Mulholland Care Ltd

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Inspection report

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29 December 2017

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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

The inspection took place on 14 and 29 December 2017 and was announced.

Mulholland Care is registered with the Care Quality Commission (CQC) as a domiciliary care provider. It provides personal care to a range of older adults and younger adults living in their own houses and flats in the community. These included people living with dementia, a mental health illness or a learning disability.

At the time of inspection, there were 87 people receiving a service from the agency. Although the majority of people using the agency received a regulated activity, some received support visits only. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The agency provided an overall number of 840 care hours each week. The time of care visits ranged from a minimum of 15 minutes to a maximum of one and quarter hours, with the frequency of visits ranging from three times a week to 28 times a week. There were 38 full and part-time staff employed.

There was registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service had an overall rating of good; safe, effective, caring and responsive were good and well led required improvement.

At this inspection, we found the service remained with an overall rating of good. The service had improved in the well led domain which was now good, along with the four other areas.

The registered manager and care workers provided people with a service and delivered care and support which took into account people's individual choices and preferences. People were very happy with the service they received. Care workers treated people with respect, dignity and compassion at all times. People were encouraged to be as independent as possible.

Meaningful relationships had developed between staff, people and their relatives. Friends and family were involved in people's care and spoke positively of the agency. People usually had a regular team of care workers, but on occasions received support from care workers they were unfamiliar with. People's health needs were monitored and relevant professionals contacted when necessary.

People were kept safe by care workers who were safely recruited, well trained and received supervision. They enjoyed their jobs and felt valued by management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care workers had received training on the Mental Capacity Act 2005 and were aware of how it applied to their practice.

Each person had risk assessments and a care plan in place. However, these had been identified by the management team as requiring updating to include all the information needed. People and their families were involved in the planning of their care and these were regularly reviewed. When changes in care support were required, amendments were carried out in a timely way.

Care workers had been trained to give people their medicines safely and ensured medication administration records were kept up to date. Care workers supported people to eat a nutritious diet with food and drinks of their choice. In between care visits, care workers always made sure people had snacks and drinks available.

There had been a reorganisation of the management structure. Each member of the management team had a clear definition of their roles and responsibilities. People were confident any issues would be dealt with appropriately. There was a complaints policy and process in place, but this needed updating with details of who to contact if necessary. The service worked in close partnership with other relevant organisations to benefit the people they supported.

Effective systems were in place to continually monitor and improve the service. Regular auditing took place and feedback was regularly sought from people and their relatives to gain their experiences of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

People were happy with the quality of care and support delivered.

Effective quality monitoring systems and processes were in place to assess, monitor and improve the quality and safety of the service.

There had been a reorganisation of the management team and a clear definition of roles within the team.

Staff felt valued, supported and enjoyed their work.

Feedback was continually sought from people and their relatives to gain their experiences of the service.

The service worked in partnership with other relevant professionals and organisations to improve care and support for people.

Mulholland Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 14 December 2017 and was announced. We gave the agency 72 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We visited the office to see the registered manager and office staff; and to review care records along with policies and procedures. With their consent, we visited three people in their own homes on 29 December 2017. Inspection site visit activity started 12 December 2017 and ended on 4 January 2017.

This was a routine comprehensive inspection carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We met and spoke with the registered manager, operations manager, human resources manager and service manager. Following the inspection, we spoke with a further ten people, three relatives and received feedback from 15 care staff. We also received feedback from three health and social care professionals and one commissioner.

We reviewed information about people's care and how the service was managed. These included: three people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Good

Is the service safe?

Our findings

The service remains safe.

People felt safe being cared for by staff of Mulholland Care. They knew the care workers well. Two people said, "I feel safe with them in my home and "I am happy with the girls"." A relative said, "I don't like leaving (family member) but I do because the girls are very observant."

People were protected from harm because staff were trained in safeguarding and understood their responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff. Statutory notifications showed there had been eight safeguarding alerts made by the service since February 2017. These had all been raised appropriately by the registered manager and the correct procedures followed.

People were protected by safe recruitment practices before new staff were employed to work at the agency. Checks were made to ensure staff were of good character, suitable for their role and able to work with vulnerable people. Comprehensive records of interviews were made and gaps in employment discussed.

People needs were met by sufficient staff who had the right skills and knowledge. People received a rota of care visits for the following week so they knew which care workers to expect in their home. If there were any changes to the rota, the office contacted people to let them know. If care workers were more than 20 minutes late to a care visit, people were contacted either by the office or the care worker themselves to let them know.

