

Managed Care Ltd

Managed Care Limited

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on 6 September 2016. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them or visit them in their own homes.

The last inspection of the service was carried out 9 May 2014. No concerns were identified with the care being provided to people at that inspection.

Managed Care Ltd provides a small domiciliary care agency that provides personal care and support to people in their own homes. At the time of this inspection the service was providing support to six people. The agency offered people a range of hours of their choice. Support ranged from half hour drop in visits to assist people with meals to visits that supported people with personal care to accessing the community.

During our inspection the registered manager was present. The director was the registered manager of the agency. A registered manager is a person who has registered with the Care Quality Commission 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.

People and their relatives were very complimentary about the quality of the service provided and of the registered manager and staff team. They felt the care was exceptionally good. One person said, "Excellent service first class, we have received support for many years and it has always been the same". The registered manager informed us they were proud of the standards of care it provided. The service worked in partnership with its clients, their representatives and allied professionals to deliver good quality services to people in their own homes. Staff monitored people's health and referred them to other healthcare professionals when needed.

People and their relatives told us they appreciated the agency being small. It meant they always knew the people who were coming to support them in their homes. The registered manager also worked as part of the team. This meant people using the service felt that their care was monitored closely by people they knew and who know them well.

Staff had an excellent knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. Staff were enthusiastic when they described how they tried to make their visits the highlight of a person's day.

Staff had received training in safeguarding vulnerable adults from abuse. Staff told us they were aware of the risks of financial abuse. However the service required improvement to ensure records were in place to protect people and staff. Although independent audits had been recently carried out for one person, financial records had not been maintained at the time of the inspection for this person. Following the inspection the registered manager immediately implemented changes to financial recordings people using the service. They also stated all records would be audited on a monthly basis.

People who required support to take their medicines received support from staff who had received training in this area. However systems were not in place to ensure the administration of medicines were recorded. Although records needed to be improved for one person, the person said they had received all their medicines at the appropriate times. The registered manager told us future records would be kept of collection, storage and administration of medicines handled by all staff on behalf of people they were supporting. Whilst the registered manager took immediate and positive action it was reactive and not proactive.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and supported them when they were unwell or had health emergencies. Where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. When risks had been identified management plans were in place. All care plans held individual risk assessments. There were generic risk assessments that included the safeguarding of people, premises and equipment.

Risk assessments relating to assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. All staff received training in safe moving and handling procedures. People were supported by staff who had the skills and knowledge to care for them effectively. Care staff held a range of qualifications, all were encouraged to continue to develop their skills in the provision of domiciliary care. The registered manager told us, "The team has not changed in many years but still need to receive training". They told us they were planning to introduce additional skill development for all staff, with a learning programme designed to enable staff to continue to provide safe compassionate care to people.

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Staff ensured people with particular health issues were supported to purchase nutritional food which ensured they remained healthy.

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. When we visited people who received a service we saw they were happy and relaxed both with the care staff and the registered manager.

The registered manager demonstrated an understanding of the importance of effective quality monitoring. The systems in place enabled checks of the service provided to people and to ensure they were able to express their views so improvements could be made. However these systems had not picked up the issues we found during the inspection. whilst the registered manager took immediate and positive action it was reactive and not proactive.

There was a high level of satisfaction with the service. Staff was proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff when we talked with them about how they supported people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not always safe

People were generally protected from abuse and avoidable harm. However records were not always kept This presented a potential risk to people and to the staff.

There were always enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so. However records were not always kept. This presented a potential risk to people having their medicines missed

Is the service effective?

Good ●

The service was effective.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support from staff who knew them well and responded to their needs.

The service was flexible to make sure people received support that was person centred and met their changing needs and wishes.

Is the service well-led?

The service was well led but improvements were needed.

People and their families were supported by the service was organised well.

There was a clear set of values which staff were required to work to. The service was people focused.

People's quality of care and the management of risks was not always monitored effectively and proactively

Requires Improvement 

Managed Care Limited

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 6 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Managed Care provides personal care to people living in the areas of Langport Somerset. At the time of this inspection they were providing personal care for six people. We visited three people in their homes. We spoke with two relatives during our home visits. We spoke with two staff members individually. We spoke with the registered manager.

