

MS Care Ltd

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Inspection report

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09 December 2021
10 December 2021
16 December 2021

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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?

Good ●

Summary of findings

Overall summary

About the service

MS Care Ltd is a domiciliary care agency providing personal care to adults in their own homes. At the time of this inspection, the service was providing personal care to three people.

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

There were systems in place to safeguard people from abuse. Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service to meet the current number of people receiving care. Plans were in place to recruit more staff before taking on any new packages of care. Medicines were managed safely. Staff were provided with personal protective equipment (PPE) to protect people from the risk of cross infection including the risks relating to COVID-19.

There had been no incidents or accidents since the service was registered, but there were systems in place to ensure lessons were learned when things went wrong.

People's needs were assessed, and staff supported people to meet their needs. Staff supported some people with their meals and drinks and to access healthcare support where this was required. People's care records documented the level of care and support required. They were up to date and were regularly reviewed.

Feedback we received from people's relatives was complimentary about all staff and the care that was delivered to people.

Staff enabled people 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 21 April 2020 and this was the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service using our monitoring system and will inspect when this is indicated.

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 well-led.

Details are in our well-Led findings below.

Good ●

MS Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their relatives to seek their feedback about the service. 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.

The service had a manager registered with the Care Quality Commission. 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.

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 available to support the inspection.

Inspection activity started on 9 December 2021 and ended on 16 December 2021.

What we did before inspection

We reviewed any information we had received about the service. 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

The service was small and only delivering personal care to three people. We were unable to visit or speak with the three people, however we did have contact with their relatives to seek their feedback on their experience of the care provided. We had feedback from two members of staff and spoke to the provider who was also the registered manager.

We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We provided inspection feedback to the registered manager on 16 December 2021.

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.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe with the care they received from MS Care. One relative said, "I think the carers do what they are supposed to do, and it is done well. I think [family member] is safe with [MS Care]."
- There had been no safeguarding concerns raised since the service was registered with CQC. However, the registered manager was able to tell us what action they would need to take if a concern should arise.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice. The registered manager told us the policies were available to all staff to reference at anytime and were an instrumental part of the induction for any new staff.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. These assessments included risks, such as, medication and people's living environments.
- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. A relative confirmed, "I think [person] is safe with the care staff. [Person] likes to have the same carers all the time, and that's what [person] gets. It makes [person] feel safe and reassured."

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- The service had faced challenges recruiting staff so had deliberately not accepted any new care packages to ensure they continued to have the staffing needed to deliver people's care.
- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- People's relatives told us their family member received the support they required with their medicines. One relative said, "The carers go to the chemists to collect [person's] medication. They put the tablets in a glass and give them to [person] with a drink and then watch [person] take it."
- Staff received medication training and their competence in managing medicines was assessed periodically.
- Medication record audit documents highlighted action taken when an issue was identified.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. A relative told us, "[Staff] do wear face masks, gloves and aprons and I have seen them use hand sanitiser."
- Plans regarding COVID-19 had been assessed and arrangements put in place to help minimise infection risk.

Learning lessons when things go wrong

- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

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 before they started using the service to ascertain if the service was suitable to meet their needs or not.
- People's care needs were reviewed monthly to make sure care plans reflected people's current care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they needed to provide safe and effective care. A relative commented, "The carers seem to know what they are doing, and I have no concerns."
- An induction was in place to support new staff. This included on-line training, some face to face training and shadowing more experienced staff.
- New staff were required to complete the Care Certificate and documents were available to confirm they had achieved this. The Care Certificate comprises of nationally recognised standards that care staff must work with to provide appropriate safe support.

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

- The support people needed with eating, drinking and meal preparation was identified in their care plans.
- Relatives were positive that their family member received the support they required with their nutrition and hydration. One relative commented, "The [care staff] are very good at making sure [person] has enough to drink and encourage them to drink it too." Another relative said, "They [care staff] do make sure [person] always has a drink with them."

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

- People were supported to access healthcare support as needed. Care plans and risk assessment contained information relating to different medical needs.
- Staff worked with health and social care professionals to ensure people's changing needs were met.

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 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 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.

- Staff sought people's consent before carrying out any tasks for example when assisting them with personal care.
- People were fully involved in decisions about their care and their capacity to do so was respected. The registered manager explained how people were supported to make decisions wherever possible.

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

- People's relatives told us the staff who supported them were friendly and kind. One relative commented, "Staff treat [person] very well. They are very kind and caring and treat [person] with respect. They [support people with] personal care really well." Another person's relative said, "From what [person] tells me and from what I saw when I visited recently, the carers are kind and caring and are very patient."
- Staff received training in person centred care as well as equality, inclusion and diversity to equip them with the skills to ensure were respected. A member of staff told us, "I feel people using our services are well cared for and safe, their care plans are relevant to their own care needs."

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

- Care plans were developed with input from people and their family members. One relative commented, "We had a meeting with care staff when [the care package] first started and a plan was put together. We were asked what was required and I think [person] is happy with what they do." Another person's relative said, "We did have a meeting to look at the care plan for [person] and we are happy with the things carers do."
- The registered manager sought people's views about their care via spot checks of staff practice and formal feedback questionnaires. This enabled them to learn from people's experiences of their care and make improvements or changes where needed.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence wherever possible. People's relatives told us their family member's care was delivered whilst respecting their privacy, dignity and independence. For example, staff knocked on people's door to enter their home where possible and also wore shoe protectors to respect people's property when entering.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). The registered manager assured us people's confidential private information was kept securely.

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

- The registered manager assessed people's care needs prior to accepting to provide a package of care. This included the care and support they required and their desired outcomes.
- Care plans were in place and contained information about the person's care needs. However, further work and development was needed to make them person centred and to add detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on people's individual methods of communication was included in their care plans and staff were familiar with people's communication needs.
- The registered manager confirmed information could be provided in different formats such as large print and a number of different languages if required; to make information accessible.

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a need to. There had been no complaints received at the service since it registered with CQC.
- People's relatives told us they felt able to raise any concerns. One relative told us, "I haven't needed to make a complaint, but if I think [person] is unhappy with the way carers have done something for them, I discuss it with them. Problems are easily resolved."

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life should the need arise.

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 This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was committed to providing a good quality service that met people's individual needs.
- People's relatives told us they thought the service was well managed. One relative said, "There's only four [staff] in the organisation and they seem to do a good job." Another person's relative said, "I don't think they could improve on anything, really."

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 was aware of their responsibility to comply with the duty of candour and to be open and honest if something went wrong with the care provided by the service.
- The registered manager understood the regulatory requirements of their role and the need to notify CQC when required of events and incidents if they occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the standard of care for people, and the efficiency of the service. The manager had implemented various quality assurance processes which were completed on a regular basis.
- The service was very small, providing the regulated activity of personal care to three people. ● The registered manager understood the need to not take on further packages of care whilst the business was so small and before successful recruitment of more staff, to enable them to grow the company safely.
- There was a system in place to monitor that people received their care as planned and to keep oversight of any late care calls should they have happened.

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

- The provider had systems in place to obtain people's feedback.
- Views and opinions about the service were welcomed from people, relatives, staff and other stakeholders.
- Staff received regular supervision and support to enable them to work effectively.

Continuous learning and improving care; Working in partnership with others

- There were quality assurance processes in place. Various audits were carried out by the registered manager, including audits of the safe management of medicines and people's care records.

- From reviewing care records, and speaking with staff, we saw the service acted quickly when there was a concern for people's health, for example getting in contact with health professionals.