Mulier Care Solutions Limited

Mulier Care

Inspection report

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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

This announced comprehensive inspection took place on 22 August and 6 September 2018. Mulier Care is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults and younger disabled adults. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection two people were using the service.

This is the first inspection of the service since registering with CQC on 25 October 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were breaches of legal requirement in relation to fit and proper persons employed and good governance. We found that the provider did not have safe recruitment practices in place and had not acquired references for staff before employing them. The systems used in assessing and monitoring the quality of the service were not effective in identifying issues and driving improvement and records were not always complete and presented promptly when required. Medicines were not always managed safely; medicines administrations were not always recorded and staff medicines competencies had not been assessed, although they had completed training.

You can see what action we told the provider to take at the back of the full version of the report.

People were protected from avoidable harm as risks to people had been identified, assessed and had appropriate management plans in place. People and their relative's views were sought to develop and improve on the service. The provider had safeguarding policies and procedures in place and staff knew how to protect people in their care from abuse. Appropriate numbers of staff were deployed to support people's needs. Staff followed safe infection control practices to prevent the spread of diseases. The provider had an accident and incident policy and procedure in place and staff knew of the importance of reporting and recording accidents and incidents.

Before people started using the service the provider carried out an assessment of their needs to ensure they would be met. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Peoples were supported to maintain good health and their nutritional needs were met. Where required people were supported to have access to healthcare services including attending GP and hospital

appointments. The provider worked in partnership with key organisations to deliver joined-up care and support. Staff were supported through induction, training and supervision to ensure they had the knowledge and skills required to perform their role effectively.

People were supported by staff that were caring and kind to them. People and their relatives had been consulted about the care and support in place and their views were taken into consideration when planning the care. People's privacy and dignity was respected and their independence promoted. People's communication needs had been assessed and were supported with various technology to live their lives as independently as possible.

People received support from staff that met their needs and each person had a care plan in place which provided staff with guidance on how their needs should be met. Staff understood people's diversity and supported them in a caring way. People were supported to access activities that interest them. The provider had a complaint policy in place and relatives knew how to make a complaint; however, they did not have anything to complain about at the time of this inspection. Where required people were supported with end of life care needs.

The registered manager understood their responsibility to notify CQC of significant events that occurred at the service. Staff knew of the provider's values and adhered to them when undertaking their duties. All staff said they were happy working at the service because they felt supported in their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Appropriate recruitment practices were not always followed to ensure that people using the service were safe.

Medicines were not always managed safely.

Appropriate numbers of staff were deployed to support people's needs.

Risks to people had been identified, assessed and had appropriate management plans in place.

People were protected from the risk of abuse because staff knew of their responsibility to safeguard them.

Staff followed appropriate infection control protocols to prevent the spread of diseases.

The provider had policies and procedures in place to report and record accidents and incidents.

Is the service effective?

Good

The service was effective.

Before people started using the service their needs were assessed to ensure they would be met.

Staff sought consent from people before supporting them and the provider worked within the principles of the Mental Capacity Act 2005 (MCA).

People's nutritional needs were met and people were supported to access healthcare services.

The provider worked in partnership with health and social care professionals to provide joined-up care.

Staff were supported with induction, training and supervision to undertake their roles effectively.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and compassionate towards them.

People and their relatives were involved in making decisions about their care and support.

People's privacy and dignity was respected and their independence promoted.

People communication needs had been assessed and they were supported to use assistive technology that had been put in place to enhance their independence.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which outlined their needs and provided guidance for staff on how their needs should be met.

Staff understood the Equality Act and supported people without discrimination.

People were supported to access activities that interested them.

The provider had a complaint policy in place and relatives told us they knew how to make a complaint.

Where required people were supported with end of life care needs. People who did not want to be resuscitated had appropriate documents completed to ensure their end of life wishes were respected.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not always complete and provided promptly when required.

The systems in place for assessing and monitoring the quality of the service were not always effective.

There was a registered manager in post who was not actively

responsible for the day-to-day management of the service.

People and their relative's views were sought to develop and improve on the service.

The provider worked in partnership with key organisations to provide an effective care.

Mulier Care

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.