We looked at a sample of records relating to the running of the agency. These included the care records of three people who used the service and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the staff who supported them. One person said, "They are always here when they are supposed to be which helps me to feel safe". One relative told us, "I can set my watch on them [staff] they are always here when they should be". People and their relatives told us staff were reliable and arrived on time. One person told us, They [staff] are always here when they should be, always the same ones".

The one person who required support to take their medicines received support from staff who had received training in this area. There was no system to record medicine had been given. However the person who received the medicines was able to say if they had missed any medicines. Staff were confident all medicine had been received by the person as the medicines were dispensed from the pharmacist in a monitored dosage system. The registered manager took immediate action following feedback at the inspection to ensure the person's medicines were recorded, and informed us future records would be kept regarding the collection, storage and administration of medicines handled by all staff on behalf of people they were supporting.

Staff had received training in safeguarding, and had access to safeguarding policy and procedures. Staff occasionally handled people's money when they bought shopping for them, or supported them in the community. Staff told us they were aware of the risks of financial abuse, including the need to record all purchases and maintain accurate records. On the day of the inspection however staff were unable to produce any evidence of records being kept for one person who was receiving support with their finances. Audits of the person's finances had recently been completed by the local authority. The person told us they knew how much money they had and would tell someone if they thought any of their money went missing. The registered manager informed us following the inspection they had introduced financial sheets in care folders. An audit check would also be carried out by the registered manager on a monthly basis.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The director recruited and deployed staff to match the needs of people using the service. New care packages were only accepted if suitable staff were available.

Staff told us rotas were well organised and there was always flexibility to ensure everyone received their care, even in emergencies or when care staff were off work at short notice. One relative told us "The flexibility of the service is fantastic, they will do everything they can to support even at short notice".

Care plans identified risks and detailed the action staff should take to minimise the likelihood of harm occurring to people or staff. For example, when people required support from two care staff to assist them to move safely, care workers always arrived together and there were no occasions when only one care worker arrived. One relative said, "We have double ups, we always know the carers and they work well together. We know [relative's name] is very safe when being supported to move". The person acknowledged they always felt safe when being supported with moving and handling.

Some people were at risk of pressure damage, care plans recorded when people were at risk and identified contact with district nurses. One member of staff said, "We know people well as we have worked with them for many years. We can tell if people are in pain or need the support of the district nurses or doctors". Daily records reflected when additional support had been requested from other health professionals.

The service had a business continuity plan in case of emergencies. This covered eventualities such as extreme weather. The registered manager told us, "We have never let anyone down, when we had snow on the ground staff still got to people on time". We spoke with people who said they were happy with the service. These people had not experienced any missed visits.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. People told us they were confident the staff were well trained. One person said, "I would definitely recommend this service they really know what they are doing". A member of staff said, "We are a small service and know people really well, but they know us really well too".

People felt they received support from familiar teams of care workers. They all said they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support people needed. They stayed the agreed length of time and helped people to be as independent as possible. The service also provided a 'sitting service' which enabled family carers to have additional support and breaks.

The registered manager told us all staff had worked at the service for many years, and received on-going training. Care staff held a range of qualifications, National Vocational Qualifications, and were encouraged to continue to develop their skills. Training was provided in various ways. The registered manager and staff attended different training events. The registered manager said all staff would follow the programme and keep workbooks of their learning. Staff were encouraged to keep portfolios of all their learning. Once staff had been trained in specific areas such as dementia, they shared this knowledge with other team members sharing from each other's knowledge and experiences. Staff felt as they were a small team this worked well for them. The director informed us they had not employed any new staff for a number of years, however, arrangements were being put in place for the potential employment of new members of staff. All new staff would receive the appropriate induction training when they started working at Managed Care Ltd.

Staff did not receive regular one-to-one supervision sessions, but did receive regular support as a team. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Staff informed us they met often as a team but also knew they could meet with the registered manager on a one to one at any time. Staff who had worked for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year.

The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 (MCA). The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff considered people's capacity to make particular decisions and, where appropriate, knew what to do and who to involve when making decisions in people's best interests. People had the capacity to make their own decisions or had family representatives with the legal authority who made decisions on their behalf.

People said staff always asked if they agreed and consented to any care or support before this was provided. People we spoke with said they consented to their planned care when their care plans were reviewed. Staff

were able to tell us how they would ensure they acted in accordance with the MCA, and demonstrated a good understanding of the Act. One member of staff said, "If someone says no or refuses I will ask why, but respect their right to say no".

