

MSC Home Care Ltd

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 3 and 7 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using this service 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.

This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

There was a registered manager in the service. 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.

We rated this service as Requires Improvement in September 2016. Following the last inspection we asked the provider to complete an action plan to show what they would do to improve the key questions 'Is this service effective, responsive and well led?' to at least good. This was because we found quality monitoring systems were not always effective. The provider had not identified concerns with people not receiving the correct length of support time and recording of medicines. People generally received the support visit on time but some people did not have their support for the agreed length of time. The views of people were sought but this was not used to drive improvements within the service. We also found where people lacked capacity, the provider had not gained assurances that other people were making decisions in their best interests and whether people had the required legal authority to do so.

On this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions. People were asked for their feedback on the quality of the service and their contribution supported the development of the service. The results of the survey were now reviewed and people were informed of where the service needed to make improvements and how they planned to do this. Systems were in place to identify whether people received the supported they wanted at the right time.

Improvements are needed within the key question 'Is this service responsive?' as people felt they did not always receive a response to the concerns they raised. Formal complaints were responded to but people did not always receive a call or information to let them know about their general concerns. People did not always know who would be providing their support as information was not provided to them; people had to ask for this information from other staff.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to

assist them in a safe manner. The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the registered manager. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

People felt the staff had the right skills to provide the care they wanted. People's health needs were monitored and the staff worked with health care professionals and helped people to attend appointments where necessary. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People developed good relationships with staff and the registered manager. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. Quality assurance systems were in place to identify where improvements could be made and the provider worked with other organisations to share ideas and to develop the service. The manager promoted an open culture which put people at the heart of the service.

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 working in the service and people felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. People received their medicines as prescribed and systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Good 

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. People who used the service had capacity to make decisions about their care and staff gained people's consent to care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good 

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People felt able to raise any concerns although felt they did not always receive a response about how their concerns were

addressed or improvements were being made. Formal complaints were investigated and responded to. People received their care at the time they had agreed and for the agreed time. People had support plans which included information staff needed to help support them in the way they preferred. This was reviewed to reflect people's changing needs.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

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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 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.

Following the last inspection in September 2016 we asked the provider to complete an action plan to show what they would do to improve the key questions, 'Is this service effective, responsive and well led?' to at least good. This was because at we found quality monitoring systems were not always effective. The provider had not identified concerns with people not receiving the correct length of support time and recording of medicines. People generally received the support visit on time but some people did not receive their support for the agreed length of time. The views of people were sought but this was not used to drive improvements within the service. We also found where people lacked capacity, the provider had not gained assurances that other people were making decisions in their best interests and whether people had the required legal authority to do so.

This was an announced inspection and we gave the service four days' notice of the inspection site visit. This was because some of the people using it could not consent to a receiving a telephone call from an inspector, which meant that we had to arrange for a 'best interests' decision about this. This inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

The inspection site visit activity started on 3 November 2017 and ended on 17 November 2017. It included telephoning 22 people with their relative or friends; we spoke with seven staff and the registered manager, a director of the company, the nominated individual, and business development manager. The inspection was also informed by feedback from questionnaires completed by 27 people using services staff and professionals. This confirmed improvements had been made within the service. We visited the office location on 8 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

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

flats. It provides a service to older adults and younger disabled adults. This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

Not everyone using this service 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.

The provider completed a provider information return as part of the Provider Information Collection. 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. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

People felt safe when they received care. One person told us, "I generally get the same people and I feel very safe with them." Another person told us, "I have no worries at all when the staff are in the house." Some people had key safes installed outside of their homes. This allowed staff access to people's homes when people were unable to open their doors. The number of the key safe was not recorded in people's care records; a system was used to match numbers to specific letters of the alphabet so the key code could remain confidential. People told us staff were careful to ensure their homes were secured on leaving and one person said, "I've never had a problem when staff have left. They always make sure my home is locked up." People trusted the care staff and one person told us, "It's not always easy having different people in your home but they make you feel comfortable and I have never had a problem with any of them. They all seem very trustworthy."

People were confident that staff knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns and staff told us their knowledge was checked during supervision to ensure they understood how to act. One member of staff said, "We have all done the safeguarding training and know if we see anything, then we need to report it." We saw where staff had identified concerns; these had been reported to the registered manager who had liaised with the safeguarding team to ensure these were investigated to protect people from further harm. Where alerts had been made we were notified of these incidents. We heard safeguarding alerts being raised during our inspection and action was taken to keep people safe. The registered manager told us, "Our first priority is keeping people safe and we are very clear on how we need to act."

