

MNS Consul Limited

In Home Care Chelmsford

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

About the service

In Home Care Chelmsford is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing personal care to 27 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

A few months before our inspection the service had experienced a significant outbreak of COVID-19. During this period there had been a dip in the usual quality of staffing and communication. Despite this, feedback about the culture of the service and care provided from people and their representatives was largely positive.

The provider had a range of quality checks and systems to support them to have oversight of the service, however these had not been effectively implemented. Not all office staff were working and sharing information consistently.

The registered manager took prompt action when concerns were raised. Improvements were needed as the service grew to ensure good oversight of these actions and that any learning was used to improve the service in a sustained way.

There was minimum impact from the lack of effective systems. Electronic systems provided daily alerts to ensure people received their care as required. The provider promoted a caring culture. As the service was still small, staff knew people well and provided personalised support. The provider engaged well with people, their representatives, staff and external professionals.

There was a commitment to drive improvements. The provider had recruited a new, experienced branch manager however they had not been in post long enough to make the necessary improvements.

The registered manager minimised risk across the service. Risk assessments were personalised, and care plans provided staff with detailed guidance on how to support people safely.

There were enough safely recruited staff to support people safely. Office staff had stepped in during the COVID-10 outbreak to keep people safe. Safeguarding practices protected people from the risk of abuse. Staff supported people to take their medicines safely, and as prescribed. The registered manager minimised the risk of infection from COVID-19.

Staff had the necessary guidance and training to help them support people in a person centred manner, in

line with their preferences. Staff were well supported and gave us positive feedback about the service. People received the necessary support to eat and drink. Staff worked with external professionals to promote people's wellbeing, referring for support when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people in a respectful manner, promoting their independence and choice. Staff communicated with people in a way they understood.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 10 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

In Home Care Chelmsford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and one Expert by Experience who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2022 and ended on 6 May 2022. We visited the location's office on 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our office visit we spoke with the branch manager, who was applying to be the registered manager and the provider who was also the nominated individual and current registered manager. A nominated individual is responsible for supervising the management of the service.

We met with three office staff, including the care coordinator and the officer in charge of recruitment. We reviewed a range of records relating to the management of the service, including four people's care records, two staff files, training and quality assurance records.

The Expert by Experience spoke with two people who use the service and eight relatives to gather their feedback on the quality of care provided. During this period the provider sent us additional information by email, as requested. We sought feedback from the local authority and professionals who work with the service and received feedback from one professional. We had contact with four staff with feedback on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People and their representatives told us they felt safe with staff. A relative told us, "[Person] has very poor mobility and is unsteady on their feet and they are very attentive to that. Staff make sure [Person] is very safe when they help with showering."
- Senior staff had carried out personalised risk assessments to give staff the necessary information to keep people safe. This included how staff could support people to move safely and what support people needed to take their medicines. An assessment had considered the risks if they were to miss their medicines and highlighted to staff what medicines the person was allergic to.
- As well as considering risks to people, assessments looked at reducing the likelihood of staff being injured. This reflected the provider's commitment to a promoting a safe culture across the service.
- Staff supported people to take their medicines safely and as prescribed. A relative told us, "Staff give the medicines and it's all written up. Sometimes (to ask a question) staff send a picture of the medicines into the office."
- Staff had the skills to support people with their medicines. Staff had received medicines training and observed to ensure they had the competency to carry out the task safely. A member of staff showed us the electronic system they used to record medicines. This worked effectively and any gaps were highlighted and investigated and acted on. A member of staff had visited the office and received personalised refresher training.
- There was a system for recording accidents and incidents which enabled the provider to have oversight of the service. We found examples where some medicine risk assessments had not been updated following an incident and refresher training had not been recorded centrally. Although there was no impact from this, the provider was not using the systems effectively to track that actions and learning had taken place, as outlined in the well-led section of the report.

