

MM Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 17 December 2018 and was announced. We gave the provider 72 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit. On 19 December 2018, we made telephone calls to the person using the service and staff for their views on the service. This was the first inspection since the provider's registration on 5 January 2016.

MM Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service caters for older people and younger adults with needs relating to dementia and physical disabilities. There were two people using this service at the time of our inspection. Only one person received the regulated activity of personal care.

The service had a registered manager, they were also the service provider. 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.'

Though the service has been inspected it has not been rated because at the time of the inspection visit a limited service was being provided, one person was receiving support with personal care.

We have made a recommendation about risk assessments, ensuring these are in place where any support is being provided to a person.

Quality assurance systems were in place to ensure people using the service received good quality care and support. The registered manager confirmed that these systems would be fully implemented as the service develops.

A person using the service told us they were happy with the care and support they received. They felt the staff were kind, caring and respectful.

Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes.

When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.

One person told us they knew how to make a complaint and felt the provider would take action to address their concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff worked with the person to meet their needs safely, in accordance with their assessed needs. Recruitment procedures ensured staff's suitable to work with people was checked.

Inspected but not rated

Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed to support people effectively.

Inspected but not rated

Is the service caring?

The service was caring.

A person was supported by staff in a caring and considerate way and were encouraged to maintain their independence.

Inspected but not rated

Is the service responsive?

The service was responsive.

The persons needs were assessed prior to them receiving a service from the agency. A complaints procedure was in place which was given to a person when they commenced receiving a service.

Inspected but not rated

Is the service well-led?

The service was well-led.

There was a registered manager in post who was also the provider. Systems were in place to assess and monitor the service. The registered manager had a clear vision for the service.

Inspected but not rated

MM Care Services Ltd

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 17 December 2018 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. We telephoned the person who used the service, which took place on 19 December 2018.

The inspection team consisted of one inspector.

Due to technical issues a Provider Information Return (PIR) was not sent out. This 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. During the inspection visit we gave the provider the opportunity to tell us about their business development plans for the next 12 months.

We contacted the local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. However, the two local authorities we contacted currently did not have any commissioning arrangements with MM Care Services Ltd.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service.

We spoke with the person who received the service, the registered manager, administrator and one care worker.

We looked at the care records for one person. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and recruitment.

Is the service safe?

Our findings

The person using the service told us they felt safe with the staff that supported them. They said, "Oh yes I feel safe with the carers and they arrive on time."

Staff gave us examples of how they ensured people's safety. For example, by making sure their home was secure, locking the key safe after use and leaving drinks for people in between calls.

The registered manager told us no risks had been identified whilst supporting the person, they provided a service to. A home environment risk assessment had been completed, which included access to the building. The registered manager told us the assessment process would help identify any risks to a person. Where risks were identified the registered manager confirmed risk assessments would be completed to inform staff of this and measures would be put into place to reduce the impact of any identified risk.

We recommend that the provider follows current guidance to ensure any support provided to people is risk assessed.

There was a medicines administration policy in place for staff to refer to that would assist them in providing medicines safely to people. Training records showed that staff had undertaken medicines training. There were protocols for dealing with medicines incidents. Staff understood the protocols and the importance of reporting any medicines incidents to management immediately and seeking medical advice if required.

People's safety was protected by the provider's recruitment practices. We looked at the recruitment checks in place for a staff member, that had recently commenced employment with the provider. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS check supports employers to make safer recruitment decisions.

The registered manager told us that they would be looking into a call monitoring system as the service developed. Call monitoring systems alert management if staff visits are late, which reduces the likelihood of a missed visit.

The registered manager confirmed that staffing levels would be monitored and the recruitment of staff would be ongoing to ensure sufficient staff were available to support people as the service grew.

Safeguarding and whistleblowing policies, designed to safeguard people from harm, were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. Staff were aware of the whistleblowing policy and safeguarding policies and told us they would not hesitate to report any concerns or escalate their concerns. A staff member said, "If I had any concerns about poor practice, I would contact the person's social worker or CQC."