The inspection site visit took place on 22 August and 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office and we needed to be sure someone would be in. The inspection site visit activity started on 22 August and ended on 6 September 2018. It included a visit to the office location on both days to see the registered manager and board of directors; to review care records, staff files and other records used in managing the service such as policies and procedures.

The inspection was carried out by a single inspector. Prior to the inspection we reviewed information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted health and social care professionals to obtain their views about the service. Information acquired was used to help us plan our inspection.

We spoke with two relatives on the telephone to seek their views about the service. We also spoke with the registered manager, three directors and three care workers. We looked at two care plans and five staff files. We also looked at records used in managing the service such as policies and procedures, audits and minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

The provider did not have safe recruitment practices in place. Staff files contained completed application forms which included their employment histories and educational qualifications. The files also contained criminal record checks, proof of identity and the right to work in the United Kingdom. However, only one of five staff had a reference in place. It was the provider's recruitment policy to ensure references were attained as part of their pre-employment checks before employing staff. This showed that staff were not properly checked to ensure they were suitable for the role and of good character before employing them.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this issue to the attention of the provider and they told us that they had requested for references for all staff but did not get responses. They told us they would follow up on this to ensure all staff had references in place.

Medicines were not always managed safely. Relatives told us staff knew how to support people to take their medicines safely. A medicines management plan was in place and included a list of medicines, strength, frequency, dosage, preparation and the time of day it should be administered. The medicines plan also included guidance for staff on the level of support and how people's medicines should be administered safely. One person's medicine was being administered through a percutaneous endoscopic gastrostomy (PEG) tube and all staff that supported the person had been trained by the district nursing team on PEG feeding. A PEG tube is feeding tube used to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Medicines administration records (MARs) were used to document medicines that the person was supported with and their MAR sheets we reviewed were completed and without any gaps. The other person who used the service did not have a MAR in place but their care plan included guidance for staff on the support they should provide with their medicine. We found that the person required prompting to take one medicine every morning. Staff told us the medicines were in dosette boxes and they took them every morning. However, the support the person received with their medicine was not recorded to demonstrate they were taking them as prescribed by healthcare professionals . All staff had completed medicines training; however, their competencies had not been assessed to show they had the appropriate knowledge and skills to support people safely.

We raised these issues with the provider who told us that MARs had now been put in place and staff competencies were being assessed to validate their confidence and knowledge in supporting people.

People were protected from avoidable harm as risks to people had been identified, assessed and had appropriate management plans in place to reduce the risk occurring. Risk assessments covered areas such as medicines, eating and drinking, personal care and environment. Risk assessments were also carried out on equipment such as wheelchairs, hoists and bedrails. Where risk to people had been identified, there were management plans to provide staff with guidance on how to reduce or prevent the risk occurring. For example, one person with a visual impairment was at risk of falls, the provider had a safe environment

management plan which provided staff with guidance such as ensuring their environment was safe, clean and free from clutter to prevent the risk of falls. Staff we spoke with knew people well and the support required to prevent or minimise their individual risks.

People were protected from the risk of abuse. Relatives told us their loved ones were safe in the care of staff and they did not have any concerns of abuse. The provider had safeguarding policies and procedures which provided staff guidance on abuse and processes to follow to ensure people were safe. All staff we spoke with knew how to protect people from abuse and told us they would report any concerns of abuse to the management team. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice in the service. Staff said they were confident the management team would take appropriate action to ensure the safety of people if any concerns of abuse was brought to their attention. The registered manager, and other directors in the service told us they would report any concerns of abuse to the local authority safeguarding team and CQC. Since registering with CQC on 25 October 2016, the provider had one safeguarding allegation; however, this was unsubstantiated.

Appropriate numbers of staff were deployed to support people's needs. Relatives told us that the right numbers of staff supported their loved ones. They said they had regular staff that were punctual. The registered manager told us that staffing levels were planned according to people's needs. Where two staff were required to support a person with their needs, two staff were deployed for the visit. Staff we spoke with told us there was appropriate staffing at all times and the right numbers of staff were available to provide safe care and support. The registered manager said they had enough staff to cover staff absences and they also had staff awaiting to be offered shifts in the event of an emergency.

