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MC Care Solutions

Inspection report

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Date of inspection visit:
23 August 2017
24 August 2017

Date of publication:
27 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 August 2017, with visits and telephone calls to people and their relatives who use the service on 24 and 25 August 2017. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available.

M C Care Solutions, provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care and support to 70 people.

Everyone we met and spoke with was content and happy with the service they received. People were provided with support and care by a consistent team of staff who knew them and understood their care and support needs well. People were kept informed of any changes to their timetable or if staff were running late.

Staff received training, which was refreshed at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely. There was an on-going programme of staff supervision meetings and appraisals to ensure staff performance was monitored regularly. Staff were provided with support and guidance to carry out their role effectively.

People knew who to complain to and felt they would be listened to and any concerns addressed.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered.

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.

People were protected from harm because risks were identified and managed appropriately.

There was a medication administration system in place and people received their medicines when required.

There were clear recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

People found their staff supportive, kind and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be

listened to and any concerns acted upon.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

MC Care Solutions

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.

The inspection took place on 23 August 2017, with visits and phone calls to people and their relatives who use the service on 24 and 25 August 2017. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one Care Quality Commission inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also asked the local authority who commissions the service for their views on the care and service provided by the service.

We spoke with ten people and one relative, and visited three people and their relatives in their homes. We also spoke with four members of staff, the owner, the manager and the care co-ordinator. We checked three people's care and medicine records in the office and with their permission, the records that were kept in their home. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, a further three staff training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "They are all lovely." Another person told us, "Some are more experienced than others, but there are none that I don't feel safe with." We asked people if they felt safe with their care staff. They replied, "Absolutely" and "Of course, all of the time, I have no complaints at all."

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff had completed safeguarding adults awareness training, which was refreshed at regular intervals.

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. Staff and people confirmed that the system worked well and they had no concerns about using it.

The provider had an assessment process in place to consider and plan any new requests for care. This ensured there were enough staff with adequate time available to meet the person's needs before care was provided. Staff rotas showed that staff were given enough time to travel to their visits and had the time available to meet each person's individual support needs. One person told us, "They have time to talk to me, I never feel rushed." People told us that they received a phone call if staff were delayed for instance if they were held up in traffic. Staff told us they were given adequate travelling time and the visit times ensured they were able to carry out people's care needs safely and in the way people preferred to be supported.

The provider organised the teams of carers by geographical area. For example, there were separate teams for Christchurch and Bournemouth. These teams were made up of the same group of up to ten carers. This meant people generally received their visits from staff that knew them and ensured consistency of care was provided. People received hand delivered rotas each week that told them which staff would be conducting their visits and at what time. One person said, "I've got my favourites, they are all pretty good… I've got to know them and they have got to know me. I get my list every week, I can rely on it so I know who is coming each day." Another person told us, "I more or less have the same five carers. I'm quite happy with everything, they are all very friendly and do everything really well."

People were protected from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff would not be offered positions unless they had proof of identity and written references. All new staff had been checked against the Disclosure and Barring Service (DBS) records. The DBS is a national agency that keeps records of criminal convictions. Records showed that all the required documentation for recruiting staff safely was in place.

The majority of the people we spoke with and visited were either able to administer their own medicines or had a relative living with them who administered their medicines for them. Staff had their competencies checked on a regular basis to ensure they were competent to administer medicines to people. However, practices around administering medicine for people were not always consistent. This was highlighted during the inspection when one carer gave a confused answer regarding one person's medicine administration. The manager put an action plan in place straight away to address the confusion and scheduled specific training for all carers to ensure the process was clear.

People's Medicine Administration Records (MAR's) were handwritten by the provider. The provider had recently revised their practices to ensure all handwritten MAR's were checked and signed by two members of staff to ensure people received their medicines as prescribed.

Staff told us they were supplied with their personal protective equipment such as gloves and aprons and there were always enough supplies to ensure they were able to care and support people safely.

Good

Is the service effective?

Our findings

People felt staff were well trained and had the right knowledge and skills to support them effectively. Comments from people included, "They are very thorough and kind…I've never had any missed calls. I'm very happy with everything" and, "I see them once a day every day, they are very good, anything I want they get it." A relative told us, "On the whole they are well trained, their record file is very good, very clear to follow…they are very good at completing the body maps, they picked up some sore patches that even I didn't notice. I can rely on them at all times."

We spoke with staff about the training they had received. They said the majority of training was completed electronically, however the more practical training such as moving and handling was conducted at the provider's office where the hoists and mobility equipment were located. Staff told us they preferred the more practical method of delivering training. They said, "A lot of the training is done through the computer. I prefer the practical face to face training, but that is just me." Staff told us they were fully supported when learning new roles, they said, "I was fully supported 100% with the new position, they always checked to make sure I was confident, it was amazing." Staff training courses were recorded in a database that showed the due date for completion and the date it was completed. Records showed staff had completed training in a range of subjects such as, health and safety, food hygiene, moving and handling, safeguarding and medicines.

Systems were in place to provide supervision and support. Staff received regular supervision sessions which allowed them to put forward suggestions for specific training courses or additional support where they may need further guidance. Staff meetings were conducted during the year; however the manager acknowledged these were sometimes difficult to arrange to ensure enough staff could attend. They confirmed they would be introducing a forward schedule of meetings so that staff were aware in advance when the meetings would be run. Staff meeting minutes were clear and detailed and made available for all staff to view. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff demonstrated they had an awareness of the Mental Capacity Act 2005. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Consent was recorded in people's care files. People confirmed that their wishes and preferences had been followed in respect of their care and treatment.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they had consented to their

care. People told us that staff asked for their consent and that they were aware of their care plans and had signed them to consent to the care provided. One person told us, "They do the same thing each visit and do it very well, they always check and say. 'It's up to you, it's your preference'."

