

MSK Healthcare Ltd

MSK Healthcare

Inspection report

18 Crown Street
Hucknall
Nottingham
NG15 7SW

Tel: 01159866299

Date of inspection visit:
13 March 2023
16 March 2023
29 March 2023

Date of publication:
02 May 2023

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

MSK Healthcare is a domiciliary care agency providing support to people in their own homes. At the time of this inspection the service was supporting 7 people, and all received the regulated activity of personal care. The Care Quality Commission (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

People told us they felt safe and processes in place safeguarded people from harm and abuse. Risks to people's safety had been assessed. Enough staff were deployed to meet people's support needs. People received their medicines as prescribed. Staff wore Personal Protective Equipment to protect people from the risk of infection.

People's care and support needs were assessed in line with best practice guidance and the law. Staff completed training to ensure they had the skills and knowledge to support people. People were supported to have a balance diet. Staff ensured people had choice and control regarding their care and support. Care was delivered in line with best practice guidance and the law.

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's dignity, privacy and independence was respected. People told us, staff and the management team were kind and caring. The management team maintained regular contact with people and built good relationships with them and their relatives.

People were involved in their care planning and received personalised care and support. Staff were responsive to people's needs and preferences. There was a complaints policy in place and had been shared with people.

People and relatives praised staff and the management team regarding the service they had received. The provider had systems in place to ensure care was delivered safely and to a high standard. Staff spoke highly of the support they received by the management team.

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 7 December 2020, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

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 ●

MSK Healthcare

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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who had 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 in the office to support the inspection.

Inspection activity started on 13 March 2023 and ended on 29 March 2023. We visited the location's office on 16 March 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 2 people and 4 relatives about the experience of the care provided by MSK Healthcare. We spoke to the registered manager, and 4 care staff. We reviewed 3 people's care plans, daily notes, and medicine administration records. We reviewed 3 staff files in relation to recruitment. We reviewed various records we requested from the provider including rotas, policies, and training records.

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 in place protected people from the risk of abuse. The provider had identified concerns and reported them to the Local Authority.
- People and their relatives told us they felt safe. One person told us, "Honesty is a big thing with me as I had a bad experience with a previous agency, and I have no worries at all now and feel especially safe." A relative told us, "Carer's are kind, open and honest, so no safety issues."
- Staff completed safeguarding training. Staff told us they understood how to recognise and how to report concerns or abuse.
- The provider had safeguarding and whistleblowing policies in place. Where needed, they worked with other health and social care professionals to protect people.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, monitored and risk reduction measures in place. Staff had guidance on how to support people safely. Risk assessments were reviewed when people's needs changed.
- Records evidenced risk associated with falls had been fully assessed. For example, one person had been assessed as high risk of falls. Staff had clear guidance on how to support the person to manage the risk.
- Staff told us they had time to read people's care plans and risk assessments before providing care, so they understood how to manage risks and care for people safely.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People received care and support on time and as planned from staff who knew them well. One person told us, "The carers are never late, and I always have the same ones." A relative told us, "It's nice to have just one person all the time, it helps with their anxiety. My [relative] used to suffer all the time with another agency."
- Staff were recruited safely. Checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- The provider had a medicine management policy in place. However, staff did not have written guidance for medicines which were required 'as needed' (PRN). This was not in line with the providers own policy. However, staff were able to discuss in detail the process they followed and were aware of the prescriber's

instructions. This meant staff supported people to take their PRN medicines safely. The provider told us they would update written information for staff to ensure they worked in line with their policy.

- Where people needed support with their medicines this was done so safely. A relative told us, "My [relative] has time crucial medicines and they never fail to be here before they need these tablets."
- Staff completed training in administering medicines and their competency was assessed.

Preventing and controlling infection

- There were effective infection, prevention, and control measures to keep people and staff safe. Staff told us they always had enough personal protective equipment (PPE) to support people.
- Staff completed training in infection, prevention and control. Staff were observed regularly to ensure correct PPE was worn and correct practices were followed.
- People and their relatives did not have any concerns with staff using PPE. A person told us, "Staff always have an apron, gloves and a mask and they take the items with them."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff reported accidents and incidents to the management team. The management team reviewed accidents and incidents in a timely manner and lessons learnt were shared with the staff.

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 using the service. People and their relatives were fully involved in planning their care. A relative told us, "As a family we are all involved in the care plan and invited to discuss any concerns with the managers."
- Staff had guidance and information on people's needs, choices, preferences, and lifestyle. This meant people had personalised care and support.
- The management team knew people well and their preferences. For example, they supported people themselves first and staff shadowed the management team prior going in to support people.
- When people's needs changed the provider had ensured they were reassessed, and changes had been made to people's care plans. For example, A person had been discharged from hospital and their care plan was reviewed and updated to ensure staff had up to date guidance. Staff were informed before the care visit of the changes. The management team told us, they verbally explain to staff of any care plan changes to ensure staff are aware and understood what was required of them.