People were protected from the risk of infection. Relatives told us that staff maintained appropriate hygiene levels when undertaking their role and people's houses were kept clean. The provider had infection control policies and procedures that provided staff guidance on actions to take to prevent the spread of infections. Care records included prompts for staff to follow appropriate infection control protocols and staff we spoke with told us they wore personal protective equipment such as gloves and aprons when undertaking their roles, followed appropriate hand washing protocols and ensured the environment was clean and safe at all times. Staff also completed training in infection control to ensure they had the appropriate knowledge and skills to prevent or minimise the spread of diseases.

The provider had accident and incident policies and procedures in place; however, they had not had any accidents or incidents since registering with the Commission. The registered manager told us if they did, they would follow their accident and incident policy and procedures to report and record any accident or incident. Staff we spoke with knew of actions to take in the event of an emergency. One staff member told us they would contact emergency services, report to their manager and record what happened.

Good

Is the service effective?

Our findings

Before people started using the service, their needs were assessed to ensure they would be met. The registered manager and an occupational therapist (OT) were responsible for assessing people's needs. The initial assessment included people's medical, physical and social care needs; including their mobility, medicine, nutrition, personal care, communication, activities and behavioural needs. These assessments were used to develop individual risk assessments and care plans to ensure people's needs were met.

People's rights were protected because staff sought their consent before supporting them. Staff said they always sought people's consent before supporting them. One staff member said, "I always make sure I ask [people] first."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any applications had been made to the Court of Protection. The registered manager informed us one person had the ability to consent and make choices about their day-to-day care and support. The other person could not make specific decisions for themselves; therefore, a mental capacity assessment had been undertaken and best interest decisions were made to ensure the person's needs were met. Both people who used the service also had a lasting power of attorney in place who were responsible for consenting on their behalf and making decisions relating to their care and finance.

People were supported to maintain a healthy weight. A relative told us, "[They] are well fed." Care plans included the level of support people required and guidance on how their nutritional needs should be met. Where required people's relatives supported them with grocery shopping and staff supported them with the preparation of meals. One person was fed through a PEG tube and staff had the knowledge and skills in ensuring their nutritional needs were met. One staff informed us, "I have to make sure the PEG feed is on the right dosage and at the right speed always."

Where required people were supported to access healthcare services. Relatives confirmed people were supported to book and attend health appointments. People were registered with the GP and were supported to attend hospital appointments when this was required. District nurses, occupational therapists, physiotherapists and dentists were also involved in supporting people with their care and treatment. A staff member told us, "I sometimes take them [person] to the GP and they also went to the dentist with their family."

The provider worked in partnership with other health and social care professionals to provide an effective

care. The registered manager informed us they worked in partnership with the district nursing team who trained staff in areas such as catheter care, PEG feeding and suctioning. People's care plans contained a front page which included information about their medical conditions, medicines, healthcare professionals and next of kin to ensure information was readily available to share with other agencies in the event of an emergency.

People were supported by staff that were trained and supported in their role. A relative told us, "The staff are competent and had a lot to deal with initially because my [loved one] was resistant to have care, but now they look forward to seeing [staff]." Another relative told us, "The staff know how to operate all the machines [my loved one] uses and they take good care of them."

Staff were supported through induction, training and supervision. The registered manager told us all staff completed a week induction to familiarise themselves with the provider's policies and procedures, complete training courses and shadowed experienced colleagues and all staff we spoke with confirmed this. However, there was no records to evidence staff induction. The registered manager told us training courses staff completed was part of their induction and that they had plans in place to ensure all new staff completed the Care Certificate standards. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff completed mandatory training in areas such as infection control, health and safety, food hygiene, medicines and safeguarding adults to ensure they had the knowledge and skills required to provide an effective care. Staff also received training specific to people's needs in areas such as catheter care, PEG feeding and suctioning. Staff received regular supervision which covered areas such as punctuality and the standard of care. One staff said, "I could discuss any issues worrying me about the job at supervisions and they would be addressed."

Good

Is the service caring?