People were involved in decisions about what they ate and drank. One person told us they had appropriate support with food and drinks and said, "I like to have fish and chips once a week". Staff reminded them it might not be healthy to have this kind of meal more than once a week to keep them healthy. Staff were aware of people's dietary needs due to health issues, for example people living with diabetes. Records contained information about how people liked their food prepared or risks associated with food. Staff demonstrated knowledge about individual needs and how to encourage individual independence for a nutritious diet. For example, some people were encouraged to eat little and often to encourage them to eat more or given smaller amounts of food. One member of staff said "Sometimes it is better to offer some soup if that is all the person will eat, at least we know they have had something when we leave". Staff ensured people had food prepared for them before leaving their homes and reminded the person to, "Make sure you eat your lunch, before we come back". This showed people had as much support as staff could give to encourage them to have sufficient food and drink.

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the individual and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support. People's care records gave guidance on their health needs and how staff should respond in an emergency. Essential contact numbers of relevant professionals were available to staff to enable referrals to be made promptly and efficiently.

Is the service caring?

Our findings

People said staff were consistently kind and caring. People told us they had good relationships with the staff who visited them. One person we spoke with said, "Staff are always kind to me, I like them all". People told us that they appreciated the agency being small, as this meant they never had a visit from someone they did not know.

Staff understood why it was important to communicate and talk with people about the care they provided. One person told us, "They know just how to talk to me, I have known the staff a long time, I would say if I was not happy and I know they would do something about it". One member of staff told us how staff communicated with a person in a way that helped them to feel safe and secure when they were feeling anxious. Interaction between staff and people using the service was warm, compassionate, kind and caring. People were confident and pleased to see staff when they knocked at their doors.

People told us the staff treated them with dignity and respect. We saw the approach of staff when they entered people's homes was appropriate. Staff were seen to be polite when speaking to people, ensuring they were happy and had everything they needed before they left. One relative said, "They [staff] are always here on time, always knock and shout out hello". We saw staff were polite and considerate in all the conversations they had with people.

Staff had an understanding of what was important to people and provided support in line with people's agreed care packages. One family member told us, "We sit down and chat about the care package if we feel any changes are needed they listen and review the care". The registered manager said, "We are proud of the standards of care Managed Care provided to all our clients". They explained that people did not always get independent annual reviews with external professionals, They told us, "As director of Managed Care, I have insisted on care reviews in order that our clients receive the correct plan of care".

There were ways for people to express their views about their care. People said they could talk to care staff and had a visit from the registered manager often. They explained they often worked with people as part of the team to see what experience of care people received from their care company. They said, "I often call around when I know the carers are with someone or call a little earlier to ensure the service was getting it right for everyone". They explained they had every confidence in their team to deliver high quality care at a time and pace that people wished to receive it. A relative described the agency as "outstanding, absolutely reliable and flexible". They said, "The care team are excellent and go that extra mile. This agency is a care company that really does care. I would recommend them to anybody."

Is the service responsive?

Our findings

People were able to choose when and how they received their support visits, some people chose to have a small amount of hours on a regular basis or support where more than one carer was required. The registered manager told us they always assessed if they could meet people's requirements before agreeing to a contract with them. One person told us, "They [staff] are always here when they should be and never keep me waiting".

Staff demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. In addition, they understood people's family dynamics and knew how to work closely with family members to provide all the necessary care and support for the benefit of the person. One member of staff told us "It is important when we visit people in their homes we are on time and know them and their families well. People we support become like additional family members to us."

Assessments of people's care needs were completed by the director who developed a suitable plan of care. The care plans provided information to enable staff to provide appropriate care in a consistent and individualised way. The registered manager told us, "We are flexible and do whatever is needed to give people a good quality of life". For example, one person required support to purchase a specialist chair to support their mobility, the registered manager worked with other professionals and stockists to ensure the correct chair was made for the person. The chair had enhanced the person's quality of life as it meant they were able to be more independent with their mobility. This showed the registered manager had systems in place to ensure they were responsive to people's needs.

