

# Merseyside Adult Support Services Limited

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## Inspection report

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Date of inspection visit:  
13 December 2017  
18 December 2017  
02 February 2018

Date of publication:  
26 February 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 13 & 18 December 2017 & 2 February 2018 and was announced.

At the last inspection of this service on 2 November 2016 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medication was not well managed, requirements of the Mental Capacity Act were not always followed, records were not always accurate, staff were not always receiving the support they needed and the quality assurance system in place was not effective. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the requirements of the law. At this inspection we found the provider had followed their action plan and they were now meeting the requirements of the law.

This service is a domiciliary care agency. It provides a service to older adults, and to younger adults who have a learning and/ or a physical disability in their own homes. Not everyone using MASS receives regulated activity; 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 the inspection 18 people were receiving personal care.

This service provides care and support 24 hours a day to four people living in two 'supported living' settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

MASS has 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 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We found that a safe service was provided by a staff team who were appropriately recruited, trained and supported. Established systems were in place for preventing harm and abuse. Robust arrangements had been made to protect against risks, maintain health and wellbeing, and give medicines safely.

People received effective, personalised care that was thoroughly planned and had been adapted to meet their needs. They directed and agreed to their care and the principles of mental capacity law were applied in upholding their rights.

Staff were supportive, caring and provided dignified care. They understood individual's preferences and supported their lifestyle and social interests. People were supported to express their views and make choices about their care.

The service had an open, inclusive culture and was well managed. Feedback was sought and there had been no complaints. The governance of the service ensured regular monitoring of standards and the quality of care provided. Where shortfalls were identified action had been taken to make improvements.

## 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 safe.

People were supported by staff who had a good understanding of how to keep them safe and manage identified risks.

People were supported by sufficient numbers of safely recruited staff.

People had their medicines when they needed them, with support from trained staff.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the knowledge and skills to provide their care.

People were supported with maintaining a healthy diet and access the healthcare support they needed to maintain good health.

Staff had a good understanding of the need to obtain consent and worked in accordance with the principles of the MCA.

### Is the service caring?

Good ●

The service was caring.

Peoples were involved in their care and made decisions about how they were supported.

People were supported by kind and caring staff who knew them well.

People's privacy and dignity were maintained and information about them was stored securely.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed and planned for.

Person centred care was provided that was responsive to changes in the individual's needs.

Feedback about the service was obtained and a clear complaints procedure was in place.

**Is the service well-led?**

**Good** ●

The service was well-led.

People spoke highly of the management who they felt were approachable and listened to their views.

Systems were in place to identify shortfalls and drive improvement.

The registered manager was aware of their responsibilities.

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## **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 was carried out on 13 & 18 December 2017 by one inspector and 2 February 2018 by another inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be in.

An expert-by-experience in domiciliary care services spoke with people who used the service and their relatives to gain their views over the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

During the inspection we spoke with two people who used the service over the telephone. As some people using the service found it difficult to speak to us on the telephone, we spoke with five people's relatives. We also spoke with the registered manager and the service director and two support staff.

We visited three people separately in their homes with their permission. We looked at care records for four people who used the service. Records reviewed included: staff rotas, policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), and complaints.

# Is the service safe?

## Our findings

At our last inspection on 2 November 2016 we found a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured the management of medicines was always safe. At this inspection we found action had taken and the breach had been met.

Since the last inspection improvements had been made in relation to medication administration records (MAR). MARs were no longer handwritten and now specified the amount of medication to be administered. When medicines had been administered an entry had been made on the MAR to indicate this. Protocols had been introduced in relation to the administration for 'as required' (PRN) PRN medicines. These provided staff with guidance as to under what circumstances these medicines could be administered and for how long for before advice was sought from a healthcare professional. People's relatives confirmed that their family members received their medicine on time. One person who receives support from staff to take their medicines told us there have been 'no issues' with their medication and it was 'given on time'.