Staffing and recruitment

- The registered manager had worked hard to ensure there were enough staff to meet people's needs and provide good quality care. Early in 2022, the service had been seriously affected by the COVID-19 outbreak amongst staff. Office and senior staff had stepped in to cover.
- During staffing shortages, staffing was not always consistent however people told us staffing was usually organised so people received care from familiar staff who knew them well.
- We were told missed visits were rare and office staff communicated any issues. A relative told us, "99% of the time they are on time which makes such a difference. They always stay as long as they need to and tidy round and ensure its safe before they leave."
- There were safe recruitment systems in place, which included carrying out Disclosure and Barring Service

(DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. We found the registered manager had contacted the police and the local authority as required when they were concerned about a person's safety. Safeguarding incidents had been fully investigated and demonstrated a commitment to work with external bodies to safeguard people.
- Senior staff involved people in discussing safeguarding concerns. This reflected an open culture where people were enabled to make decisions, where possible, about keeping safe.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm.

Preventing and controlling infection

- The provider had practical and effective systems to manage risks from the spread of infection, including COVID-19. When staffing was affected by COVID-19, there were systems to ensure people remained safe.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks were effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff had completed detailed assessments of people's needs, consulting with the person and their representatives as required. A relative told us, "The care plan is all followed and assessed about every six months and we were involved in what went into it."
- Staff had a system on their phones which gave them information about care visits. Staff were positive about the system (app). A member of staff told us, "We are always kept up to date with any changes to client's needs and we get all the information needed before we visit a new client for the first time. We also have the information on the app."
- Senior staff were able to use the system daily to check tasks had been completed. The care coordinator described how they got an alert and contacted staff to check why tasks had not been signed off during a visit, in line with people's care plans.

Staff support: induction, training, skills and experience

- Staff received training and guidance to ensure they had the skills and knowledge to provide personalised care. A relative told us, "I feel confident that the staff know what they are doing and get training especially with dementia issues." A member of staff told us, "The training we had before going out on shift was fantastic, all areas were covered."
- New staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision where they could speak about concerns and about developing their skills. Care staff were invited or could request to come to the office to carry out refreshers where needed, for example where they lacked confidence or the required skills to carry out a task. These sessions represented a positive culture around learning and driving improvement.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. A relative told us, "They prepare his meals for him and offer him choices and leave drinks for him."
- Detailed care plans gave staff information about any specific dietary and hydration needs and preferences. Staff were advised to ensure a person was in an upright position to eat and drink, as they were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other professionals to support people's health and wellbeing. They referred promptly to other professionals as required. Staff had spoken to a person's diabetic nurse to ensure they provided safe support with their diabetes.
- Staff had information to support people with their health care needs. This included information such as allergies and any specific health conditions.

Ensuring consent to care and treatment in line with law and guidance

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 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Most of the people at the service had capacity to make decisions about their daily care. Care plans detailed when a person had some varying capacity.
- Staff had received MCA training and understood about people's rights to make decisions about their care. They sought consent when providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager had promoted a caring culture where people were at the centre of the service. All the staff we spoke to at the service spoke about people with compassion and respect. They had demonstrated huge commitment to keeping people safe during the pandemic.
- People and their representatives told us how caring staff were. They all named individual care staff who they knew well. People said, "We have [named carer] who is lovely, and we are really happy," and "Staff are very kind and caring to my family member. They do know what [Person] likes and they are very helpful."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the care provided. A relative told us, "We were involved in the care plan when the care started and that is what the staff follow." A person told us, "I can tell them exactly what to do for me and they do it. I have no complaints at all."
- This involvement was reflected in their person-centred care plans. Staff had information about people's interests, such as trains and railways. In one person's care plan staff were advised to chat about what was important to that person to keep people engaged with their care.

Respecting and promoting people's privacy, dignity and independence

- Staff worked with people to maintain their independence. A relative described how, "Staff will encourage [Person] to go for a little walk around the garden. Although [Person] often refuses, staff do try to encourage them which is good." Care plans emphasised the importance of promoting people's independence.
- Care staff supported staff to respect people's dignity and privacy. This was threaded through the culture of the organisation. For instance, a relative told us staff always asked permission before having a second member of staff shadowing during a visit.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were highly personalised and gave staff the information needed to provide care in line with people's preferences. A person's care plan described exactly which shelves they wanted staff to put their clothes.
- Senior staff reviewed care regularly and people's care adapted when their needs changed. Senior staff had visited a person on their return from hospital to check whether their risk assessment and guidance to staff needed to be amended. A relative told us, "They have been very flexible as my family member's condition has progressed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People told us they had familiar staff who communicated well with them.
- Care plans gave staff advice about people's varied communication needs.