People said they were involved in decisions about their package of care. They confirmed the registered manager would involve them and their representatives in important decisions. One relative said, "[registered managers name] comes to the house and we discuss the care that we want to have or any changes that need to be added". One person told us "I talk to the registered manager often telling her what I want to happen". The care plan was written clearly and had been signed and agreed. People's signatures were seen on care plans which clearly stated what service they had agreed to receive. If people were unable to sign they marked their care plans and daily records in a format that suited them, for example one person used a name stamp. People had copies of their care plans in their homes. The registered manager also had copies of the care plans at their office base. The registered manager checked both care plans on a monthly basis to ensure both were up to date.

Staff were knowledgeable about people's life history and used this knowledge to assist people with day to day activities that were meaningful for them. People told us the staff helped them to go out in the local community or further afield if they wished. A recent day trip had been organised for all people, staff and relatives of Managed Care. Photos showed everyone had a lovely day. One person said, "I was good I really liked the train ride". Staff said it was "A great day" and "We are going to make an annual event".

The registered manager told us that community links were important for people. Links had been made with the local college, and areas that people lived within. One member of staff said, "People are well known and

liked in their local areas. Neighbours have staff phone numbers and will ring if they think someone needs support outside of their agreed hours. We always come and help if needed".

Managed Care operated an out of hour's service. The registered manager told us they were always available when the office is closed. They told us they were flexible and did whatever was needed to support people. They said, "If people need additional support to hospital we would ensure one of us were there to support". Staff confirmed they all got on well and 'helped out' whenever they were needed. One member of staff said, "There is always one of us about".

Managed Care had the appropriate policy and procedures for managing complaints. One person said "If I was not happy I would tell them [staff], I know they would sort it as they listen to me". Another relative said, "I have nothing to complain about and can't imagine a time I ever had to but would know what to do." The registered manager told us complaints were "welcomed" to help them improve. The service sought and acted on feedback from people.

Is the service well-led?

Our findings

People praised the quality of the service they received from Managed Care and told us it was well led. One person said, "We have received support for many years and it has always been the same, consistently good". Staff described the registered manager as "A good boss" or "One of the team".

The quality assurance process included seeking regular feedback from people using the service, this was done on a regular basis by the registered manager. Action taken from feedback received was fed back through team meetings and the monthly newsletter. Care plans and reviews were held monthly with all people using the service by the registered manager. However their quality assurance systems had not picked up on the issues we found relating to medicine and financial records. Whilst the action taken from the registered manager was immediate and positive, it was reactive rather than proactive. This meant their current systems needed to improve to ensure issues such as these formed part of the quality assurance monitoring.

People benefitted from staff who were happy and motivated in their work. Comments from members of the care staff included, "Managed Care is the best place I've worked for." and "Managed Care is great to work for. We all get on so well and know each other and our clients and their families well". The Registered Manager confirmed that the team were very reliable and trustworthy and were always where they were meant to be when spot checks were carried out.

The registered manager kept staff informed of events and developments by seeing them on a weekly basis. One person told us, "They pop in all the time to see if [relative's name] is ok, if we need to change anything they are straight on it". There was a high level of satisfaction with the service. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff when we talked with them about how they supported people

The registered manager told us, "As the director of Managed Care, I aim to promote a positive culture within the working environment. I encourage open communication. By working with the team and providing direct care, I am assured about the quality of care provision and the viability of the care package. In response, I find that clients, carers, relatives and all other personnel connected, are confident and able to approach me with any issues". It was clear from our observations and discussions with people, their families and staff that the registered manager's ethos and vision for the service had been adopted by staff. Staff spoken with agreed they were all working to ensure people's lives were enhanced by the care they received from the Managed Care team.

The registered manager had a clear vision for the service, which was to ensure people received high quality care. Their vision and values were communicated to staff through regular meetings and newsletters. The newsletter kept staff and people using the service up to date on a monthly basis on events happening in Managed Care. They believed, by working alongside carers and observing their care, this added to the supervision process for all carers. They said, "It's all about providing a quality service, we have standards and don't compromise on quality".

The registered manager kept themselves up to date by attending external agencies for learning, they were also registered as podiatrist, and registered nurse. They informed us they kept their registrations up to date by attending continuous training and skill development. Standards of care were reviewed by updating quality assurance systems. The registered manager was working closely with Care Focus to ensure all their systems were in line with current legislation. Care Focus support providers to raise standards by providing a range of services and training.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager had notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.