Recruitment practices were safe. Appropriate checks were completed to ensure new staff were suitable to work with vulnerable adults. Disclosure and Barring Service (DBS) were undertaken before staff started work. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Recruitment files held a copy of the application form detail the applicants full work history as well as notes from the interview and copies of two references.

The provider employed sufficient numbers of staff to undertake the scheduled calls and there were arrangements in place to provide cover for staff who took unexpected leave. People told us staff always arrived on time and for the length of the visit. One person's relative told us there had been a couple of occasions when a call had been cancelled but they had been notified of this in advance. There was an on call system in place so people could contact the service at any time with any issues.

The provider had systems in place to protect people from abuse. Records confirmed staff had received up to date training in protecting vulnerable adults. Staff knew how to recognise and report abuse. When incidents of potential abuse had occurred the registered manager had informed the local authority in line with local safeguarding protocols. When we asked one person if they felt safe with staff they commented "I am satisfied with my staff, yes I do feel safe with them".

Risks to people were managed effectively. Risks to people associated with the safety of the premises, equipment, medication, nutrition and those associated with going out such as road safety and spending money had been assessed. Risks to people had been mitigated in the least restrictive way to enable people to participate in their chosen activity with the relevant support from staff. At the last inspection we identified that some risk assessments had not been reviewed for 12 months. At this inspection we found improvements had been made and risk assessments had been reviewed on a regular basis and updated when needed.

Risk assessments were also carried out of the premises and the environment to ensure that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home. When accidents had occurred these had been recorded and action taken to reduce the risk of re-occurrence.

The provider had processes in place to protect people from infection. Staff had completed training in infection control and had access to personal protective equipment such as disposable gloves and aprons. Staff involved in the preparation of food had also completed training in food hygiene.



# Is the service effective?

## Our findings

At the last inspection on 2 November 2016 we identified a breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that they always worked within the principles of the Mental Capacity Act (MCA).

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. The registered manager was aware of this and of how to make a referral if needed.

Since the last inspection improvements to staff practice in relation to gaining lawful consent in line with the MCA. Consent to receive care and treatment had been obtained from either the person or a person with the legal authority to give consent on the person's behalf. Where people did not have the capacity to give consent a best interest decision had been made and recorded within their care records.

At the last inspection on 2 November 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that staff members were receiving appropriate supervision and appraisal. At this inspection we found the breach was met.

Since the last inspection all staff had attended one supervision meeting with their line manager and an annual appraisal of their performance. Supervision provides staff with the opportunity to discuss any training and development needs they may have. All staff that had been employed for 12 months or more had received an annual appraisal of their performance. Most staff also held a nationally recognised qualification in care such as a Health and Social Care Diploma or a National Vocational Qualification (NVQ).

People and their relatives felt that staff had the skills and experience needed to support people effectively. The relative of one person told us they felt staff were 'well trained and have the right skills' and commented "I am very happy with the service, no concerns". Another relative told us "Staff are well trained. They are a brilliant lot of carers".

Staff received the training and support needed to undertake their role effectively and provide safe and responsive care. All new staff completed an induction to the service before working unsupervised. This included completing training the provider considered mandatory such as safeguarding, first aid, health and safety and medicines. People and their relatives told us staff also shadowed experienced staff delivering care to people before working on their own. This helped them to familiarise themselves with people's routines and care needs before caring for the person themselves. One person's relative told us "(Person's

name) is introduced to new staff before they start working with them. The new staff shadow existing staff. They stay all day, until they have got used to each other "

Training records showed that staff had received up to date training in all the key areas such as health and safety, MCA, first aid, food safety, safeguarding and safe administration of medicines. Staff had also completed training to meet the specific needs of the people they supported such as diabetes awareness and PEG (percutaneous endoscopic gastrostomy) feeding. The registered manager told us all training contained an element of checking staff understanding of the subject. They also told us they completed spot checks of staff performance on an annual basis to ensure that the standard of care remained high. People and their relatives felt that staff had the skills and experience they needed to meet people's needs. One relative told us ". "Staff are well trained and know what they are doing".

