# Martin Support Services Ltd

# MSS Care

## 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? | Good |

# Summary of findings

## Overall summary

MSS Care provides personal care to approximately 70 people who live in their own homes on the lizard and in the south of Cornwall.  On the day of our inspection the service employed a total of 43 staff.

This comprehensive inspection took place on 23, 24 and 30 August 2016 and was announced in accordance with our current methodology for domiciliary care inspections. The service was last inspected on 1 August 2014 when it was fully complaint with the regulations.

The service had 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.

Everyone who responded to our survey reported they felt safe while receiving care and support and reported that staff always respected their privacy and dignity. People told us, "The carers are very very good", "The staff are extremely pleasant" and "I'd give them 10 out of 10, they are such a help to me it is unbelievable."

Visit schedules included appropriate amounts of travel time between consecutive visits. Call monitoring data and daily care records showed that staff normally arrived on time and provided visits of the planned duration. People said, "They do have enough time", "They do not rush, they have time to chat" and "They are normally on time but you can't plan for the traffic around here."

The service used a mobile phone based call monitoring system to ensure all planned care visits were provided each day. This information was monitored by office staff in real time and an alarm system was used to alert office staff if a carer failed to provide their first planned visit each day. People told us, "They never let you down, they always turn up" while staff said, "I don't know of any missed calls."

The service operated safe recruitment practices and all staff understood their role in protecting people from abuse and avoidable harm. The service's safeguarding policy accurately reflected local procedures and had been regularly updated.

All staff received three days of formal induction training when they joined the service. Staff records showed this training was regularly refreshed and appropriate additional training was provided to ensure staff remained sufficiently skilled to meet people individual needs. Staff told us, "The induction was good and well organised" and "They are very hot on training."

Staff were well supported by their managers and regularly received supervision, spot checks and annual performance appraisals. The service operated an effective on call manager system to provide staff with any necessary guidance outside of office hours. Staff told us, "They [managers] are brilliant actually" and "I can always ask for help from [the registered manager] or [care manager]." The registered manager said, "I do

have a lot of confidence in the staff" and "I am really proud of my staff, the way they go the extra mile for the clients. They really do care."

Care plans were detailed and informative. They provided staff with sufficient guidance to ensure People's specific care needs were met during each planned visit. Staff told us people's care plans were; "quite detailed", "all kept up to date and they are informative" and, "they are actually very helpful." Risks had been appropriately assessed and staff provided with guidance on how to protect people and themselves from each identified risk.

People and staff were actively encouraged to report accidents, incidents, near misses and compliments via the provider's safety observation system (SOS). All reported incidents were fully investigated by managers to identify any learning or areas of possible improvement. People understood the service's complaints procedures and records showed all complaints received had been investigated and appropriately resolved.

The service's secure information sharing system based on mobile phones allowed staff to effectively share information about changes to people's care needs with office staff and other carers. This meant prompt action could be taken to address any significant incidents or changes to care needs.

## 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. There were sufficient staff available to provide all planed care visit.

Recruitment procedures were safe and staff understood local authority's procedures for the reporting of suspected abuse.

People were supported to safely manage their medicines and risks during the provision of care had been assessed and managed.

### Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good

The service was caring. People received support from consistent staff teams whose company they enjoyed.

People's choices and preferences in relation to the gender of their care staff were respected.

### Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People understood how to make complaints about the service's performance and there were appropriate systems in place to ensure any complaints received were investigated.

### Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff team

were well motivated.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

Records were well organised the service's electronic record keeping systems enabled information to be shared effectively and securely with staff.

# MSS 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 checked 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 23, 24 and 30 August 2016 and was announced in accordance with the commission's current procedures for the inspection of domiciliary care agencies. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 1 August 2014 when it was found to be fully compliant with the regulations. 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. In addition before the inspection we sent 50 surveys to people who used the service. We received 26 completed responses.

