Ness M Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Ness M Care Services is a domiciliary care service registered to provide personal, and/or nursing, care to people living in their own homes. The service was providing a range of support including to older people, people with mental health needs and people living with dementia. At the time of the inspection 52 people were using the service, 51 of whom received personal care.

Some people were also supported with live-in care. This is where staff stay in the person's home for a large proportion of the day and were part of the person's household.

People's experience of using this service and what we found
Trained staff administered people's medicines and these staff had been deemed competent. However, people had not always received their medicines as prescribed. Staff were not always open when mistakes were made.

People and relatives told us staff knew how to safeguard and support people to keep them safe. There were enough staff who had been recruited safely and people were supported by a consistent staff team who they felt comfortable with. Staff adhered to good infection prevention and control practises. The service and the staff team took on board learning when things went wrong.

Risks to people were identified and managed well. Risks assessments were detailed including checks for equipment, food and fluids intake, people's home environment and people's skin integrity.

People's assessed needs were met by staff who had appropriate skills. People were supported to eat and drink enough healthy choices. People were supported to access healthcare support when needed. 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.

People received care that was compassionate, respectful and promoted their independence.

People's individual needs were responded to in a person centred way. People's care plans contained person centred information which staff used to ensure people's preferences were respected. Complaints were responded to in line with the provider's procedures. People were supported with dignified end of life care when this was needed.

The registered manager led by example and was in the process of recruiting an additional manager to support them. Staff felt comfortable to report events or incidents when things went wrong. Oversight and quality assurance monitoring procedures were in the main effective.

The registered manager took onboard learning opportunities when needed and implemented actions when needed. People's, relatives' and staff's views were sought, and this enabled them to have a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

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

Rating
This service was registered with us on 13 June 2022 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about staffing, missed or late care call visits and management of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Ness M Care Services

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 Care Act 2014.

Inspection team
This inspection was undertaken by one inspector and an Expert by Experience. 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 type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

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
This inspection was announced. We gave four days' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf.

Inspection activity started on 15 November 2022 and ended on 30 November 2022. We visited the office location on 23 November 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered in June 2022. We sought feedback from the local authority safeguarding team. We used all this information to plan our inspection.

During the inspection
We spoke with six people, five other people's relatives, 11 staff including the registered manager, chief operating officer, team leaders, care staff and a customer relations manager. We reviewed a range of records. We looked at four people's care plans, various medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints, compliments, quality assurance processes and various policies and procedures.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Trained and competent staff administered medicines, although this was not always as prescribed. Where this occurred, healthcare professional advice had been sought, albeit several days later when the errors were identified. No further incident had occurred since staff had been reminded of their responsibilities, to ensure going forward they reported incidents straight away. Although, where staff had redone their medicines competencies, there was no record of what staff had learned from their mistakes.
- Where medicines had to be administered in a specific way and time, there was no detail on the medicines administration record (MAR) about when and how to do this. This information should be recorded on the MAR. Staff had also not recorded on the MAR the time they had administered this medicine, meaning there was a risk the person could eat or drink before it was safe to do so.
- The registered manager told us they would add additional detail to the MARs and confirmed to us they had done this. Audits were in place to help ensure medicines would in future be administered as prescribed.
- People and relatives we spoke with who had support with administering medicines confirmed all other medicines had been given as prescribed and staff had never missed a dose. One person told us, "I have medication four times a day and I get the right medication at the right time."
- One person told us staff always made sure they had swallowed their medicines and took these with a glass of fresh water. Staff completed MARs as required and used correctly used codes for not administering, such as when the person was asleep.

