the necessary training and that they had recently completed training in dementia awareness, depression, moving and handling, safeguarding and diabetes awareness. One staff member told us, "There is so much training now it is really good."

The staff we spoke to told us that staff meetings took place every month and supervision was conducted with the manager, every two months. We saw staff had received supervision, this included regular spot checks. We saw where problems had been identified through the checks, were discussed with staff in their supervision. Examples were also raised at team meetings to share experiences, encourage and promote good practice, with the aim to continue to provide an effective service for people.

People we spoke to said staff would always ask them for consent before carrying out any support and care needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty, in order to keep them safe. Staff could not explain to us their understanding of the MCA or DoLS. However, they were able to demonstrate to us, in their answers, how they supported people to make decisions about their care and support. Staff told us if they had any worries or concerns about any of the people they supported; they would contact the office for guidance. The provider told us they had arranged for training on the MCA (2005) and DoLS to take place in August 2015.

People we spoke to told us they did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. However, the staff told us they did sometimes support people with their food preparation, although they did not assist them with shopping. Staff told us that people would show them what they wanted to eat and staff would prepare and cook it for them. One staff member said, "The family prepare all [person's name] meals, I just warm them up." Staff explained how when they had finished their tasks, they left the person with sufficient drinks. Another staff member said, "I always leave juice or water for them so they don't get thirsty."

Staff told us they would 'sometimes' make doctor appointments for people on their behalf. One person said, "[Staff name] makes my appointments for me as my family are not always here to help." We saw from care records that other health and social care professionals were involved and staff understood the need to seek emergency help where people needed this.

Good

Is the service caring?

Our findings

Everyone we spoke to were complimentary about the quality of the care and support from the staff. They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is wonderful." Another person told us, "[Staff name] is lovely, always asks me what I want to do and is more of a friend, they are smashing." A relative said, "I am happy with the care [person's name] receives."

We saw that staff employed by the agency reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements relating to their faith and being able to communicate in the person's chosen language.

People told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, "They [staff] do what is expected, they let me do things for myself and help me when it suits me, they treat me with respect." We saw that people were provided with an 'introduction pack'. Contained within the pack were contact details for the office, copy of complaints policy and other information for example, safeguarding and a copy of the person's care plan. The operations manager told us they discussed the entire pack with the person or family member and reviewed the care plan on an annual basis or when needs changed. A relative said, "We have a folder with a range of different information in." Another relative told us, "[Operations manager] comes out and goes through the care plan with us." We saw in the care plans that the language used to describe certain behaviours, exhibited by some people, was inappropriate. We raised this with the provider and they agreed to review the descriptions used and amend the plans accordingly.

Staff told us they always treated people with respect and maintained the person's. One person told us, "The staff are always very polite and very respectful when they come." Another person said, "They [staff] never just come in without making themselves known to me first." People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. They said that staff were very discreet and they felt assured their personal information was not shared with other people on the service. Staff were able to give us examples of how they ensured a person's dignity and privacy. For example, always making sure curtains and doors were closed and, where appropriate, politely asking family members to leave the room before carrying out any personal care. A relative said, "[Staff name] always talks to [person's name], they are forever laughing with each other, the carer is great."

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they felt their needs were being met. They said they had been involved in the assessment process and agreed with the outcome about delivering their care and support needs. One person said, "[Operation manager] came out to see me to review my plan and we went through it." A relative told us, "I make sure I am involved in all the care needs reviews." The provider told us that reviews would take place annually, although if there was a change in a person's care and support needs, a review would take place. We saw that assessments were carried out and care plans drawn up. Each of the care records we looked at had a copy of the care plan, which had been reviewed or was due to, be reviewed. Although the plans were person centred in part, we saw that certain sections were also generic. These sections contained personal information concerning female clothing which also shown within the care plans for men. We raised this with the provider, who said they would review the plans to ensure this information was removed and the care plans remained person centred.

Staff we spoke to confirmed their knowledge of the people they supported; including an understanding of their likes and dislikes. Staff demonstrated to us, through examples, how they supported people, by encouraging people to do as much as they can, for themselves. A relative told us, "[Person's name] is fiercely independent and [staff name] will follow their lead." We saw from records that people had consistent carers, who provided regular support to them. A staff member told us, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves, sometimes they do and sometimes they don't."