During the inspection we spoke with the nine people who used the service, three people's relatives, six members of care staff and the registered manager. We also inspected a range of records. These included four care plans, five staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

# Is the service safe?

## Our findings

Everyone who responded to our survey said they felt safe while receiving support from MSS care and people we spoke with told us they were safe and well cared for. Staff fully understood their roles in protecting people from abuse or avoidable harm. Records showed staff had received training in local safeguarding procedures and staff told us they had been supported by managers and team leaders to raise concerns about the safety of individuals with the local authority. Posters on local procedures for the safeguarding of adults were displayed throughout the office and the service's safeguarding policy had been regularly updated and included accurate contact information. Where the service had raised concerns with the local authority these had been regularly followed up to ensure the vulnerable individuals were protected for the identified risk.

Risk assessment documentation was included within people's care plans. These assessments had been completed as part of the care planning process and identified risks to both people and staff during care visits. For risks in relation to the environment and provision of care staff were in place with clear guidance on the actions they must take to protect both themselves and the person they were supporting. However, it was clear from one person's care plan that their behaviour was a significant cause of risk. Although staff who knew the person well, were aware of the risk there was not sufficient information within the care plan to ensure all staff who might provide support visits were aware of the risk. We discussed this issue with the register manager, who told us this care plan would be updated to ensure staff were provided with additional background information and specific guidance on how to manage this known risk.

The service had appropriate emergency plans and procedures in place. For example, four wheel drive vehicles were available in each of the service's three areas of operation for use during periods of adverse weather. In addition the service's care planning software was able to identify which member of staff lived closest to each person and this information was used during periods of adverse weather to minimise staff travel.

Where accidents or incidents had occurred these had been documented and fully investigated. The service operated a Safety Observation Scheme (SOS) designed to encourage the reporting of safety related concerns to the service's management. Everyone who used the service and all staff had been provided with SOS cards and encouraged to complete them to raise any safety concerns, or report any compliments on individual staff performance. Completed SOS cards were regularly received and the service maintained a log of actions taken in response to those SOS cards. In August 11 completed SOS forms had been received. They included three compliments about staff performance and a variety of minor safety concerns. For each safety concerns records showed what actions had been taken to address and where possible resolve each reported concern. This demonstrated the service's strong safety culture where the reporting of minor incidents and near misses was actively encouraged, to enable the organisation to learn from these experience and thus avoid more serious incidents. Staff told us, "The SOS cards are a really good idea" and "Yesterday I did not have enough travel time on the run I did so I have done an SOS card about it."

We reviewed the service's visit schedules and staff availability and found there were sufficient staff employed

to provide all planned care visits. One staff member told us; "We are fully staffed on my side, we have more staff availability that hours of work at the moment." Where staff sickness or high levels of staff leave impacted on staff availability agency carers or managerial staff were used to ensure all planned care visit were provided. During the week of our inspection agency staff were due to complete three care shifts as the second carer for people who required support from two members of staff. The registered manager told us; "We use agency to ease things for our own staff so they are not run into the ground" if there is a shortage of staff while staff said, Where shortages of staff were identified during the visit scheduling process support from agency staff was requested before managerial staff were allocated care visit to help minimise the impact of staff shortages of the service's managerial team. The service also operated an on-call system where two staff each day were scheduled to provide care visits at short notice in the event of staff sickness of other unexpected absences. Staff told us, "We do have an on call system which I think is a really good idea."

The service operated a call monitoring system to allow office staff to ensure all planned care visits were provided each day. When staff arrived at each person's home they used their mobile phone to record their arrival and departure time form the care visit by scanning a code fixed to the persons care plan. This information along with the GPS position at the time the care plan was scanned was shared with office staff via a secure internet service. We saw that office staff monitored this information in real time to ensure all planned care visits were provided each day. In addition as a result of a recent incident, electronic alarms had been introduced to immediately inform office staff if a carer failed to record their first care visits each day. When a visit was not recorded by the system, office staff would telephone the member of staff involved to check that they were all right and ask why the visits had not been recorded using the electronic system. People told us, "They all have mobiles and click on the icon in the book when they arrive" and "They never let you down, they always turn up" while staff said, "I don't know of any missed calls" and "I can't remember [a missed visit], it does not happen often" "I know of one or two missed visit but it does not happen regularly." Where any changes were made to staff rotas this information was shared by email. In addition each staff member was contacted individually to confirm their receipt of the changed visit schedule to avoid confusion and further minimise the risk of missed care visits.