People's health care needs were identified and met. People were supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. People's care plans documented people's health conditions and provided staff with information on their medical history. People received the support they needed to access support from health care professionals and attend routine health checks and medication reviews. Some people who lived with their family received support to access health care from their relatives whilst others received support from staff. One person confirmed staff make healthcare appointments for them and accompany them to the G.P. Information regarding the outcome of people's healthcare appointments were documented and any advice given was followed.

People received the support they needed to eat and drink sufficient amounts and have a nutritious and varied diet. A relative of one person who required support to eat told us "Staff know the feeding regime. They bring in a meal and cut it up and feed (person's name) and know their likes and dislikes". People's relatives told us their family members were supported to go shopping to buy 'healthy food'. One person told us they were "supported with cooking and eating healthy", "have plenty to eat" and "sometimes go food shopping with staff". Another person told us they received help with cooking food shopping and that staff support them "to eat healthy food".

## Is the service caring?

### Our findings

People felt staff were consistently kind and caring. One person told us; "Staff are nice, they listen and are very understanding, they care about you, they are helpful, no faults". One person's relative told us "Staff are very caring and kind; They love her". Another person's relative commented "Staff are caring towards (person's name), they ask about his day and how he has been". A further relative commented "They are very caring I would not have them in, if they were not".

Staff spoke warmly about the people they supported and provided care for. They demonstrated a good level of knowledge of the care needs of people and told us people were encouraged to influence their care and support plans. People told us they were happy with the arrangements of their care and support. They had been involved in drawing up their care plan and with any reviews that had taken place. A member of staff told us, "The whole service is about offering people personalised support, it's about the individual, a 100% holistic approach around their health and home". Another member of staff felt the service was "Very caring" and commented "building trust is very important".

People were supported by staff who knew them well. Staff were assigned to work with specific individuals to provide continuity of care. The registered manager told us "We have a little team of about six staff to work with each person, that way if someone is off there is always someone to cover". Where ever possible, people's preference in relation to the gender of the staff they received support from was provided. One person told us they only received support from female carers in line with their personal preferences and usually received support from the same staff. They commented "I have known them a long time".

People were supported to retain and develop their independence. One person told us "They are superb, they help me with my mail". Another person's relative told us "Staff speak to (person's name) and encourage her, they explain what is happening to her".

People told us their privacy was respected and had been consistently maintained. One person's relative told us their loved one was "definitely" treated with dignity and respect. Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. One person told us they were involved in their care plan and choosing.

Information was kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support. Personal information about the people using the service was securely stored in the office of MASS to ensure that confidentiality was maintained.

People were provided with emotional support. One person's relative told us "Carers support (person's

name) if he's upset, they calm him". A member of staff told us they had received training in supporting people with anxiety and distressed behaviours. They explained how one person they supported could become anxious about meal times. They told us the person "Gets worried that if they go out they will miss a meal" and commented "We reassure them. If we go to a café and there are no seats they will get upset, so we support them and explain that we must wait a short time, so we go for a short walk and wait". They also told us, "When I take someone out in the car, I explain where we are going so they don't panic. If people get upset, I will sit on the floor next to them, come down to their level so I am not towering over them".

We were able to view how staff communicated with people during visits to two people's homes and observed their interactions. They were respectful, encouraging and were heard to be offering people choices. Our observations were that the relationships between people and the staff supporting them were warm, respectful and dignified. They were relaxed and comfortable with the staff and vice versa.

The registered manager had information on local advocacy services that people could access should the need arise.

## Is the service responsive?

### Our findings

At the last inspection on 2 November 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the provider had not ensured an accurate, complete and contemporaneous record had been maintained and stored securely in respect of each person that used the service. At this inspection we found the breach was met.

Since the last inspection improvements had been made. Information contained in care plans kept in people's homes matched those kept at the office. People's needs had been assessed before they started using the service and kept under review. Assessments and care plans were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs. Feedback from people, relatives and care staff was that information was regularly updated and reviewed. When changes to people's care needs and preferences had occurred, care plans had been reviewed and updated to reflect these changes so as to provide staff with the guidance they needed to provide safe and effective care.