People were confident that the staff supported them in a way which helped to keep them safe. Where people needed assistance to move, a risk assessment recorded how they needed to be supported safely. Staff were clear that people should only be helped to move in the way that had been assessed as being safe. One member of staff told us, "Sometimes family ask us to do things in other ways but I'm very clear about what I can do and what I can't do, We've had the training so we know how to help people move and we use the equipment that has been provided by the occupational therapist." Another member of staff told us, "If we see people moved wrongly then we know this is something that we need to report under safeguarding."

People's homes were assessed to ensure staff had guidance to follow to protect them from identified risks. The assessment included whether there were concerns with the layout of the home, whether there was adequate space and any loose fittings or trip hazards and information to gain entry to the people's homes. The staff told us this meant they had a better understanding of reducing potential harm and keeping the person and themselves safe. Staff had access to personal protective equipment to help reduce the risk of cross infection and one member of staff told us, "There's always enough gloves and aprons and we know we need to use these. I have some hand gel I carry around so I know as well as washing my hands I have this if it's needed." Staff were provided with a uniform to wear whilst providing care and one person told us, "The care staff always wear a pristine uniform and look immaculate."

Where people needed support to take their medicines they told us they received their medication as prescribed. People said they were reminded or received their medicine at the right time or staff reminded them to take them. One person told us, "They always tell you to take them and they keep an eye on you." Another person told us, "They let me put the tablets in the pot and then they check that I have taken them." The care records included information about how people received their medicines and the support they needed. Where it was identified that people had not taken their medicines, systems were in place to ensure staff reported this. One member of staff told us, "We let the office know what we have found and speak with the pharmacist so we know whether people can still take the medicine later or if we need to seek medical help." Another staff member told us, "If we see a medicine has not been given, we check with the carer why this has not been done. We don't just leave it and we check with the pharmacy so we know what we have to do next."

The provider recognised errors and reflected on situations to make on going improvements. New medicine recording systems had been developed following a medication error. The new forms recorded details of the medicines in a clearer format; the forms were colour coded to help identify the different times of the day medicines needed to be given. One member of staff told us, "The new forms are much better. We can see what we need to give and there is more space for us to sign we have given it. I think this will be a lot better for everyone."

When new staff started working in the service recruitment checks were carried out to determine whether they were suitable to work with people. Recruitment checks had been carried out to determine their suitability to work with people including police checks, references and identity checks. Evidence was sought to determine that where staff were using their own vehicles to travel to people, these were insured and road worthy.

Where possible, people were supported by a consistent team of staff and there were sufficient numbers of staff working within the service to provide their care. People talked about small teams of staff visiting them and one relative explained that the service had improved and now a team of six carers were providing any care which was providing the consistency they needed. They told us, "This is working much better for them; enabling them to build up a good rapport with the staff." This meant they were now less anxious about who would be coming. We saw the numbers of carer who visited people was kept under review and identified that people received their care from a consistent team of staff.

The registered manager had identified staff recruitment and retention was a key priority in their business plan and this would enable them to maintain a consistent team of staff for people. Staff told us that where possible they provided care to a consistent group of people to ensure continuity of their service. One member of staff told us, "With this type of service, things are always changing and we try to accommodate people to have their call time when they need it. Things can change very quickly and we have to be flexible but we need to be honest with people about what we can provide."

Is the service effective?

Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection. On our last inspection we found that there was no information available when people were not able to make decisions for themselves. On this inspection we found improvements had been made.

People felt they were helped to make decisions and be in control of their care and had consented to their support plan. People who used the service had capacity to make decisions about their care and support and felt their liberty was not restricted. People told us they had been involved with developing their plan and family members had been invited to contribute to this. We saw people had signed their support plan to evidence their involvement and agreement. The provider understood their responsibility to ensure they had accurate information about any legal agreement to make decisions on others behalf. Staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests. Documentation needed to carry out assessments was available where these needed to be carried out. The registered manager was aware they were responsible for completing these to ensure decisions were lawfully made.