Staff had completed infection control training and were aware of their responsibilities to minimise the risk of infection. Staff told us they were provided with disposable personal protective equipment such as gloves

and aprons which were supplied by the provider.

We saw documentation was in place to review incidents and accidents. During discussions the registered manager demonstrated that they understood their responsibilities to ensure accidents or incidents would be reviewed and appropriate action taken as needed.

Is the service effective?

Our findings

One person felt the staff who supported them had the skills required to do the job. They said, "Its early days but I do feel they [staff] are competent."

Staff were provided with induction, training and support ensuring they had the required skills and knowledge to meet the needs of the person they currently supported. A staff member told us, "The training I have completed is very relevant to my role and I am looking forward to doing further training." Training records showed that the registered manager and staff member had undertaken training in a range of areas. We saw that the staff member had no previous experience in care and yet had not completed the Care Certificate. This is a nationally recognised introductory care course linked to values and behaviours that care workers should adhere to. We discussed this with the registered manager and they told us the staff member would be shortly commencing this training.

The registered manager confirmed that supervision will take place with the staff member who had recently commenced employment. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people.

At the time of our inspection visit the registered manager told us the person using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being. Staff told us they always asked for permission before offering care and support.

The registered manager told us where it was identified that people required assistance with meal preparation this was provided by staff and would include cooking meals or reheating meals. We saw records for one person which showed that staff assisted this person with meal preparation, in accordance with their dietary preferences.

Staff knew what to do if a person's medical condition changed or deteriorated. A staff member said, "If there is a medical emergency I would call 999 for medical assistance and report the incident to the manager."

Is the service caring?

Our findings

The person told us they felt the staff supporting them were kind and caring. The person said, "I am quite happy with the staff, they are caring. We are respectful to each other."

Staff we spoke with showed they understood the importance of ensuring people's dignity and privacy. They were able to give examples of how they did this such as closing curtains and the door and covering people up whilst assisting them. Staff described how they encouraged people to remain independent, for example, by encouraging people to carry out tasks which they are safe to do including dressing themselves.

The care plan had been developed with the involvement of the person using the service. We saw the person had signed their care record to show their agreement with the care received. The person's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their religion.

Care files and information related to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was stored appropriately in accordance with legislation.

Is the service responsive?

Our findings

People's needs and choices were assessed by the registered manager prior to their service commencing. The registered manager said that where appropriate, information would be gained from the person or their families as well as health and social care professionals. The assessment we looked at included information regarding the person's physical and communication needs. A person confirmed that they had been involved in the assessment process.

The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

The registered manager told us information would be provided in different formats on request, for example in large print. We saw that the care planning process contained a section relating to people's communication needs to ensure that information was provided in an alternative format when needed.

People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint. This was included in the service user guide which was also given when the service commenced. The registered manager confirmed that no complaints had been received.

At the time of this inspection visit the provider was not supporting anyone with end of life care. The registered manager told us if the need arose to support people on end of life care they would provide this service. They said that people's requirements at the end of their life would be identified during the assessment process.

Is the service well-led?

Our findings

The person using the service told us they had no concerns and were happy with the care provided.

Staff told us they liked working for the service and felt supported by the registered manager. One staff member said, "The manager is very good and supportive."

The registered manager who was also the provider and had been operating MM Care Services Ltd since January 2016. They told us they were keen to build on partnership working with other agencies such as community and statutory services. The registered manager had a clear vision regarding the service they wished to provide, which included the provision of high quality care.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This would include sending out annual satisfaction questionnaires to people using the service or their representatives and 'client monitoring' within four weeks of care commencing. We saw a 'client monitoring' visit took place during December 2018 and was positive about the care and support provided to the person. In addition to this the registered manager plans to also carry out quarterly visits or calls to people for feedback on the service.

The registered manager demonstrated awareness of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. At the time of this inspection visit no notifications had been submitted as no notifiable incidents had occurred.

A business continuity plan was in place, to ensure that people would continue to receive care in the event of an emergency.