Improving care quality in response to complaints or concerns

- There was a complaint process in place. People and their relatives told us they knew how to complain and felt able to raise concerns. A person told us, "I did complain once to the office, they dealt with it quickly and efficiently."
- Complaints were taken seriously, and the provider worked well with people and their representatives to resolve issues. Relatives who had concerns about staffing issues told us they had a positive response when they contacted the service.
- A person had raised concerns with the registered manager about staff skills. Additional training had been arranged with the named staff. This reflected an open culture and demonstrated that practical action would be taken when concerns were raised.

End of life care and support

- At the time of the inspection there was no one who required end of life care. The registered manager described how they had adapted their support flexibly in the past to meet people's changing needs.
- The branch manager described links with the local hospice and funeral directors which they planned to develop as the service grew.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The current registered manager was also the registered provider. They described how being part of a franchise meant they benefitted from guidance, policies and procedures. However, systems to support the provider to have good oversight of the service had not been effectively implemented.
- The registered manager had sent CQC a report called a provider information return, which we used to plan our inspection. When we asked the registered manager and other staff to describe some of the positive systems detailed in their report, these were not yet in place.
- The provider's report referred to a system to reward completed medicine competencies. However, it was not being used as planned. In practice, senior and office staff told us they relied on meetings and informal discussions to organise the service, for example to agree which staff needed competencies.
- There was a commitment to learning from mistakes, however this was patchy. For example, the provider showed us a process to capture learning from safeguardings, but other office staff did not recognise this. This demonstrated systems were not fully embedded.
- The registered manager explained that as a result of the COVID-19 pandemic they had not been able to fully develop the service, as planned. Office staff had focused on keeping people safe and providing direct care, which had often taken them away from the management of the service.
- Due to the size of the service, care and office staff got to know people well. They were passionate about providing high quality care. They had a personalised approach which minimised impact from the ineffective use of available systems.
- The provider had taken action to address the concerns outlined above. There was a new branch manager who was applying to take over as registered manager of the service. They had experience of driving improvements in care services. However, there had not been enough time for them to resolve some of the system issues we found during our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although the registered manager had not effectively implemented systems to support oversight at the service, the team worked and communicated well to support people to achieve good outcomes. A member of office staff told us, "We have a high quality threshold. This is a good team that works well together." A member of care staff said, "I have worked for numerous care companies over the years, and I can genuinely say this is by far the best one, every client receives care very well and safely and all their needs are met."

- Some relatives spoke to us about staffing concerns, in particular during the COVID-19 outbreak. We were told that during this period the quality of rotas and staffing had deteriorated, but the situation had recently started to improve. A person told us, "I told the office to tell me if someone is going to be late or unable to come and it has got better. They now do let me know more. They are really helpful and absolutely lovely." During our inspection and immediately afterwards the provider gave us detailed information about how they were improving staffing, for example by increasing staff pay.
- Most relatives told us the issues during the COVID-19 outbreak were unavoidable. They gave us positive feedback about the organisation and care which was usually provided. A relative told us, "A senior member of staff pops round regularly to see how things are going. We are more than happy, and nothing needs improving."
- The provider communicated well with people and their families. When there had been mistakes, such as errors in administering medicines, they apologised openly, in line with their duty of candour. They rang families to gather information about the service and used this information to improve, for example to improve rotas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The new branch manager described their passion for developing networks locally, such as with other care services.
- All the staff we spoke with gave us positive feedback about the service. The provider had promoted a caring environment for staff. In addition to supervision, there were also phone calls to staff, where office staff checked staff's welfare. Records showed what a staff member had said during one of these calls, "I am really happy with everything and colleagues and management have been very supportive to me."
- A care professional gave us positive feedback about the service, telling us there were enough staff to provide good quality care and, "I find the agency, office staff and carers to be very good at caring, in their support role and communication. I would most certainly use them again."