People felt the staff were trained and had the knowledge they needed to provide their care. One person told us, "They do the job properly." Another person said "They are extremely good and well trained and will always ask if there is anything else they can do for me before they leave." New staff received an induction into the service and worked alongside experienced staff. Staff were supported to complete nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were supported to access a range of health care services in the community including GPs, dentists, opticians and podiatrists. Staff supported people to attend appointments or organise transport where this was needed so their health needs were reviewed. One person told us, "They will call the doctor or district nurse for me and have arranged transport for me more than once with the Care Ambulance." Staff supported people to maintain their health and welfare by identifying where people may be unwell and need health care. One person told us the staff recognised they were unwell and said, "They didn't say let's see how you go. They rang 999 straight away and the ambulance came. They saved me."

Where people received support from community health care professionals, the staff had received further training to enable them to continue to support people. For example, training had been provided to

recognise how to provide care for people who had a catheter. Staff understood the signs that may indicate and infection or where the output was low, and who to contact to ensure people remained well. One member of staff told us, "If people have specific needs then we have the training before we start the care. I know what the changes could be if someone has a urine infection and details of who to call if we are worried is written down. Another member of staff told us, we work together with other health care professionals to make sure we are doing everything right. We try to arrange our visits so we can speak to the nurses if we can. We all need to work together."

Staff were provided with support through individual supervision. They were encouraged to reflect on their practices and how they supported people. During supervision, the staff explained that they discussed their work practices, any concerns and further development. Unannounced spot checks were also completed to check whether staff continued to work with people safely. They told us this included checking their knowledge of people's support, whether they supported people in the way they wanted, used protection equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Where concerns were raised this was discussed at supervision and used to support further learning.

People had choice and flexibility about the meals they ate and were responsible for providing the food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this to meet their individual preferences. One person told us, "They always make sure I have a drink." Another person said, "I've got a low grade microwave and they always put it on for an extra two minutes. I get what I like." Staff understood how people needed food to be prepared to suit their diet. One member of staff told us, "It's really important we record what some people are having to eat and drink so we make sure they have enough. We will always leave a drink and a snack nearby for people and if it's still there we encourage them to have more so they don't get ill."

Is the service caring?

Our findings

People were treated with care and kindness. One person told us, "I always say to them, 'You are not workers but angels'." A relative told us, "They have accepted the staff who come and visit here. They love them." Staff knew individual preferences which enhanced the care they provided. One relative told us, "They laugh and joke with [Person who used the service] and they like the staff. One of the staff had brought little diamond stickers to go on their face as they love jewellery."

Staff had developed relationships with people and there was detailed information about people's history and life and what was important to them. One person told us, "They know me so well. They know all about me." One member of staff told us, "Having this information helps us to start talking with people and build relationships. Caring isn't just about doing a particular job it's about spending time with people where we can and talking about what is important to them."

People felt the staff were compassionate and responded their differing needs. People told us the staff provided them with comfort if they were anxious. One person said, "They are lovely. They always seem to know if I'm upset over something and talking to them helps and they will help me sort things out." Another person told us, "They are jolly and friendly; they are excellent, I cannot fault them."

People were able to retain their independence. One person told us, "They give me friendly help but don't mollycoddle me. I don't want that." One relative told us, "They support them and don't just do things for them." Another relative told us, "They know [Person who used the service] can manage most things and don't take over."

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One relative told us, "They are very caring and they talk to them so they know what's happening." One relative told us, "The staff always take their feelings into consideration." One member of staff explained, "We have to remember we are going into people's homes and we need permission to go into certain rooms. If we need to open a drawer to fetch something out, we need to ask people. Some people don't mind at all but we still always ask." People were called by their preferred name and recognised people had individual needs and staff respected these. One person told us, "When I first met the staff they called me Mrs [name]. When I got to know them I told them to call me by my Christian name and that's what they do. I thought it was lovely and very respectful not to presume to call me by my name straight away."

Staff provided care in a dignified manner. One person told us, "The staff always offer me my dressing gown before I go anywhere and in the bathroom I have a towel over me to cover myself." Another person told us, "They asked me who I wanted to provide my care. I wasn't bothered if they were male or female as long as they looked after me properly and they do. They understand that I need to have my dignity."

Is the service responsive?

Our findings

On our last inspection we found improvements were needed as the provider had not identified people may be receiving less care than agreed and had not reviewed this. On this inspection we found that the time people received their calls was reviewed to ensure they received the right support. The system recorded when staff visited people and what time they left. We saw the calls were generally the agreed length of time and people were visited within half an hour of the agreed time. People told us where staff may be late, they generally received a telephone call to explain and staff apologised.