People and relatives we spoke with told us they were generally happy with the service received from the provider and had no recent complaints. One person told us, "The carer comes at the right time and stays the right length of time, always makes sure I'm ok, I have no complaints, always been satisfied." Another person told us, "On occasion staff didn't turn up, missed two days but it's all sorted now, I'm very happy with the carers." A relative told us, "They [provider] seem to have trouble keeping staff but it has got a lot better." Another relative said, "At the beginning there were problems with missed calls and being quite late, but it's much improved and not a problem now." The operations manager explained they had experienced some problems previously although things had now improved. We saw from daily record sheets for the last three months, staff were consistently visiting the same people and were generally on time in accordance to the person's care plans.

We saw there had been ten complaints made since November 2014. The concerns raised were related to a range of different issues and made by people, family members and social care professionals. One relative told us, "I've had to make complaints and for a while things improve." Although all the complaints had been investigated by the provider and recorded on an action plan with outcomes and recommendations. We saw that the responses to some complaints had not been accepted by the complainants. This had led to a breakdown in communication, the services had been cancelled and people had appointed an alternative provider. We saw the provider had tried to incorporate feedback from their investigation process into team meetings to identify good practice and areas for improvement. We saw issues raised had also been addressed with individual care workers in their supervision. However, we saw some points raised by people had not been followed up by the provider. We discussed this with the provider who would bring the matter to staff member's attention at the next supervision.

Requires Improvement

Is the service well-led?

Our findings

Generally people and relatives we spoke with were positive about the service they received. One person said, "I am very happy with the carers, they are very good." Another person said, "Sometimes they are late but they call me to let me know." There was a mixture of responses with regard to the management team. A social care professional explained to us they found the management team listened to them although sometimes they had to instructed about how to progress matters forward. One person told us, "The service was poor in the beginning but now it is good, they [management] have listened to what I have had to say and made improvements." A relative said, "Overall I am satisfied with the service, there have been a few problems [operations manager] tried to sort out and things have improved, seems to be ok now."

People told us they had regularly spoken with somebody from the office, asking them for their comments about the service they received. The provider had introduced the 'telephone courtesy call' system where a staff member telephoned people. We saw calls were made on at least a weekly basis, one person told us, "I always get a call to ask if I am happy with the service." The provider told us at the end of the month, all the information would be analysed and used for continued improvements as well as recognising areas of good practice.

Staff told us they had regular team meetings. One staff member said, "We meet up once a month for a meeting." We saw the provider kept a record of team meetings. Staff told us they felt supported and valued by the management team. Staff said, they knew what was expected of them and felt motivated by the management. One staff member said, "I am very happy working here, I get support and anything I need." Another staff member told us, "If I do something wrong [operations manager] will pull me aside and say do it this way not that way which is fine."

Staff told us they would have no concerns about raising anything they were worried about with the management. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "I am confident any problems I take to management would be sorted quickly." The provider had a whistleblowing policy in place, although five of the seven staff spoken with, were unfamiliar with the term 'whistleblowing' and were unsure if they had seen the policy. We saw the whistleblowing policy listed Care Quality Commission (CQC), although there was no contact details listed for the staff. However, all staff had told us, they were confident in approaching management and if it became necessary to contact other local agencies, for example, the police. We saw from team meeting minutes and staff supervision records, that the provider had taken the opportunity to remind staff of emergency procedures.

There was a registered manager in post. The provider had notified us about events that they were required to by law, however three notifications had been received two and three months after the initial incident had taken place. One notification had been duplicated and submitted on three separate occasions. We discussed this with the provider. They explained as the incidents were being investigated they wanted to provide a full explanation and the outcome with the notification. Notifications should be sent to CQC in a timely manner and any updates could be sent at a later date.

The provider had internal quality assurance processes. We saw that some audits had been completed, particularly in seeking feedback from people and relatives. One person told us, "I get a phone call to ask me if I am happy with the service." There had been an improvement with the recording of feedback. Actions identified had been followed through by the provider with the care worker in their supervision. However, the quality assurance processes had not identified all shortfalls we saw through the inspection visit. We discussed this with the provider and the attention to detail regarding their quality audits. The provider said they would review their quality assurance systems to ensure in the future they would be more proactive instead of reactive.

During our visit, we saw that a large volume of individual daily record sheets, medicine sheets and timesheets were positioned on top of desks and cabinets in and around the office. We discussed this with the provider explaining that personal details should be stored securely. We were told there was a storage problem which they were trying to address and, "All this will be archived when you next visit." The provider explained they were in the process of transferring all paper records to electronic records with the aim of being paperless. The provider said there was at least one person in the office and the premises was secure.