Our findings

People were treated with kindness, compassion and respect. A relative told us, "The staff are caring, they are very accommodating … They talk to [people] and sing to [them], there is no silence. My [loved one] is well taken care of, just looking at the condition of [their] skin shows [they] are well taken care of." Another relative told us, "The [staff name] is patient and kind and the care is good." When speaking with staff we noted that they called people by their preferred names when referring to them.

People were given choices and were involved in making decision about their daily care needs. Relatives told us they or their loved ones were involved in planning the care and their views were taken into consideration. For example, the number of care visits they wanted in a day and the time of day it should be delivered Care plans showed people and their relatives had been consulted about the care provision and their preferences were recorded to ensure staff knew the support to provide. Staff told us they offered people choices on day-to-day basis and respected their decisions. For example, one person's care plan stated, "I like to make decisions regarding my care, just ask me." Their support staff we spoke with told us, "I work with the person, I ask them what they want and I respect their opinion and how they want me to carry out my duties for them." Staff told us they offered people choices of food, clothing and how they would like to spend their day.

People's privacy and dignity was respected and their independence promoted. Relatives told us that people's privacy and dignity were maintained because personal care was carried out behind closed doors. Staff told us of actions they performed to maintain privacy and dignity when supporting people. One staff member said, "We make sure people are covered and the doors are closed." Another staff member said, "We always talk to people, telling them what we are doing." Staff also told us that information about people was kept confidential and only shared on a need to know basis. People were encouraged and supported to maintain their independence. Staff told us they encouraged people to do things for themselves where they had showed an interest or were capable of doing things for themselves. One staff told us "I encourage them to butter their own bread, during personal care they are able to do some aspects themselves and they can wear their own clothes."

People's communication needs had been assessed to ensure their needs were met. One person had a cognitive impairment and their care plan included information on how technology such as a door alarm, talking clock and a large digit phone was used to enhance their communication and independence. Their care plan included guidance on the level of support staff should provide to meet the person's needs such as ensuring that the assistive technologies in place were functional at each visit to promote their independence. Staff we spoke with knew the person well and told us, "I ring the bell and I always introduce myself first and I always make sure I inform them [person] of what I am doing so they are aware. I also make sure all their things are in the right places so that they can locate them easily."

Good

Is the service responsive?

Our findings

People received support from staff that met their needs. Relatives told us people had a care plan in place and the care delivery was meeting their loved ones needs. One relative said, "The care generally has been very good." Another relative commented, "I go home stress-free because I know [my loved one] is well taken care of." Each person had a care plan that was personalised to their needs. Care plans covered areas such as personal care, communication, eating and drinking, safe environment, PEG feeding, epilepsy, catheter care and medicines. Care plans included appropriate guidance on the support staff should provide to ensure people's needs were met. Staff told us of the support they provided and this was consistent with information in people's care plans. Other healthcare professionals such as district nurses and occupational therapists were involved in assessing, planning and supporting staff to deliver effective care. Care plans were reviewed regularly to reflect people's current needs. Daily care notes we looked at showed people were supported in line with the care and support that had been planned for them.

Staff understood people's needs in relation to their disability, gender, religion and cultural background and supported them in a caring way. No one using the service was actively practicing their religion but the management team and care staff told us they would support people to practice their faith if this was required. Care plans contained information about people's life history and included information on their family relations to ensure staff knew about their cultural backgrounds and what mattered to them. Care plans also included information on people's personal preferences, marital status, disability, language and ethnicity. Staff we spoke with knew of things that were important to people and told us the care was planned to meet individual needs therefore people's diversities were upheld and promoted and people were supported without any discrimination.

People were supported to access activities that stimulated them. Relatives told us that people were supported to gain access the local community to participate in activities that were of interest to them. People were supported to attend garden centres, shops, visit places of interest, participate in bowling, listen to the radio or music and/or knit. One person attended a special club every other week and staff supported them to be ready for their transport. A staff member told us, "[Person's name] likes to talk and I listen and make sure they are happy and relaxed." People were also supported to attend therapeutic activities such as physiotherapy, reflexology, massage in line with their treatment and recovery.