People received care from staff who they knew although they did not always receive information about who would be providing their care. People told us that they often had to ask one of the staff to get any information about who would be coming. One relative said that they knew that staff received a rota on a Friday but that they had never received one and it would be so helpful. They told us this was particularly important to relatives whose family member was living with dementia. One person told us, "This is a problem, especially when you don't always get the same carer." Another person said, "I have been asking the staff who is coming because they have the rota but you don't."

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service; people had a copy of the complaints procedure in their home which was available in different formats on request. People had mixed views about how these were responded to. Some people felt that when they had raised a general concern they had not received any feedback following the investigation. One person told us, "The office staff don't always call you back to let you know what has happened. It's sometimes the little things that make a difference and it would be nice to know what has happened." Another person told us, "Communication could be better. If staff are running late and I've called, it would be nice to have a call to say what's happening rather than keep waiting. It's usually when the staff are nearby as when the staff arrive they tell me they've had a call to see where they are." Other people felt they were responded to and one person told us, "The manager has told us, 'You must always come and tell us if something is wrong'." Another person told us, "I'd certainly call so things could be put right but I don't have any complaints at the moment." We saw some of these concerns were not always recorded to demonstrate how the provider had responded.

Where people had raised a formal written complaint, we saw these were investigated and included an investigation and people were provided with a response and outcome. One member of staff told us, "After we have given our feedback to people, I will contact them a few weeks afterwards to see if they are still happy." The telephone system recorded all calls and the registered manager told us this system could be used to monitor where people had raised concerns. They agreed the way they managed general concerns needed to improve to ensure all people felt these were responded to. Where people were unhappy with the outcome of any complaint the provider had liaised with the local government ombudsman to review how any complaint they investigated was handled.

People agreed the time of their care and when wanted to be supported when they started using the service. People told us that they were asked who they would prefer to provide their care although this was not

recorded. We saw the documentation used within the company was being redesigned to ensure they recorded information in a manner that enabled people to record any their personal, sexual or cultural preferences. Information could be provided in larger print or pictorial where this was needed. The documentation used was currently suitable for the diversity of the people who used the service.

People had care records which included information about their care needs and how they preferred this to be provided. Staff were knowledgeable about people's needs and preferences and reviews were carried to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes in their wellbeing.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to assist people when out, for example, when shopping, going to work and being involved with leisure activities. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

On our last inspection we found that quality monitoring systems were not effective and people were not informed of the results of the survey they had participated in, to monitor how the service was delivered. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

There was a registered manager in post. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "We have a responsibility to people to make sure they get the right care. If we don't speak out then we are letting people down." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

The provider had reviewed how people were consulted about the quality of the service and had reviewed the content within their surveys. We saw the last review showed that people were generally satisfied with the quality of the service although some people felt that staff did not always arrive at a time they were expected. The provider had informed people of the results of the survey and what improvements they planned to make. People were informed that a new computer system would be used which would identify when and how long support visits were completed. We saw the provider had begun to use an interactive system that would monitor in real time when staff arrived and left each call and used a GPS signal. The manager told us that this would mean they had an effective system that showed when staff provided a service. This also meant staff safety could be improved as they could identify where staff were. If they were concerned that staff had staffed for longer than agreed, checks could be made to ensure the person and staff's welfare. This was running alongside the existing system to ensure it was suitable before becoming the preferred monitored and planning system. This meant the provider had explored how improvements could be made and safety checks were being completed before new ways of working were implemented.

Within the survey results we saw that people had also commented that it was not always easy to get in touch with staff at the office. As a result of this, a new telephone system had been introduced. There was now only one number and out of hours people would be automatically forwarded to a member of staff on call or given an opportunity to leave a voice message. One member of staff told us, "This is much better for people as they only need one number so it is more convenient." To ensure people were satisfied with these improvements, a new survey had been designed which concentrated on any recent improvements within the service. This had been recently sent to people and asked in further details if people were happy with when new staff arrived.

There was a process for auditing records coming in from people's homes. Daily records, timesheets and medication records were reviewed to evidence these had been completed and recorded how people had received their agreed support. Where any issue was identified, for example, an omission on a medication record, this was addressed with staff to support their learning and development.

People had recently been informed by the local authority that the way services were commissioned was changing. The provider was helping people to understand these changes and review their funding arrangements. The registered manager had liaised with the local authority to ensure continuity of care for people and recognised that this had an impact on the care they could provide. People confirmed that the registered manager had helped to ensure that information was available for them so they could continue to have a choice in with their care provider. This showed how the service was evolving and ensuring its sustainability.