Assessing risk, safety monitoring and management

- The provider had completed risk assessments as part of people's care and support. These were in the main detailed and included specific guidance for staff to help ensure people were safe. In some people's care plans where only one staff member at times supported people, further detail was required. The registered manager told us they would add photographs and that an occupational therapist was reviewing this person's moving and handling procedure.
- One staff member who supported this person said, "I have been shown how to fasten the hoops on correctly, as if you don't the person would not sit unbalanced or unsafe." One person told us, "I feel safe as staff are very careful helping me."
- People and relatives told us they felt safe as staff were always careful, knew how to check skin integrity and repositioned people safely with equipment. Staff were given prompts in team meetings about safe moving and handling, and individual supervision if needed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of when and how to refer safeguarding incidents to the appropriate

authorities and what actions to take.
● Staff kept people safe as they had skills and knowledge on identifying and reporting any potential abuse. A relative told us they trusted staff and were happy to leave their family member in staff's safe hands.
● People and relatives we spoke with told us people were kept safe as staff used equipment correctly and adhered to healthcare professional advice.
● Staff told us they would look for changes in people's personality, body language, increased distress or being fearful of someone. One staff member told us, "If there are any signs of self-neglect, such as not taking care of themselves and not bathing; I would report to the (registered manager), and if no action was taken, then to local (safeguarding) authority or if needed the police."

Staffing and recruitment
● There was a robust recruitment process in place to help ensure staff were safely recruited. Appropriate checks were in place including a Disclosure and Barring Service (DBS) for adults and children. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Other checks completed on staff's suitability included recent photographic identity, permission to work in the UK, previous employment references and a declaration of their health status. One staff member said, "I had a police check from my country of origin and a DBS in the UK."
● People told us in the main that staff generally arrived on time. Some people however had care call visits that were not as evenly spaced as planned. The registered manager was aware of this and had reminded staff to report when they were running late as well as team leaders monitoring staff care visit timings.
● People and relatives told us there were enough staff with the required skills to keep people safe without rushing care. One relative said they had a consistent staff team which was important for their family member's wellbeing. Staff told us they had enough time to meet people's care needs and travel between each person.

Preventing and controlling infection
● Staff adhered to good infection prevention and control (IPC) guidance, wore the correct personal protective equipment (PPE) according to each person's needs. One staff member told us how to correctly use and dispose of PPE. This helped prevent the risk of infection and cross contamination. Another staff member told us, "I wash my hands first and always have enough PPE and change it after each person's care."
● One relative told us, "[Staff] always wear their PPE when providing personal care. They take their PPE away or dispose of it safely in the bin outside."
● Staff adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, knowing how to use PPE correctly so it was effective.

Learning lessons when things go wrong
● There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all staff we spoke with.
● Learning was shared with staff who took on board any changes. One staff member said, "Things occasionally do go wrong, but when they do the [registered] manager is very good at correcting any issues quickly, such as when staff were late for care calls (visits)."
● The registered manager had oversight of people's care and support using and electronic records system. This enabled them to interrogate information and any potential trends. They were then able to take action promptly and more effectively. For instance, where there had been repeat medicines errors, a review of the process to improve records and staff competencies and actions had been completed or were in progress.

Good

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

- The registered manager or team leaders visited people and/or their representatives in the person's home or hospital before people's care and support started. This enabled the registered manager to assess people's needs, discuss what their needs were and how these would be planned to be met.
- Relatives told us they, and their family member as much as practicable, had been involved in the care planning and the assessment of needs process. One relative told us they had a say in developing their family member's care plan.
- Care plans indicated the level of support people required and how this was planned to be provided.
- People at an increased risk of malnutrition had details in their care plan how this was minimised. One staff member told us how the speech and language therapist (SALT) guidance was followed for a soft food diet and thickener in the person's drinks.
- People and relatives were positive about the way people were supported to eat well and healthily. One person told us staff were very good at identifying signs of dehydration and acting on this. A relative told us. "The staff are very good. If my [family member] won't eat or drink when asked the staff try other strategies including other options or trying again after a few minutes."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as food hygiene, equality and diversity, moving and handling, and how to communicate with people with a sensory impairment.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that formed part of a robust induction programme.
- New staff also worked with experienced staff to get to know people before they worked alone. One staff member told us, "I was shown everything I needed to know about the people I would be supporting." The staff member described the range of subjects they had been trained on including dementia care and if they asked for additional support they got this.

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 see health professionals, such as a SALT, GP or community nurses when needed. One staff member told us, "Some people have mashed foods and one person can't eat solid foods

and is diabetic, all support is according to the (SALT) guidance. People who are diabetic could look pale, be sweating a lot, unsteady on the feet or fainting, we have processes when to call 999 if we felt the situation was deteriorating." Records showed us where staff had used first aid and requested emergency or other healthcare support.

