

Mulbury Care Services Limited

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Inspection report

Kings Court
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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

Mulbury Care Services Limited is a domiciliary care service providing personal care to people who live in their own homes. At the time of the inspection the service was supporting one person.

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

The systems and records in place needed to be developed further and formalised to ensure they demonstrated how the quality of the service was monitored.

People were supported by staff that understood their individual needs and had been trained and understood how to protect people from abuse. People received their medicines by trained staff and when they needed them. Systems were in place to reduce the risk of infection.

People received a consistent and reliable service from staff who were described as kind, friendly, and caring. Staff felt supported and had access to information to guide them in their role. Relatives told us they were happy with the service provided, and they knew who to contact if they had any concerns. Feedback was actively sought about the quality of the care being provided.

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.

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 20/04/2021 and this is the first inspection.

Why we inspected

This was a planned inspection to rate the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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 was undertaken by one inspector.

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

Inspection activity started on 25 July 2022 and ended on 28 July 2022 when feedback was provided. We visited the office location on 25 July 2022. Telephone calls were undertaken to relatives and staff on 27 July

2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with 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

We spoke with the relative of the person supported by this service. We also spoke with one staff member and the registered manager who was also the provider.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. A relative told us, "I definitely think [family member] is safe when being supported by staff I have no concerns."
- People were supported by staff that had been trained in safeguarding. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. A staff member told us, "If I had any concerns, I would report these straight away to the manager."

Assessing risk, safety monitoring and management

- Relatives confirmed staff were aware of any risk factors when providing support to their family member. A relative told us, "Staff know what to be aware of to keep [family member] safe."
- Risks to people were assessed and covered a variety of areas including skin integrity, moving and handling and the environment. Where risks were identified actions were recorded on how these could be reduced.
- Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member said, "I know [persons] needs and to ensure they have their aids when they are mobilising."

Staffing and recruitment

- Recruitment checks were completed when staff commenced employment. This included a Disclosure and Barring Service (DBS) disclosure check and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to provide people with the support they needed. The registered manager supported people along with the one member of staff employed. A relative told us, "[Family member] receives support from the same staff, they are a small company. They arrive when they should and stay the required amount of time."

Using medicines safely

- People received their medicines as prescribed. A relative told us, "At the beginning staff administered [family member] tablets and there were no issues at all, and staff completed records. There have been some changes recently, so these are administered by family now."
- Staff confirmed, and the records showed they had completed medicines training as part of their induction. However, staff had not had a competency assessment completed following this training to ensure they administered medicines safely. The registered manager advised although they had observed the staff member administer medicines, they had not yet formally recorded this. The registered confirmed this would be completed when they administered medicines again as part of their role.

Preventing and controlling infection

- A relative told us staff wore protective personal equipment (PPE) such as masks, and when needed gloves and aprons to prevent the spread of infections such as Covid-19. This was in accordance with government guidelines.
- Staff confirmed and records showed staff had completed infection control training as part of their induction.

Learning lessons when things go wrong

- The registered manager advised there had not been any incidents or accidents and if any occurred these would be recorded and monitored for any patterns and trends.
- During this inspection process the registered manager told us they have learnt lessons to ensure formal records were completed to demonstrate how they maintained oversight of the service.

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

- People's needs were assessed prior to the service being delivered. A relative told us, "I was involved in the assessment and we discussed what support [family member] needed, and what [family member] was able to do for themselves."
- People's care plans and risk assessments reflected individual needs and considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.
- People's care plans also contained information about their preferences, and preferred name. People's gender preferences for staff support were recorded and respected.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed induction training had been provided when they had first commenced their role. The induction training was aligned with the Care certificate standards. 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
- A relative told us, "The staff know what they are doing so yes I think they are skilled in their role."
- The registered manager was qualified as a train the trainer and provided the training to staff.
- The registered manager had worked alongside the staff member and observed their practices to ensure they followed the care plan and were providing care in a dignified manner.

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

- People were supported as needed to eat and drink enough.
- A relative told us, "The staff prepare a light lunch and serve the meals cooked by family. They always leave [family member] with a drink."
- Information relating to people's preferences were recorded in their care plan. A staff member told us, "I ask what [person] would like then prepare this for them, I try and give options if [person] requests the same things every day. I always leave [person] with a drink before I leave."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- A relative told us they arranged all healthcare appointments for their loved one. They said, "We deal with all those kinds of things, but I know if needed staff would support."