Staff support: induction, training, skills and experience

- Staff were suitably qualified, inducted to the service and well supported.
- People felt staff were well trained. One person told us, "Staff are well trained and have picked up on a few medical things that others have overlooked, catheters in particular."
- The provider supported staff to complete training in line with 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 should form part of a robust induction programme.
- Staff told us, they completed training to care for people confidently. One member of staff said, "I have had the training I need and feel I am very equipped."
- The management had planned ongoing supervisions and competency checks to further support staff.

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

- People were supported to maintain a balanced diet.
- Records demonstrated staff prepared balanced meals and drinks for people.
- Staff explained people's food and drink preferences, likes and dislikes.
- Staff were aware of people's dietary support needs. One staff member told us, "[person] has a nutritional yogurt because they had lost weight."

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

- The provider worked with external professionals when needed. For example, staff had concerns regarding one person's safety living at home. The provider requested a reassessment from the local authority. The Local authority completed an assessment with the person, and they wanted to live at home. The provider worked with health professionals and put safety measures in place and supported the person to remain living at home.

- People were supported to access health care services. One person told us, "Staff will let me know if anything is not right, they spot it before me and will alert the GP if I ask."

- The provider contacted other professionals such as a GP and pharmacist with people's consent when people showed signs of not being well.

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.

- People's ability to make decisions was assessed. People told us, they were involved in developing their care plan and were supported to make their own choices.

- Staff told us the importance of obtaining people's consent before supporting them. Staff completed MCA training.

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

- Staff were kind and caring. People and their relatives praised the management team and staff for the high level of care they provided.
- Relatives told us, "The staff are kind, caring and really on top of [relative's] needs and they are thriving." Another relative told us, "The carers are the kindest, loveliest people I could wish for looking after my [relative]."
- People received personalised care and support. Staff had clear information on people's cultural beliefs, lifestyle, choices, preferences, likes and dislikes.

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

- People were supported to express their views and were fully involved in decisions about their care.
- The management team visited people regularly to ask for feedback regarding the care and support they had received. One person told us, "The manager visits regularly which is reassuring."
- People told us, and records demonstrated people had been involved in developing their care plans. One person told us, "I get to decide everything that is important to me." Another person told us, "My care plan has been explained and I can talk about it with the manager."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by staff.
- People told us their dignity had been respected and were encouraged to remain independent. One person told us, "They are always chatty and want to ensure that I do the most I can and that I have choices in everything." Another person told us, "I did have a choice of male or female carer but either is fine."
- Staff knew people's individual care and support needs and gave examples of how they had promoted people's privacy, dignity and independence. One staff member told us "The people we support, we make sure we get to know them and make sure they are comfortable. I allow people to do as much as they can."

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

- People were involved in planning their care and support.
- People were given choices and care records were personalised to reflect people's choices and preferences.
- People spoke positively about staff's approach. One relative told us, "The carers are good people who work hard and care about the people they visit."
- The management team regularly contacted people and their relatives to ensure they were meeting people's needs and the quality of care provided was in line with the provider's values.

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.

- People's communication needs had been assessed and documented within their care plans.
- At time of our inspection no-one using the service needed support with their communication needs. The provider was aware of their responsibilities in relation to The Accessible Information Standard. The manager told us they did not have information in place in accessible standard but would be able to get the information in the required standard when needed.

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint to the registered manager if needed.
- People told us they did not have any complaints. One person told us, "No complaints at all but I have all the information if I ever need it."
- At the time of our inspection, no complaints had been received. The provider had a clear complaints policy and procedure in place.

End of life care and support

- Staff had not completed end of life care training at the time of our inspection. However, since our visit the provider told us staff had now completed this training.
- At the time of inspection, no one using the service was receiving end of life care and support.

- The provider had an end-of-life care policy in place.

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 Good. 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 management team ensured the service was person centred, open and inclusive.
- People and their relative's praised the staff and management team for providing a caring, personalised, and empowering service. One relative told us, "My [relative] laughs a lot more and is looking and feeling good." another relative told us, "Really impressed by them so very good."
- The registered manager ensured people received high quality care by visiting people regularly and obtaining people's feedback. People and staff told us their feedback was responded too.
- People and their relatives gave us examples of the person-centred culture. One person told us, "They [staff] do everything they should, are never late and don't rush things which means we can have a chat."

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 worked in an open and transparent way. For example, a call visit was late. The registered manager visited the person and was honest to the reason for the lateness and apologised.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- The registered manager was aware of regulatory requirements. The registered manager was fully aware of incidents they were legally required to inform CQC of.
- Staff told us there was effective communication. Management had a video call every morning with all staff to ensure staff were clear about their role and to discuss any changes to people's care and support needs.
- An audit process was in place to identify concerns and issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Continuous learning and improving care

- The provider reviewed feedback from people and their relatives to ensure people were receiving good, quality care. For example, a person told the provider during their initial assessment what had not been working with their previous care agency. This feedback had been acted upon to ensure the same concerns were not raised and the person did not experience the same issues.
- Staff had regular supervisions and team meetings to discuss continuous learning and how they could improve care.
- The management team had a positive approach and culture to learning and improving care.

Working in partnership with others

- The provider worked in partnerships with others. People's care plans demonstrated the provider had worked with other professionals. For example, the provider had worked with a social worker, GP and attended a multi-disciplinary meeting to improve the outcomes for a person they supported.