The service had identified that the reliability of staff vehicles was a possible source of risk that care visit could be missed. In order to address this risk the service operated a fleet of five pool cars that were available for staff to use at short notice in the event that their own vehicle was unavailable.

Staff told us, "The interview and selection is quite tough here" and we saw necessary pre-employment checks had been completed. The identity of each prospective staff member had been confirmed, references reviewed and Disclosure and Baring Service checks had been completed.

The service generally supported people with their medicines by prompting or reminding the individual to take their medicines. Staff had received training on how to support people to manage their medicines safely. Daily care records included detailed of the support provided by staff with medicines during each care visit.

Good

# Is the service effective?

## Our findings

Once appointed all staff completed three days of formal induction training and staff told us, "I did three days of induction training, it is definitely useful" and "the induction was good and well organised." Staff then completed a number of shadow shifts where they observed experienced members of staff providing care before initially providing care for people who required support from two staff. Staff told us, "During the first shadow you just watch, on the second one it's a bit more hands on and during the third shift you do start to provided care." Once new staff felt sufficiently confident they were then permitted to provide care independently.

Staff always completed a shadow shift on any individual run before providing care visits independently. This meant new staff were formally introduced to people, ensured that staff knew how to find each address and provided an opportunity for staff to observe how each person preferred to be supported. People told us"[Staff] always shadow before their first visit" while staff said; "Even carers who are experienced, we still like them to shadow each run before they do it on their own" and "Today is a shadow shift so I know how to find everyone." Managers recorded information about which shifts each staff member had experience of and this information was used during the visit scheduling process to ensure staff were only allocated to areas in which they had previous experience.

Records showed recently recruited staff new to the care sector had completed training in accordance with the requirements of the care certificate. This is a national qualification and designed to give those working in the care sector a broad knowledge of good working practices.

Staff told us; "They are very hot on training" and "They send us on courses regularly." Our review of the service's training record showed that staff received regular training in topics including; infection control, Safeguarding Adults, food hygiene, manual handling and dementia awareness. Staff also reported that the registered manger actively encouraged and supported staff to complete diploma level courses in Health and Social Care.

Staff told us "I have had supervision" and records showed staff regularly received supervision and annual performance reviews. Records of these meetings showed they had provided an opportunity to discuss both the staff member's individual performance and to identify training and development opportunities. In addition "Spot checks" of staff performance during care visit were regularly completed by managers and team leaders. Team meetings were also held regular at the service. These meeting provided an opportunity for the manager to share information with staff on planned changes within the service and for staff to discuss any observed changes to individual's care and support needs.

People's care plans recorded details of advice and guidance provided by health professionals and daily care records demonstrated staff routinely followed the guidance provided. Office staff routinely supported people to arrange visits by health professionals and carers regularly supported people to attend hospital appointments.

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. We found that staff and managers had received training on the requirements of the act. Where staff had identified concerns about people's ability to make decisions independently these concerns had been appropriately documented and reported to commissioners. Staff had worked with health professionals to ensure that decisions were made in the best interests of people who lacked capacity.

People's care plans provided staff with guidance on how to ensure their nutritional needs were met. Where appropriate information about people's food and fluid intake was recorded by staff within the daily care records. People told us staff encouraged them to eat and drink during care visits and one person said, "They always want to make a cup of team before they go."

People told us their care staff normally arrived on time for care visits. People's comments included; "Normally they are on time, car accidents and traffic can always cause delays but they are normally five minutes either way", "They do basically come on time" and "They are normally on time but you can't plan for the traffic around here." Staff told us, "They do allocate travel time" and our analysis of the service's visit schedules and call monitoring information found that travel time was provided between all consecutive care visits and that the majority of care visit were provided on time . Most people told us that if their staff were running late they were contact by telephone and advised that their staff member was running late however a minority of people reported that they were not always informed when staff where running late.

People constantly reported that they were no rushed by staff during care visits and call monitoring data showed people routinely received their full planned care visit. People said, "They do have enough time", "They don't rush you they always take their time with you" and, "They do not rush, they have time to chat."

