

# Multicare Services (UK) Limited

## Multicare Services - Maylands Building

### Inspection report

The Maylands Building  
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Date of inspection visit:  
26 April 2023  
27 April 2023  
03 May 2023

Date of publication:  
23 June 2023

### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Multicare Service Maylands Building is a domiciliary care agency providing personal care to older people, some of whom may be living with dementia. At the time of our inspection there were 10 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The provider did not have robust processes in audit, risk assessments or incident management to ensure safe oversight and governance of the service.

The provider did not have robust safeguarding processes. They had not always ensured staff were safely recruited; we have made a recommendation relating to this. Staff did not always have all the information relating to risks to people. There were enough staff and PPE was used as required.

We received positive feedback about staff from the majority of people and relatives we spoke with. A relative told us, "[Staff] is great at interacting with [person]; listens to their old stories, they repeat them but [staff] remains interested." However, there was room for improvement with promoting people's independence; we have made a recommendation related to this.

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 were supported by staff who received an induction and training to meet their needs. Staff ensured people had support with meals and drinks and accessing other services.

People were given information on how to complain and feedback was sought frequently via telephone.

Staff described a positive culture within the service and felt well supported by the registered manager; none of them had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 14 June 2021 and this is the first inspection.

## Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Multicare Services – Maylands Building on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified breaches in relation to safeguarding and governance and made recommendations relating to recruitment, supporting people with when required medicines and another to support people with their independence.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Multicare Services - Maylands Building

## **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 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This 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 24 April 2023 and ended on 4 May 2023. We visited the location's office on 3

May 2023.

#### What we did before the inspection

We sought feedback from 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.

We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care co-ordinator, 4 members of staff, 1 person who used the service and 4 relatives. We reviewed 5 people's care records. We reviewed training records and documents relating to the management of the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had not ensured people were always safeguarded from the risk of harm. They had not identified a safeguarding concern raised as a complaint via a relative. We referred this to the local authority and the registered manager completed an investigation.
- The provider identified some safeguarding concerns during the inspection and contacted the local authority but did not submit notifications to CQC for these. Following the inspection, the notifications were submitted.
- Staff received training in safeguarding. We were not assured they understood their responsibilities around this. A member of staff we spoke with was not able to tell us what it is and another described it as, "It is making sure they are not hurting themselves." They were unable to give examples of safeguarding concerns they would report.

The provider had not always identified and effectively investigated safeguarding concerns to people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We were not assured staff were competent in administering PRN medicines. These are medicines which are to be taken as and when required; we found one person had been administered PRN medicine at each of their visits. This was raised by a relative during the inspection and an investigation completed. The investigation did not describe additional training or spot checks to be completed on staff.

We recommend the provider ensures staff understand the process for administering PRN medicines.

- Following the inspection, the provider told us training was being arranged and we saw evidence this was booked for a member of staff.
- Staff received training in administering medicines. They were able to tell us what they would do if someone refused to take their medicines. A member of staff said, "We do not force people. We make a note and inform our manager."

Staffing and recruitment

- The provider had not always recruited people safely. Their recruitment process included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found the address on 1 member of staff's DBS did not match that on their proof of address documentation and there were lengthy unexplained gaps in their employment history. Following the inspection, the provider obtained current proof of address and another DBS check. However, lengthy gaps in employment history remained unexplained and a risk assessment was not completed for their employment.

We recommend the provider follow safe recruitment practices and maintain all recruitment checks and documents required when appointing staff.

- The service had enough staff to care for people safely. The registered manager and 2 office-based staff provided out of hours on-call support. The registered manager was able to cover staff holidays and sickness.
- People told us they tended to receive their care at the agreed time and all tasks were completed. Feedback from 1 person stated, 'They come on time, and they have sufficient staff with the necessary skills.'

#### Assessing risk, safety monitoring and management

- Staff did not always have complete information about risks to people. The risk assessment document was not always clear; it seemed to be a generic template for mobility, falls, skin integrity, medicines and environment. This meant we were not assured all risks to an individual would be identified. For example, an independently mobile person had a mobility risk assessment but did not have 1 for potential self-neglect although they may refuse to wash or change their clothes. Following the inspection, the provider told us they had updated their risk assessment template and planned to arrange training for staff.
- People's risk assessments were not always up to date. A person was being cared for in bed, but the care plan stated they were hoisted to the toilet at each visit. It also said they needed to be re-positioned but the risk assessment did not include guidance for staff on hoisting or slide sheet. Following the inspection, the provider told us the person was to be hoisted, but it was not being done as there was nowhere for them to be hoisted to; the provider had arranged for the person to be reassessed by an occupational therapist.
- The service monitored late and missed visits. The electronic system generated an alert which all 3 office staff received and would contact staff and people as required. This reduced the risk of a person not receiving a visit.