- The registered manager told us where needed they would work alongside other agencies and health professionals in order to meet people's specific needs.
- Discussions with staff confirmed they knew what action to take in case of an emergency. For example, to call a GP or if necessary, an ambulance.

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

- A relative confirmed staff sought the consent of their loved one before providing support. They told us, "The staff explain what they are going to do and always wait for [family member] to agree."
- Staff confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had an understanding of the MCA and how this related to seeking consent before supporting people.

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

- A relative told us staff treated their family member with respect. The relative said, "The staff are caring and respectful at all times. We are very happy with the support they provide."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "I ensure I speak with people with respect at all times."
- Staff received training in equality and diversity and care plans contained information about people's backgrounds. This enabled staff to provide individualised care.

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

- People were supported to be involved in their daily care. A relative told us, "The staff involve [family member] in all areas, [family member] is in control."
- Information about people's communication needs were included in their assessments and care plans so that staff were aware of their needs.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff provided support in a dignified way. The relative said, "The staff are always polite and kind when supporting [family member] they are brilliant. [Family member] is able to do many things themselves and staff promote their independence in carrying on doing this."
- People's care records included information about what tasks they could do for themselves to maintain their independence and dignity.
- Staff gave us examples of how they maintained people's dignity and privacy such as ensuring toiletries were within reach and doors were closed during personal care.

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

- A relative we spoke with confirmed the support provided met their loved ones needs and preferences.
- A relative told us, "We have copy of the care plan and we have had a review already and have one planned soon. We are really happy with the service, communication is good."
- Care plans reviewed included personalised information about what was important to people and about their life history. A review was planned to discuss how the care package was going and to discuss the service being provided so any changes could to be made as required.

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.

- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs.
- The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The registered manager confirmed no complaints had been received since they had started supporting people.
- A relative we spoke with told us, "I have no complaints but if I did, I would speak with the manager, I know I can call her at any time."

End of life care and support

- The service did not support anyone who required end of life support. We saw this had been considered as part of the assessment process.

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 required improvement to ensure systems were in place to demonstrate the oversight of the service.

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

- Some systems were in place to monitor the service provided but these needed to be formalised and implemented. The registered manager currently employs one staff member whom they work closely with. Although observations and spot checks of the staff performance had been undertaken records to support this, and of supervisions had not been completed.
- There had been some changes to the support provided to the person, but the care plan had not been updated to reflect this. Although the care plan covered the persons needs, certain areas would benefit from additional detail to enhance the information available for staff to refer to. The registered manager confirmed these changes would be implemented.
- The registered manager confirmed there had not been any missed or late calls. As the registered manager provided some of the calls, they were able to maintain oversight of the service being provided.
- The registered manager used an electronic system which detailed the timing and duration of the calls. This would alert the registered manager if staff were late or if a call was missed.
- Records of the support provided to people were recorded on this system and monitored by the registered manager when staff completed these.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents.
- Staff understood their roles and responsibilities. A staff member told us, "We are a small team and work closely together, the communication is good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative we spoke with was complimentary about the service provided. The relative said, "We have used other agencies, and this is by far is the best one yet. I cannot fault them they have been amazing."
- Staff we spoke with told us they felt supported and were committed about ensuring people received the support they needed. A staff member said, "I enjoy my role and making a difference to people's lives."
- The registered manager shared with us their passion and commitment for people to receive good quality care in the community.

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

- The registered manager understood their responsibilities in relation to the duty of candour regulation. Discussions demonstrated how they would meet the requirements of this regulation in response to any

future incidents. The registered manager told us, "If something went wrong, I would investigate this and where required apologise to the person and their family. I would then implement any learning."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback about the service provided. A relative, we spoke with told us, "I am always asked for my feedback and have completed feedback forms its always positive as they are very good."
- Satisfactory forms where in place and had been completed at regular intervals to gain feedback about the service provided. Positive comments had been shared on the records we had reviewed.

Working in partnership with others

- The registered manager spoke about their hope to expand the business and work in partnership with agencies such as the local authority and healthcare professionals to support people's best interests.