Most people had been using the service for many years and no one had started using the service since the last inspection. However there were systems in place for the needs of anyone considering using the service to be assessed before a service was offered. This allowed the person and the registered manager to assess whether or not the service could provide the support the person needed.

Care plans contained details of people's health needs, social contacts, previous jobs and their family background. People were supported to participate in their chosen activities, social events and holidays which they enjoyed. One person told us that staff supported them to go to exercise classes and to see a pantomime on their birthday. They also told us that staff support them to go shopping and commented "I go clothes shopping, I love it". Another person's relative told us "Staff support (person's name) to attend community activities; Bingo, Disco's, a club and out for Lunch". A member of staff told us "The service offers personalised support based on the person's needs and preferences. If a person enjoys shows, then staff will be made aware if something they like is on and arrange to take them".

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. People's care plans contained details of the best way to communicate with them. People were communicated with verbally and they and their relatives were provided with written information. The registered manager told us if alternative forms of communication were assessed as needed they would be provided.

People and their relatives were asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. People told us they felt comfortable in raising any concerns and knew who to speak to.

# Is the service well-led?

## Our findings

At the last inspection on 2 November 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to maintain securely records required for the carrying on of the regulated activity or have systems and processes in place to assess, monitor and improve the quality and safety of the service. At this inspection we found the breach had been met.

Since the last inspection improvements had been made and the quality assurance systems in place were more effective. An auditing process for checking MARs and care plans had been introduced and had been completed on a regular basis. Where shortfalls had been identified action had been taken to make improvements. At the last inspection, some of the records required had not been maintained, were not up to date or had not been accurately completed. At this inspection we found improvements had been made. Records seen were accurate and complete and were being checked as part of the provider's quality assurance. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

At the last inspection we identified that the provider had not ensured the CQC had always been notified of safeguarding concerns that had occurred by way of a statutory notification as required. Since that time improvements had been made and the CQC had been notified of any safeguarding concerns without delay.

People, their relatives and staff all felt the service was well-led and would recommend it to others. One person commented "They are like family, love the lot". Another person told us they would recommend the service and commented "They are wonderful". A relative of one person felt the service was well managed and commented "Yes, as far as I can see it runs efficiently". Another relative commented "I hope the service continues, they are really good; I would give them 10/10, top marks". A staff member told us "I would definitely recommend the service, we all support each other, we help each other out".

The registered manager knew people well and was able to describe to us people's needs, backgrounds and personal history. A staff member told us "We were moving someone to a new house, the manager went out shopping for food, utensils and other things they needed to make sure everything was ok when the person moved in. The manager will just get stuck in and help out, she will personally check everything is sorted".

People and their relatives confirmed they were asked for their opinion of the service and had regular contact with the management team on a regular basis. One person told us they knew the managers and they had visited them to check that all was well. A relative also told us they had met with the management on many occasions and felt that communication with them and the office was good. They commented "They call every week to discuss the rotas and who to expect. I would give the service 10/10 definitely; the girls are very pleasant, really lovely".

Staff felt supported by management and listened to. Staff told us that the provider and registered manager were supportive and understanding of any personal or emotional needs they had. This helped to promote a

positive and inclusive culture within the organisation. One staff member told us "I am more than happy; no complaints, I would leave now if I did not feel listened to. They are a very good company, they always listen, they will make time to sit and talk". Another staff member told us "I could not ask for more support; I cannot fault them they are very professional". There was also good staff retention within the service with many staff having worked at the service for many years which helped promote good continuity of care.

Staff told us they would not hesitate to raise concerns if they witnessed poor practice and were aware of the providers 'whistleblowing' policy. They were also aware of the need to escalate concerns about people's welfare both within the organisation and externally.

The provider had good community links with other organisations involved in people's care such as health and social care professionals and worked in partnership with them to ensure the best outcomes for people. We viewed comments from the recent survey carried out by the service and saw that the responses were positive.