#### Learning lessons when things go wrong

- The provider described incidents which had occurred; these were input on their communication log. The entries were not detailed, and it was not always clear what had happened. We were told they had incident reports in a paper file, but this was not available for us to review during the inspection. Following the inspection, the provider shared an example of an incident recorded in their paper system.
- The provider told us they shared information about incidents with staff at team meetings. We did not see this in the minutes and staff we spoke with did not confirm this, 1 said, "I am not aware of any incidents."
- The provider created an incident log during the inspection. This detailed who were involved, the findings and action taken. They explained this would be used to identify themes.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Most people we spoke with confirmed staff wore appropriate PPE. A person said, "[Staff] does wear mask and gloves. Apron too. They are very 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 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

- The registered manager assessed people's needs prior to their care and support commencing with the service. This included consulting with the person and their representatives as required. A relative said, "[Staff] came to see [person]."
- Some of people's protected characteristics under the Equalities Act 2010, such as religion were identified as part of the assessment. This could help the service meet people's individual lifestyle choices effectively.

Staff support: induction, training, skills and experience

- Staff completed an induction prior to starting work. This included completion of mandatory training and shadowing experienced staff. A member of staff said, "They introduced me to so many things. The people I am going to be taking care of. I was taught about each of them."
- Staff had not received any additional training in conditions people may have. The registered manager told us staff would be attending 'external courses' for development but were not able to tell us what these were. However, they told us training would be provided before they provided care for people with specific needs such as a learning disability.
- The registered manager completed staff spot checks and competency assessments. These included checking staff arrived on time and wore appropriate PPE and their competency in administering medicines. There were not competency assessments completed for moving and handling; however, we were told no people were hoisted.

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

- People's care plans explained whether support was needed to prepare and/or eat and drink.
- Staff were prompted to ensure people were kept hydrated and to leave drinks in reach at each visit. A relative said, "They make sure [relative] has tea and is taking their tablets and always has a drink."

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

- The service worked with other agencies as required. We saw a person had been supported to access district nurses.
- People's records included details of their physical and/or mental health conditions. This helped staff support people to live healthily.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in MCA.
- People's files included mental capacity assessments. However, we found these were not personalised; the description of what they were able to do was identical on 2 people's forms. Following the inspection, the provider told us they had sourced an improved MCA assessment tool to help ensure these were personalised.
- Staff confirmed they gained consent from people before supporting with care.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. A relative told us, "They do not encourage [person] at all, just keep telling them to sit down. [Person] will put dinner on, but when they arrive, they tell them to sit down." Feedback from another relative stated "I advised that they involve [person] in breakfast preparation rather than just preparing it for them."
- Some people's care plans advised staff to encourage people to do what they could for themselves, for example cleaning their teeth, but some did not specify the tasks people were able to do so staff could encourage them to do these to promote their independence.

We recommend the provider ensure there is clear guidance for staff to encourage people to maintain their independence.

- Staff were able to describe how they respected people's privacy. A member of staff said, "I ask 'do you mind if I stay so I can assist you with anything?' If they say no I have to respect that."

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

- Most people were happy with the care provided. A relative told us, "They come highly recommended from us. They are exceptional." Another relative said, "They are fine, they are 2 good [staff] they are ever so nice." A person said, "Well they do provide a good service. Anything I need they do for me."
- One relative felt staff could not do enough for them. They described an example whereby staff had returned to the house to help when they saw the relative arrive with the person's food shopping.

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

- People and their representatives were involved in their initial assessment as required.
- People confirmed they were happy all their needs were being met. A relative told us, "They are doing the job [person] wants."

# 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.

Improving care quality in response to complaints or concerns

- The provider reviewed and responded to complaints, but we were not assured their investigations were thorough. At the time of our inspection, they had received 3 complaints. Issues had been looked into and learning identified. However, we found a complaint had been reviewed and closed which should have been treated as a safeguarding concern. This was investigated further during our inspection.