The manager told us the people currently supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. Care plans reflected this, for example one person's plan said, "Ensure independence is supported, [person] needs assistance with washing back and lower limbs and hair when required."

Some people the service were supporting were living with dementia and in the future may lose their capacity to make their own choices. We discussed this with the manager, who acknowledged that further work was required to ensure staff were confident to complete mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. Immediately following the inspection the manager confirmed team leaders and senior care workers had been enrolled in Mental Capacity Act 2005 specific training to enhance their knowledge in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes and hospitals. Where people are deprived of their liberty in community settings, applications are made to the Court of Protection to consider whether the deprivation is in that person's best interests. We talked about this with the manager. No one supported by the service at the time of the inspection was deprived of their liberty and the manager understood their responsibility to recognise where someone might be at risk of being deprived of their liberty and knew which statutory body they needed to alert.

Most people managed their healthcare needs either independently or with family support. Records showed people were supported with their health care needs and any changes in their health or well-being prompted a referral to their health care professionals.

Good

Is the service caring?

Our findings

People told us the staff who worked for the service were kind, friendly and caring. One person said, "I know some of them so well, I get on well with them…they are all good". Another person told us, "They have so much enthusiasm, they come in with great big smiles, they really cheer me up, I enjoy them coming." And, "All the carers know my situation, nothing is too much trouble, If I ask them they will do everything for me." And, "I'm very pleased, the carers are always on time and I can have a laugh and joke with them and a nice chat." A further person said, "If everyone was as nice as them it would be a better world…they are so caring, they really are brilliant."

Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. People told us staff supported them well and care and support was offered in a friendly and caring way. People told us they were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed.

One person told us how a carer had gone out of her way to ensure she had items she needed before she went to bed. They told us, "They were lovely, they got in their car and made a special trip to the shops to make sure I had what I needed. It was so kind of her, she was due to go home but she went and got me what I needed anyway."

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People's records included detailed information about their personal circumstances and how they wished to be supported. People told us the carers were always polite, kind and respected their dignity and privacy.

The service had a variety of systems to make sure people were able to say how they felt about the service they received. People's views were sought through regular visits from a manager, care reviews and annual surveys. All the people we visited told us they felt they were always listened to.

Good

Is the service responsive?

Our findings

People's needs were assessed before they began to receive a service. People's care records showed people had an individual assessment completed that took into account their specific health and support needs. Care and support plans were developed from these assessments to address people's needs and preferences regarding their care. People's needs and care plans were kept up to date with people being involved in their care plan reviews. Care plans were clearly written and described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with.

Staff supported people with a variety of tasks; from personal care support, preparing meals, taking their medicine and domestic chores. People generally had a small group of regular staff who they knew well. They told us that their carers understood their needs and were capable of delivering the support they needed in their preferred way.

During our visits to people we reviewed their care plans which were kept in their home. Each care plan was clearly written and gave staff guidance on how people preferred their care and support to be given. For example, '[person] needs supervision with all transfers…ensure rollator is used at all times and is left within reach at end of the visit.' Staff confirmed they found the care plans easy to follow and understand which enabled them to give effective care and support to people. Each care plan had a two page summary of particular health risks that people may be at risk from, such as, hypo or hyperglycaemic episodes for people living with diabetes, strokes and cardiac arrests. They gave staff clear advice on what triggers to look for, how people may present, what first aid action to take and emergency contact numbers.

People told us they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "Any problems at all, I phone the manager, they always sort it out straight away, they listen to me." A complaints procedure was in place and this was included in the information given to people when they started using the service. The manager told us they had not received any formal complaints. They amended the complaints procedure during the inspection to include the contact details for both local authorities who commission care for people through M C Care Solutions. The provider also kept copies of compliments received.

Feedback on the service was sought from people using the service and their relatives. Records showed questionnaires were sent to people and their relatives during June 2017, 35 had been completed and returned. The questionnaires covered a range of topics such as, quality of care and service, value for money, knowledge of staff, communication, time keeping, complaints and service from the office and management team. Reponses received were all positive, the manager had analysed the results that would be used to ensure a programme of continuous improvement.

Good

Is the service well-led?

Our findings

Staff told us they felt supported and always had some one to contact or talk to if they needed further advice or guidance. A member of staff said, "The support is really good, they are always on the phone if I need them." Another staff member told us, "Everyone is really friendly, I'm supported 100% of the time, I love it, I'm able to spend time with people and really get to know them."

People said they felt the service was well managed and they were kept informed of any changes. People told us they could always speak to people when they needed them and found they were listened to and any concerns or queries dealt with. Staff told us communication within the service was effective.

The manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

People told us they had confidence in the management team and felt any concerns they may have would be taken seriously. One person told us, "I've no problems at all, I would recommend them to anyone." One relative told us, "I had one concern once, however I phoned the office and they sorted it out straight away, they are great."

The provider had a number of systems in place to monitor the care the service provided. These included care plan and risk assessment audits, accidents and incidents audits and medicine management and quality assurance questionnaires. Management staff carried out staff supervisions and a variety of spot checks as part of the quality assurance systems. We spent time talking with the manager and we were shown the systems and processes they had implemented to ensure a continuous quality service was provided to people.

The provider had a business continuity plan in place which gave staff guidance on what to do if, for example, there were delays in the ability to deliver care due to adverse weather conditions or major information technology breakdowns.

The manager told us they kept up to date with current practice by reading the updates from the Care Quality Commission, the local authority and independent care consultancy companies. They attend the local managers meetings which they said they found useful, informative and provided good networking opportunities.