Care staff were aware of individual personal and environment risks to people. However, not all of these had been recorded in people's care plans and we identified these needed improvement. For example, one person used an airwave mattress and had cream put on her skin to prevent skin damage from pressure. The person told us staff always applied cream, checked their skin and made sure their bed was working properly. However, this information was not clear in their care records. This person had also been assessed as having no risks from their environment. However, we gained access to this person through an unlocked door and they were asleep and unaware we were there. Whilst this person chose to have their door unlocked, the risk should have been highlighted and steps taken to reduce this as much as possible. We discussed the lack of recording of risk assessments with the management team who were aware they needed to change the current system they used. Following the inspection, the registered manager confirmed they had made arrangements for further training on risk assessments, had looked at a variety of records available and sent us a copy of a system they intended to pilot. They had contacted the local authority Quality and Assurance Improvement Team and Care Homes Education Team for further guidance and support.

The Provider Information Return (PIR) stated 10 medicine errors had been made in the last 12 months. As a result, the management team had identified a risk and that the system in use was not safe or robust, particularly for people with a dementia related illness. For example, one person had been prescribed an extra medicine but this was not received by them for eight days. The agency were unaware of the addition to

the prescribed medicine and the person had refused delivery of the medicine on two occasions. Another example was, that following a change of contract within supermarket pharmacies, they no longer entered a person's home to deliver or pick up medicines if they did not have capacity. As a result, the management team alerted the commissioners of the service about these identified risks and have been working closely with them to devise a more safe way for people to receive and manage their medicines. This included any person with dementia, with consent from the family, whose medicines were secure and locked away for safety and security. New medication administration records (MAR) and risk assessments had been put in place. Since the changes had been implemented, the number of medicine errors had been reduced. Care workers were trained to manage medicines and undertook training, competency and spot checks. MAR charts were completed appropriately. The registered manager informed us the service will in the near future move to electronic medicine recording. This will ensure people receive the right medicine, at the right dose, at the right time and can be audited constantly.

People were protected by staff who had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. However, we saw two staff who had very long pointed false nails and a selection of varied rings on their fingers. We discussed this with the management team as both an infection control concern and an unnecessary risk of skin damage to people. For example, when carrying out personal care, performing moving and handling procedures or preparing and cooking food. The management team confirmed they had a policy in place to advise staff of the correct uniform to wear and were aware of the concern involving one staff member. They had spoken with them the previous week about the same issue; they confirmed they would speak to the person again and monitor their performance. Following the inspection, refresher training on infection control for all staff had been organised.

There were contingency arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit due to their high risk.

Good

Is the service effective?

Our findings

The service remains effective.

People and their relatives spoke positively about care workers who had the knowledge and skills to meet their needs and had a positive impact on their lives. One person said, "They know what they are doing" and a relative said, "They are great, they make him comfy and do what needs doing." A relative, whose family member was in hospital, said, "We found it very good, the girls knew what they were doing."

Care staff undertook the training required to do their jobs. All newly employed staff undertook an induction course, based on a set of common induction standards. This included 'shadowing' experienced staff to see how to care and support people in the right way. For those care staff who were eligible, they also undertook the Care Certificate (a set of standards that social care and health workers adhere to in their daily working life). The registered manager currently worked with the care staff to undertake this. However, in the near future the service manager would be undertaking this as part of their training role. The Provider Information Return confirmed 23 care workers had completed the Care Certificate or the Skills for Care Induction Standards.

Staff received regular training in a variety of subjects and by different methods. This included electronically, in house or by an outside professional. This ensured they could deliver care safely and effectively. Staff also received regular competency and spot checks. Staff commented, "I have had all the support and training and help I could ever ask for", "I receive all training required for my job" and " I've been receiving all my training that I need to be able to work in the care industry … I've just had my first supervision a couple of days ago where they go to a client's house with you and watch how you are with the client and make sure you are dressed appropriately and that you are looking after the client well." Staff received training on equality and diversity to ensure people's diverse needs were met. Following the inspection, the registered manager organised for further clinical training to be delivered to all care staff from the local Care Homes Education Team.