Good

# Is the service caring?

## Our findings

People consistently praised their care staff and told us, "The carers are very very good", "I am delighted with the carers I have had, they are really marvellous", "I am quite happy with them" and, "I think they are very professional and very caring." People relative were equally complimentary of MSS care staff team and said, "The staff are extremely pleasant, they get on very well with [Persons name]" and "[My relative] looks forward to seeing them, they are lovely."

People told us, "You get to know them as you see them so regularly" and daily care records and call monitoring information showed people normally received care from consistent small groups of staff who visited regularly. Staff said, "Each run has its same group of carers doing it so you get to know people well" and "I am on my own run nine times out of ten." People spoke fondly of their care staff, some of whom they had given nick names and told us, "We have a good laugh together", "We have a bit of a chat and a laugh together" and "We have nice conversations as they are helping me along." Staff told us, "I thoroughly enjoy what I do" and it was clear from our conversations that staff and managers knew people well and had a detailed understanding of both people's care needs and individual preferences.

People said their care staff respected their decisions and choices during care visits and told us; "Oh, yes I am in charge", and "it's a joint job, we work together." Relatives also reported that people's choices were respected. Their comments included, "Oh yes, they do treat [my relative] with respect" and "[My relative] will tell them in no uncertain terms what to do." Care plans instructed staff to ask people how they would like specific aspects of the care and support to be provided and staff told us, "I just ask people what they would like me to do", "I really concentrate on being person centred, I always ask people what they want me to do" and "I always ask people because then you know what they want you to do."

Where people declined or refused an aspect of planned care these decisions were respected by staff and appropriately documented in care records. During the next planned visit the declined care was offered again and gentle encouragement provided by staff. If a person repeatedly declined planned care this was reported to office staff and guidance sought from the person, health professionals and or family members on the best way to address the situation.

People told us, "They are very good, If I ask they will do anything they can to help out" and "They just ask what I would like them to do and will do little extra things to help out." A washing machine and tumble dryer in the services office were routinely used by staff to help people manage their laundry. In addition the registered manger described a variety of additional tasks staff completed on a voluntary basis to help people to live as independently as possible. For example, one person had recently returned home after an extended hospital stay and staff had offered, in their own time, to redecorate the person's bedroom and lounge. This offer had been gratefully received.

People's preferences in relation to the gender of their care workers were respected during the visit scheduling process. Information about individual preferences was recorded in the visit scheduling software and this prevented people being accidentally allocated care workers contrary to their preferences. Everyone

who responded to our survey said their care workers always treated them with dignity and respect.

Good

# Is the service responsive?

## Our findings

Staff told us people's care plans were, "Pretty good", "quite detailed", "all kept up to date and they are informative" and, "they are actually very helpful." The care plans provided staff with sufficient detailed information and to enable them to meet people's needs. Each person's care plan included detailed guidance for staff on how they preferred to be supported during each planned care visit.

Care plans also included information about people's life history, hobbies and interests and staff told us, "They hold a lot of information about people preferences and personal information as well as their medical history." This information helped staff to understand how people's background effected who they are today and assisted staff in building relationships with people by highlighting topics of conversation they were likely to enjoy.

Care plans had been developed from information supplied by both the person and the commissioners of their care combined with details of the person's specific preferences established during the service's assessment process. Staff told us, "The care assessments are completed during a call so you can see what is happening" and records showed these assessment were normally completed during the first day of care provision.

All of the care plans we review had been regularly updated to ensure they accurately reflected people's current care needs. Staff told us "the care plans are all up to date, the supervisors get time off to sort them out." Run supervisors and team leaders confirmed they were allocated specific time each week to review and update people's care plans. Staff told us that when changes were made to a person's care plan they were informed of the change electronically and reminded to review the care plan during their next visit.

Daily care records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. Relatives told us, "They write down what they have done and anything that [my relative] has refused." People's daily records included a tick sheet of tasks to be completed at the end of each visit and designed to act as a reminder for staff to ensure people's care needs were met. Staff were also able to share information with staff due to provide subsequent care visits by adding a task note to the next planned care visits. Staff explained that they used this system for example to inform the next carer that they had hung out the washing, so that carer would know that washing needed to be gathered in.