● Incident records showed how staff had responded to people falling or medicines administration errors. A person told us, "When I was not well I called an ambulance and [care staff] waited with me until the ambulance came, [care staff] looked after me professionally."

● The registered manager worked closely with various health professionals. Guidance from them including managing people's health conditions had been followed.

● Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A staff member told us staff knew exactly how to use the equipment including the safety devices on mobility aids, such as when to apply the brakes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways. People's choices were respected even if people wanted to take risks in a safe way.

● Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said staff were respectful of their family member's decisions, including the use of body language or giving people longer to understand a question or decision.

● Staff received training in the MCA and had a good knowledge of what this meant supporting people. One staff member described the key principles of the MCA, how they were applied and when reviews of people's mental capacity was needed. The staff member said, "I always assume people can make a decision, such as when to drink. I may need to prompt them to eat, I can give them extra time, show them a choice. If people make unwise or unsafe decisions, it is up to them. I would not let the matter become unsafe though."

Good

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

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

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. Staff ensured people received care that was dignified, respectful and compassionate. A relative told us, "Staff definitely know my [family member] very well. They listen and take their time. They use an alternative approach if their first attempt is not successful."
- All those we spoke with praised staff for their kindness, compassion, being there for a chat; always listening.
- Staff told us how they respected people's diversities and included them in everything they did. This helped support people to be heard and understood. A positive and common theme was several people telling us they enjoyed cheerful banter with staff. A person told us staff were kind and supportive when they had been in pain and another person was pleased care staff understood if they became frustrated.

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

- People were offered choices in their day to day support. For instance, with regard to the time and duration of their care call visits and gender of care staff. The registered manager told us how they would always aim to change staff if they did not develop a good rapport or where people wanted to change staff. A relative told us, "It wasn't the staff's fault, but we just felt the first (staff member) wasn't working, but ever since everything has been going well." This meant staff could better respond to people's choices and needs.
- People felt involved in decisions about their care. One person said their preference for female care staff had been facilitated. One person told us staff were very friendly; when in pain staff had held their hand and given a cuddle which the person appreciated.
- People and their relatives said care was being provided as agreed, or changes had been made when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they needed assistance. Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. One person said staff always ensured curtains were closed and the door locked before they helped them to dress.
- Staff supported people to live fulfilling lives. People and other people's relatives told us how people's independence was promoted with equipment, and by staff who knew how to use it. This had resulted in people being able to live at home and have a better quality of life.
- Staff did this by encouraging people to do those tasks they could do and help with those they couldn't. One person said, "[Staff] know I'm very independent and will let me get on with things." This promoted

independence and increased dignity encouraging people to keep skills they might otherwise lose.

Good

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 of 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

● Staff understood and focused on people's preferences and choices as well as their physical support needs. Staff saw people's potential and helped them achieve this due to perseverance and skills. One example was a person who needed various items of equipment due to health conditions; but it was staff's skills and knowledge of the person that made a difference to the person's life in knowing their wishes were respected.

● People and relatives were in the main positive about the support provided. One person told us, "The hospital determined I needed care staff and the hospital agreed the care with the council, but it's been modified [by the provider] to suit me." However, one person told us that sometimes staff arrived late for a breakfast care call visit and then their lunch care staff would arrive soon after. The registered manger was aware of this, reminding staff to always report if they were running late and monitoring care visit timings.

● Relatives told us about the personalised support that their family members had received, such as the food people preferred. One staff member told us how one person liked to start their day with a conversation and how they felt. The staff member said, "I always ask them politely do they want a wash or a shower. Each person is different, it could be a shower on their own or people like to sit and you help them shower, using shower gel or soap. It's their choice."

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.

● People were supported to communicate in various ways, such as using the most appropriate form of communication. Staff were adept at providing support based on people's mental capacity. One staff said, "One person doesn't speak due to [health condition]. I give them time to listen to what I say. I know when they have understood as they will nod or shake their head."

● Staff broke down the barriers that could impact how people communicated. This enabled people to live a more fulfilling life as well as being able to access important information about their care and support needs.