Relatives told us they knew how to make a complaint if they were unhappy with the service; however, at the time of this inspection, they did not have anything to complain about. They told us they would contact the management team or care staff if they were not happy about something. The provider had a complaints policy and procedure which provided guidance on actions the provider would take to address any complaint raised and included timescales for responding. The registered manager told us they had not received any complaints since operating the service; however, they would follow their complaints policy and procedure to ensure people were satisfied with the standard of service provided.

Where required people were supported to make decisions about their end of life care needs. Where a person did not wish to be resuscitated due to their medical conditions, they had a Do Not Attempt

Cardiopulmonary Resuscitations (DNACPR) in place. The provider told us that people and their relatives did not currently wish to discuss end of life care. However, if end of life care was required they would work with people, their relatives and healthcare professionals to ensure appropriate support was in place for them and their end of life wishes met.

Requires Improvement

Is the service well-led?

Our findings

The provider did not always maintain records that were accurate and complete and could not produce records promptly when requested in relation to people, staff and records used in managing the service. On our first day of inspection, we found that the provider did not always maintain a copy of all documents at their office location. Some documents such as MAR sheets and daily care notes were kept in people's homes, the provider did not have any copies stored in their office and therefore did not have any documents as reference for people. The support one person received with their medicines was not recorded to evidence they were being supported with their medicines as prescribed by healthcare professionals. The provider told us they carried out telephone monitoring checks to seek the views of people but these were not recorded. Also, both management and care staff told us all new staff completed a week induction; however, there was no induction records to evidence it.

The provider had systems in place to assess and monitor the quality of the service, however the systems were not always effective. The provider contracted an external auditor who carried out an audit in January 2018 and this included care file audits, spot checks and health and safety, fire safety, infection control, night shift and medicines audits. The provider told us they carried out monthly MAR sheet audits but did not have any evidence to demonstrate these audits took place. Staff files were also not audited to ensure staff had all the appropriate recruitment checks completed and updated where required. Therefore, these monitoring checks were not effective and did not identify the shortfalls we found at our inspection in relation to records management and staff recruitment.

These issues were breaches of Regulations 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We raised our concerns with the provider in relation to staff recruitment checks and records management. Following our inspection, the provider informed us MAR sheets had been put in place for both people using the service and staff references were being requested again. They told that this was their first inspection and it had served as a learning curve which they would use to improve and develop the service.

People's views were sought through an annual survey. A recent survey completed in January 2018 showed one relative completed it and they were happy with the level of support their loved one received. service. Staff told us their views were sought during either during one-to-one meetings and they found their line managers approachable to discuss any issues of concern with them. Staff meetings were not being carried out because the service was small and delivered far apart each other

There was a registered manager in post who understood the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where required they had submitted notifications of important events that took place at the service.

The registered manager was supported by a board of directors who had diverse backgrounds including health, social care and education. However, the registered manager was not actively involved in the day-to-

day management of the service due to her other professional commitments in the healthcare sector. One of the directors was responsible for managing the service, and both relatives and staff told us the director was the one they liaised with on regular basis. We asked the registered manager about how the service was managed. They told us they had a lot of input into the service but were not always responsible for its day-to-day management because the service was small and that they were working towards developing it and spending more time managing it. Despite this staff told us they felt supported by their managers. One staff said, "Working with Mulier Care has really helped me gain confidence in the role." The registered manager and care staff told us their organisational values included respect, person centred care, integrity, honesty and compassion. Staff told us these values underpin their day-to-day work ethics. All staff told us they were happy working at the service.

The service worked in partnership with other health and social care professionals to provide an effective service. For example, staff worked with the district nurses, physiotherapy and occupational therapy teams to ensure people's needs were met. The district nurses had delegated tasks to care staff and liaised with them regularly to ensure that the people's needs were met. The provider also worked in partnership with social care training providers to train staff and develop their knowledge and skills to deliver safe care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always maintained, complete, and presented promptly when required. The provider had systems in place to assess and monitor the quality and safety of the service. However, the systems in place were not always effective in driving improvement and therefore put people at risk of receiving unsafe care and support.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate recruitment practices were not followed to ensure that staff were properly checked to work with people using the service.