At the end of their shifts staff were required to send an electronic report to their supervisor with details of any unusual occurrences or changes to people's care needs. A supervisor told us, "I get the run reports and pass them on to the office, if anything unusual has happened." Significant Information from run reports was included in the service's daily management reports. We compared information recorded within people daily care records with the service run reports and daily management reports and found that all significant events had been promptly shared with the service's management team.

People understood how to raise any concerns about the services performance and told us; "If I had any problems I would ring them up but I don't have any", "I don't have any grumbles about it" and "I have no complaints what so ever." While relatives said, "I would just ring the office but I have no reason to complain." The service had robust procedures in place for the investigation of any complaints received. Records showed that all complaints had been fully investigated and appropriate action had been taken to resolve each complaint. The service provided a formal written response to each complainant which included the commissions contact details for use if the person was unhappy with the way their complaint had been addressed.

Good

# Is the service well-led?

## Our findings

People and their relative's were highly complementary of the service provided by MSS Care. Their comments included, "We are extremely pleased with them", "They are very efficient", "All in all they are very good" and "I'd give them 10 out of 10, they are such a help to me it is unbelievable."

Staff were well motivated and constantly told us they enjoyed their roles. Staff comments included, "It's good. It is a happy place to work", "I think they are one of the better companies to work for", "it's the best company I have ever worked for" and "It's a good company, they do lots of little things that nobody else does."

MSS care had a well-defined management structure where the roles and responsibilities of individual members of senior staff were clear and understood by staff. The service was led by the registered manager who was directly supported by; a care manager responsible for overseeing all aspects of care and an administration coordinator responsible for the services quality assurance processes. The service operated three geographical teams. Each team had a designated team leader responsible for reviewing and updating care plans and staff management within their area. Within each area the service operated fixed runs of consecutive care visits and each run was led by a run supervisor. These staff acted as the primary contact for people who used the service and were responsible for ensuring effective communication between staff and senior managers. Staff told us, "The run supervisors are a bit like a "middle man" and has definitely improved communication between the office and care staff. It has helped a lot."

Staff said they were well supported by their managers and that any issues or concerns they reported were always investigated. Staff told us, "It is definitely going well at the moment", "They [managers] are brilliant actually", "[The registered manager] is as good as gold" and "I can always ask for help from [the registered manager] or [care manager]."

The registered manager spoke with pride of the commitment and dedication of the staff team. These comments included, "I do have a lot of confidence in the staff", "I am really proud of my staff, the way they go the extra mile for the clients. They really do care" and "I feel comfortable that they will be fine during my planned leave." The provider's director attended all of the service team and management meetings and regularly visited the service's office. In order to ensure the registered manager and care manager remained in regular contact with the people the service supported, these staff were required to provide care visits on at least one day per month.

The service had highly effective information sharing systems. All staff had been provided with secure mobile phones and were able to use these devices to access information about visit schedules and report any changes to people's care needs. In addition senior staff had been provided with tablet computers to enable them to fully access the services electronic records remotely while providing support to staff outside of office hours. Staff told us; "IT systems have made things a lot faster" and "[The IT system] is brilliant." People told us, "They do have a portal so you can go online and see who is coming for each visit" and people and their families were also able to access information about their scheduled care visits via the service's

website.

The service quality assurance processes were robust. Each day staff completed a detailed report of the care they had provided during each care visit that included details of any issues or concerns identified. These reports were reviewed each day by senior staff and any significant information was included in the service daily management report which was shared with all senior staff. This meant senior staff were quickly informed of any concerns and prompt action could be taken by the registered manager to address any issues identified. In addition each week a detailed analysis of the services performance was completed and shared with director. This report included details of total staff availability, hours of care provided, details of any significant incidents that had occurred and how they had been addressed. This information was reviewed and discussed by senior staff during the services weekly management meetings.

The service actively sought feedback on its performance from the people it supported. Surveys people's experiences of care and support were regularly completed as part of quality assurance processes. At the time of our inspection a survey was underway and all of the 18 responses so far been had been complementary with comments including, "The carers are kind considerate and helpful". Prior to this inspection the commission also conducted a survey of people feedback and the responses we received were similarly complimentary. People commented; "I cannot fault them, they are more than very good and "I have recommended MSS Care to my friends, they also now use the services and are also very happy."