

Mach Care Solutions Limited

Mach Care Solutions (Birmingham)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mach Care Solutions (Birmingham) is a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was providing personal care to 66 people.

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

Governance systems were not robust and the provider had not ensured an adequate system of observational spot checks on staff was carried out to monitor performance.

There were not enough staff to support people in a timely way. In recent months some people had experienced late calls. The provider had no plans to increase the number of people they supported until they had enough staff to do so safely.

Improvement was needed to the systems for preventing and controlling infection. Some people raised concerns with us about staff not always wearing the correct personal protective equipment (PPE) when arriving to provide their care. Staff took regular COVID-19 tests to ensure they were free from the virus they could pass on to people they supported.

Staff were trained in administering medicines safely. Competency checks had been completed to ensure staff were following safe practices.

Staff had good knowledge about the people they supported. People's risks were assessed at regular intervals or as their needs changed.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included care reviews and survey forms.

Following the inspection, the provider responded to our feedback and provided an improvement plan detailing the actions they were taking to improve.

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 last inspected on 14 May 2019 and was rated Good.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, infection control arrangements and management of safeguarding incidents.

As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions therefore we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mach Care Solutions (Birmingham) on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Mach Care Solutions (Birmingham)

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

The inspection was carried out by one inspector. An expert by experience also spoke with people and relatives on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 September 2021 and ended on 30 September 2021. We visited the office location on 23 September 2021.

What we did before inspection

We checked the information we held about the service and the provider, such as notifications. A notification

is information about important events which the provider is required to send us. We sought feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine members of staff including the registered manager, operations manager, service manager and care workers. We spoke with six people who used the service and with six relatives of people using the service on the telephone about their experience of the care provided. We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- There were not enough staff to support people in a timely way. Prior to our inspection we had been made aware that some planned visits to people were late. The provider's auditing of call times showed that in recent months some people had experienced calls that were over half an hour late. This impacted on people as they needed support from care staff to help with washing and dressing, having a meal and having their medicine on time.
- Some people told us staff sometimes arrived late for their care visits, which meant they had to wait to be supported.
- One person told us, "It's very erratic in the morning it's supposed to be 7:30. One morning it was 10am. Sometimes as early as 6:15, sometimes they do let me know, the other morning I had to phone them." Another person told us, "Well, they call breakfast time 11 o'clock."
- Some people told us staff arrived on time. One relative told us, "They're in at the same time, the main two carers arrive together."
- Some care staff told us that there were no staffing issues in the areas they worked in. Where staff did identify issues they told us the provider was taking action to try and resolve this.
 - The operations manager acknowledged the service had experienced staffing issues. They told us of challenges of staff having to self-isolate due to potential exposure or symptoms of COVID-19 and difficulties in recruiting staff.
- There was missing information in some staff files which made it difficult to know if staff were recruited safely. We were informed that new staff did not start work until references had been received. We were unable to verify this as references held were not dated.
- Staff did not work unsupervised with people until disclosure and barring service checks (DBS) had been received. A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.

Preventing and controlling infection

- Improvement was needed to the systems for preventing and controlling infection.
- The provider had systems, procedures and policies in place regarding infection prevention and control (IPC). However, the COVID-19 policy was brief in content and not fully reflective of current government guidance. The registered manager told us they would ensure this was updated.
- Staff had received IPC training and updated guidance based on how to manage risks associated with COVID-19. Staff took regular COVID-19 tests to ensure they were free from the virus they could pass on to people they supported.

- Staff had access to supplies of personal protective equipment (PPE) and were able to explain its appropriate use.
- Prior to our inspection concerns had been raised that staff were not always wearing the correct PPE. Two people told us staff did not always wear a mask when they came into their home. The operations manager told us they would undertake additional spot checks to ensure PPE was being worn correctly.
- The majority of people and relatives of people who used the service confirmed staff wore appropriate PPE when they visited. One relative told us, "Masks, aprons and gloves, they come in with it on and take it off when they leave."
- The provider had a format for assessing risks from COVID-19 to staff, but these had not been completed for some staff at higher risk. The provider told us they would ensure these were completed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes to safeguard people from the risk of abuse had been inconsistent. We were aware that following one allegation being made the registered manager had not taken swift action to protect people. They told us that in hindsight they should have acted sooner and had learnt from this.
- People told us they felt safe with the staff who supported them. One person told us, "They're nice girls [staff] they'll put anybody at their ease."
- Staff had completed safeguarding training and were able to explain what they would do if they came across abuse happening.

Assessing risk, safety monitoring and management

- Staff told us how they supported people safely and understood people's risks.
- People's risks were assessed at regular intervals or as their needs changed. Care and risk support plans informed staff how to provide care that reduced known risks.
- Some people needed support to move, including the use of hoists. Information in their care records was detailed about how any risks should be managed and the equipment needed.
- Relatives confirmed that staff appeared competent when using equipment. One relative told us, "They do it safely."

Using medicines safely

- Medicine records indicated people had received their prescribed medicines.
- Staff were trained in administering medicines and competency checks had been completed to ensure staff were following safe practices.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Continuous learning and improving care

- Governance systems were not always effective and did not demonstrate people were always being kept safe and received quality care. Recruitment, infection control, oversight of visits and staff performance all had shortfalls which needed robust approaches to help improve people's experience of care.
- Concerns had been raised previously and during our inspection about staff not always wearing the correct PPE. The providers response had not been sufficiently robust and had not ensured an adequate system of observational spot checks on staff was carried out to monitor performance.
- Contingency plans in the event of staff shortages were not sufficiently robust to ensure appropriate numbers of trained staff were available to meet people's needs.

Governance systems were not robust. This placed people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider acknowledged these issues and was working to improve systems and quality so they could minimise risks for people, staff and others Following the inspection, the provider responded to our feedback and provided an improvement plan detailing the actions they were taking to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People, their relatives and staff said they were able to give their views about the service, although some people did not feel listened to. One person told us, "My [relative] has phoned up and complained a few times I don't think they've responded very well." A relative told us, "I think it's quite well managed, the manager was approachable."
- We saw evidence of the registered manager asking people's and relative's views about the service. One person told us, "I do occasionally get a call from them to check how I am" and a relative told us, "They ring me every few months or so to see how we're doing."
- Staff supervisions and meetings were held regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt supported and that they could talk to the provider at any time, feeling confident any concerns would be acted upon.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The management team understood their responsibilities to be open and honest when things go wrong. They knew what they needed to report to CQC and other relevant agencies, such as the local authority.

Working in partnership with others

- The service continued to work in partnership with health and social care professionals such as GP's, district nurses and the local authority.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not always effective, and the provider had failed to adequately audit and check areas within the service.</p>