We recommend the provider ensures they investigate complaints thoroughly.

- People had information on how to make a complaint. A relative told us, "[person] got a couple of leaflets."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a care plan based on their assessed needs. These included information on their physical and sensory needs and families. There was not much detail about their backgrounds and interests which would help staff get to know their service users. Following the inspection, the provider told us they had a new process to ensure more detail was included to differentiate each individual.

- The registered manager told us they involved people in their care plans. If the person lacked capacity families could also be involved.

- Staff rotas were managed to accommodate people's individual needs. For example, 1 person was able to increase the days they attended a day centre, on these days staff would visit earlier. A relative told us, "They are more than flexible – [staff] will come early to help [person] get ready before day centre."

- The registered manager told us they planned to review people's care plans every 3 to 6 months. At the time of the inspection no care reviews had been completed as no one had been with the service long enough.

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 care plans included information on their sensory needs. For example, 1 person had hearing aids which they may forget to wear. Guidance for staff included to speak loudly and check the hearing aid batteries.

- Some people raised concerns in communicating with staff. Feedback from 1 relative stated,

"Communication is not that easy due to them not having English as their first language and things often need to be repeated before they can be understood." However, another person told us it had improved and said, "It is still difficult, but I put up with that because [staff] is so keen and very polite."

#### End of life care and support

- At the time of our inspection, no one required end of life care.
- The registered manager told us staff would receive training prior to them taking any care packages for people who needed end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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's audits were not robust. Staff told us the visit logs and medicine records were reviewed daily but there was no documentation of these checks. The lack of audits meant managers had not identified some of the issues we found during the inspection including gaps in recruitment files and PRN medication being administered incorrectly.
- People's care records were not audited; this meant we were not assured all information was included. For example, we found there was not a risk assessment for a person at risk of self-neglect.
- The registered manager had not ensured staff were familiar with risks to people. Staff we spoke with did not describe these. For example, they did not mention monitoring pressure areas for a person who was cared for in bed. Staff did not have access to electronic risk assessments; the registered manager told us paper versions were available in people's homes, but staff were not able to tell us what they were. Following the inspection, the registered manager told us staff had been given access to electronic risk assessments.
- The provider did not have robust processes for incident management. They described incidents which had occurred, and action taken but we did not see clear documentation of this.

The service did not have robust processes to monitor the quality and safety of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The provider had not submitted any notifications to CQC at the time of the inspection. Some safeguarding concerns had been identified during the inspection and referred to the local authority, but notifications had not been made to CQC. Following the inspection, the notifications were submitted, and the provider told us they updated their process to ensure prompt future notifications.
- During the inspection logs were created to monitor incidents and complaints.
- The service had some quality monitoring processes; staff spot checks and competency assessments were completed. The system generated an alert when these were due.

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

- Staff we spoke with felt supported by their managers and no one raised any concerns. A member of staff

told us, "Manager – they are very nice. When we take the day off, they cover for us. They have been nice so far."

- Staff described a person who had stopped going out as family felt they were too weak. Staff had encouraged and motivated them to eat, and they had improved enough to return to day care. The person's family confirmed this; feedback from a relative stated, "The improvement in [relative] since [staff] has been caring for them is notable."

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

- The service sought feedback from people and their families via telephone surveys. These included confirmation staff arrived on time, completed all duties and communicated effectively.
- Staff attended team meetings. We reviewed minutes of 1 meeting and saw they included input from staff and an action plan for any issues and training to be booked. Other agenda items included reminding staff to check people's fridges for expired foods and to advise if they are running late.
- People told us staff kept them informed and the office were responsive. A relative told us, "Any issues [staff] gives me a call – when [person] is ill, if the food is low, communication skills are exceptional. [Staff] in the office I contact by email and within minutes get a reply."

Continuous learning and improving care

- The managers planned to expand the service and hoped to open a location in another area to reach more people. They said they would ensure oversight of this by recruiting another manager.
- The provider was responsive to our feedback and taking action to address our concerns.

Working in partnership with others

- The service liaised regularly with district nurses to support a service user with receiving treatment.
- Managers told us they would contact people's GP on their behalf if required to arrange referrals to other services.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not always identified and effectively investigated safeguarding concerns to people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have robust processes to monitor the quality and safety of the service.</p>