Staff received regular supervision and an annual appraisal to discuss their work performance. However, the registered manager was aware these were behind schedule and had a plan to get them up to date. Staff commented; "Yes always supervision available and regular training", "We have supervisions every three months or so. I think I have only ever had one appraisal in four years" and "I receive all training required for my job and refreshers regularly, and supervision and appraisals."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Care staff had been trained in the MCA and were aware of how it affected their practice. Whilst staff were aware which people did not have capacity to make specific decisions for themselves, mental capacity assessments were not

recorded. During the inspection, the registered manager added this assessment to the care records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Care workers supported and encouraged people to have a meal of their choice and type. Care workers prepared and served meals dependent upon individual people's likes and dislikes. Care workers ensured people were left with snacks and drinks available and at hand between care visits.

People were supported to have access to healthcare services, such as GP's and community nurses. Where necessary, the agency liaised with professionals on people's behalf. For example, we saw how an emergency situation was dealt with by the management team. They contacted various health and social care professionals to seek advice and guidance for the person concerned following a fall. This resulted in a review of the person's care by the GP and social care team.

Good

Is the service caring?

Our findings

The service remains caring.

People were treated with kindness and respect at all times when receiving care and support. Comments and feedback were positive about of the service and the staff. Comments included, "The service is excellent, absolutely excellent … I can't fault them … the girls are all polite and all do the job as they should do", "Everything they do is OK …I am very happy with Mulholland" and "They are all lovely." A relative said, "Your team are very kind and are doing a great job … a lot of patience and very caring."

Care workers knew individual people well. People were respected in the way they wished to live and how they chose to live their lives. People and relatives said care workers supported the well-being of both them and their families. A relative said, "We have regular girls who come out … we are very happy and there have been times when they have shown me things I was unaware of, like a little mark on their (family member's) skin … they help me feel relaxed and comfortable when they are here."

People's privacy, dignity and independence were respected by staff who were caring. One person commented, "They help me wash my back and dry me and get my clothes … it is very good." One person commented, "They help me to do as much for myself as I can … I like my privacy and they keep any ear out … and I do like to shave myself."

People generally received their care and support from a team of care staff they knew and had built up relationships. However, some people commented they had recently received care from staff they were not very familiar with or new to them. They did not feel it was a problem and impacted on their care. One person said, "It's been very good until Christmas, but since we have had a lot of young ones … I have had to explain to them what needs doing which eats into the time … it is getting back to normal now … I can assure you I am very happy with them (the agency)." Another person said, "My only niggle is that we had a different one (care worker) most days, which can be difficult … some were exceptionally efficient and caring." A third person said, "I have anybody … a couple of people I have not met before … they just turn up but introduce themselves … not really a problem I don't mind." We discussed this with the management team who explained that, due to the time of the year, a change in the rota system had needed to be made; this meant some people received visits from care workers who were not regular to them for a short period of time.

One person voiced concern to us they were supported by a care worker they would prefer not to have for personal reasons. We discussed this with the management team who were unaware of the issue, but assured us they would act on the person's wishes immediately, as they had done in the past.

People and relatives were involved in making decisions about their care and support. The service involved people's relatives in their care and decision making where appropriate. They kept them up to date with any changes.

Good

Is the service responsive?

Our findings

The service remains responsive.

The registered manager did not accept a referral for care or support without carrying out an initial assessment first to ensure they could meet the person's needs fully. A social care professional said, "They insist on doing a full assessment before they start the care which is good". A care plan was then developed which gave guidance to care workers on how to communicate correctly and support the person appropriately. Care records were personalised and contained lots of useful information. However, this information was not always kept together which made it difficult to follow. The care records contained a care plan assessment and an activity sheet for each care visit and some information was held in both parts of the care records. For example, in one care record it was written the person wore incontinence pads and these needed changing in the assessment. In the task sheet, the information was not recorded. This made it difficult for staff to follow the care plan to seek guidance to ensure consistency in care. People told us they received the care they were contracted for so the impact on people was minimal.

The registered manager had already identified there was an issue with recording in the care records and was in the process of looking at alternative styles of records. Following the inspection, the registered manager confirmed they had made arrangements for further training on care planning and sent us a copy of a system they intended to pilot. They had contacted the local authority Quality and Assurance Improvement Team and Care Homes Education Team for further guidance and support

Care plans were regularly reviewed to ensure people received the most appropriate care.

Staff ensured they were able to communicate with people if there were any barriers. For example, care workers supported one person who had limited hearing. Information relating to this was recorded and accessible in their care records.

People and relatives were very happy with the service and had no complaints. However, they knew how to complain if they needed to and were aware of the complaints process. One person said, "I would be the first to complain if I had a problem." The service had a complaints policy and procedure. This did not include the up to date contact details for all the alternative organisations to contact. This was amended during our visit.