● Training was in place for staff to use technology effectively. Staff understand people's communications, such as through facial expressions, larger print, short clear sentences or writing things down. This helped ensure people had their needs met in a way they wanted.

Improving care quality in response to complaints or concerns

● Policies and procedures, such as those around complaints were available in accessible formats as

required. One relative told us they had reported concerns about how staff communicated and after a change of staff this had been resolved. The provider also followed up to ensure changes made were to people's satisfaction.

● All people and relatives told us if they had any concerns, they would contact the provider's customer relations manager or the registered manager who would address matters before they became a complaint.

● Complaints were responded to through the provider's complaints process and apologies were offered when needed. One relative told us they had not needed to complain but changes to care call visit timings had been made after this had been raised with the registered manager.

End of life care and support

● At the time of our inspection, no person was in receipt of end of life care. However, policies and procedures and trained staff were in place should this ever be needed.

● The registered manager told us they broached this subject with relatives if they felt there was a need or change in people's health conditions.

● One relative with a valid power of attorney told us they would decide soon whether it was in their family member's best interest to be resuscitated. A staff member said, "You have to have to be caring and keep them involved in daily life, talk about what they want. You need to listen. I would involve a GP to give pain relief, help keep dignity by keeping them clean. Above all treat them as a human being."

Good

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider used their monitoring and quality and assurance policies and processes to effectively drive improvement. In addition, regular reviews of incidents and other records helped drive improvements.
- In the main, audit processes had identified where records lacked detail to guide and direct staff to provide care, how to manage risks and ensure people were safe using equipment. The staff team knew people and their family members well. However, some people's MAR charts lacked details which the registered manager told us they would add from people's prescriptions when and how medicines had to be administered.
- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon. People were involved and asked if they were satisfied where changes had been made. One person was pleased at changes to their care staff and developing a better rapport.
- Records, such as staff meetings evidenced to us how improvements had been made to identify changes in people's care call visit timings. This had been where staff were encouraged to stay for a conversation to get to know people better if time permitted.
- People and relatives told us the registered manager always acted promptly to any concerns raised and then checked everything was working well after changes were made.
- The registered manger told us they were recruiting another manager to help with the oversight and governance roles.

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

- The registered manager had promoted a positive culture within the staff. Relatives were positive about the care and support they received. Comments included people's and relatives' satisfaction with the provider, such as compliments for everything staff did, and being grateful at responding to concerns raised.
- Staff were aware of the service's values and visions. One staff member told us, "I care for some people who have worked in care. They know what standards to expect and so do I. The [registered] manager would soon be on my case if I didn't."
- The registered manager understood the need to be open and honest when things went wrong and knowledgeable about the incidents they needed to report to us. They also implemented changes. For example, undertaking investigations and holding staff to account as soon as practicable where staff had missed a care call visit but had not reported the reasons for this.

● The provider's procedures ensured that the standards of staff's care was regularly monitored. A relative told us, "We do sometime s get a later than expected care visit. Staff ring and let us know. If there has been an emergency which happens sometimes, we are offered alternative staff or we wait a little longer."
● Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about health conditions, such as a stroke, diabetes and dementia.
● People and their relatives were complimentary and praised the support provided. One relative complemented staff for how well they could interpret body language and always being person-centred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved as much as practicable in how the service was run and also through relatives and court appointed deputies in aspects of their care and support. This included quality monitoring surveys, best interest decisions with relatives and also day to day discussions people had with staff.
● Relatives and people were regularly asked for their views about, and involvement with, the service. People could choose the best way to feedback about the quality of care provided.
● All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manger told us, "If anything was of an urgent nature, I would call staff in as soon as practicable for an urgent meeting. I would then decide any changes to be made or actions to be taken."

Working in partnership with others
● The registered manager and staff team worked well with various organisations such as community nursing teams, SALTs and occupational therapists. This helped support better outcomes for people.
● Health professionals and social workers were involved when needed and guidance from them was implemented and adhered to.
● The registered manager fully understood their duty to cooperate with safeguarding authorities should the need arise. This was confirmed to us by the safeguarding authority based on where people lived.