The agency supported people at the end of their life. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs were met in a timely way.

Good

Is the service well-led?

Our findings

The service has improved from requires improvement to good.

At the last inspection in March 2015, there were some monitoring systems in place to measure the quality of the service, but these were not always recorded. At this visit, effective and comprehensive audit systems had been put in place which measured various aspects of the service, including medicines, care plans, staff files and complaints. Any issues identified were recorded on action plans, monitored and resolved. For example, the registered manager had identified the care records were not always consistent with the information recorded in them.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was experienced, organised and knowledgeable about the people who received support. Following the last inspection, there had been a change in the overall management of the agency. Senior roles had been looked at and this resulted in a restructure of the management team and senior field care staff. All management staff now had a definition of their roles and clear lines of responsibility. For example, the operations manager managed the duty rota, incidents and complaints, the service manager managed the training, care supervisions and day to day running of the agency and the human resources manager managed staff recruitment, retention and supervisions. A social care professional commented on the management team, "I've always found them very thorough and professional."

Five supervisors were employed to manage and supervise care workers in the different geographical areas they agency provided care. Part of their role was to ensure any amendments to care plans were recorded in care records, in order to support the management team.

Mulholland Care was a family run service and offered care packages to people in the Bideford, Barnstaple and surrounding areas. Some of these areas were remote. The registered manager's vision for the service was to "provide members of the local community with personal quality care whilst ensuring they are enabled to be as independent as possible." This statement was reflected in their statement of purpose which underpinned the framework for the service.

People, relatives and staff confirmed they received a high quality of service and that the management team was always available. They felt any issues or problems would be dealt with. Two staff members said, "I can get hold of management out of hours and are always helpful", "I've rang the office numerous times when on a call and someone is always there to answer anything I have to ask" and "There is always someone at the end of the phone in and out of office hours. There was a management on call system which senior staff took part in. The registered manager and service manager both routinely undertook care visits on a regular basis,

including weekends. They felt this gave them the opportunity to monitor the quality of care, but also keep them up to date with people's changing care needs.

A yearly questionnaire was sent out to people to gain their experiences of the service. The results collated and analysed to show satisfaction with the service. The most recent of these sent out had a poor return rate. The registered manager had looked at why this might be and had changed the way the questions were structured in order to encourage responses. Following the inspection, they sent us an updated questionnaire which had shorter questions and based on the Care Quality Commission's five key areas of safe, effective, caring, responsive and well-led. These questionnaires were simpler to complete and included 'smiley' faces to show the level of satisfaction. The registered manager explained a further system of monitoring the quality of the service was shortly to be introduced; each time the office had an interaction with a person or relative, either in person or by telephone, their opinions would be sought and monitored by the registered manager.

Regular staff meetings took place, such as supervisor's meetings, manager's meetings and care worker meetings. This enabled care staff to discuss any issues or concerns they might have. Minutes of meetings took place and any action points addressed and resolved.

The registered manager was aware of their duty of candour and how this was addressed in the agency's practice. There were policies and procedures in place to support investigations into staff concerns, accidents and incidents. Care staff felt able to bring any concerns of poor practice to the registered manager and that these would be investigated. Where people had accidents or incidents these were recorded, reported and analysed by the management team who identified any trends.

People benefitted from the agency working closely with professionals from other organisations to promote 'joined up' working. One example was the work initiated regarding the safety of medicines by the agency (already referred to in the safe domain). This information had now led to the concerns being discussed at senior national level by the commissioners of the service. A second example was the close working relationship the service had forged with the local Devon and Somerset Fire and Rescue Service (DSFRS) with a joint partnership agreement. Staff members had been trained to refer people to DSFRS if they felt a person's home had a fire risk. The fire service then undertook a 'Home Safety Visit' and supplied any necessary equipment free of charge, such as smoke alarms, fire retardant blankets, vibrating pads and flashing lights for people with hearing or sensory loss. DSFRS also provided an emergency response service in the area when people pressed their personal alarm systems. The agency had placed purple stickers on the key pad entry system of people's homes to alert DSFRS the person received care from Mulholland. DSFRS then contacted the on-call person to access the key code number. A third example of effective partnership working was working with several organisations including the South West Ambulance Service Trust; this was for people who had sustained falls. Senior care staff from Mulholland were trained to assess people using "Post Falls Guidance". This was a flowchart used to determine the correct procedure to follow to assess whether an ambulance was required. People benefitted by preventing unnecessary admissions to hospital or emergency ambulance visits.