

Multi-Care Community Services Witham Ltd

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## Inspection report

126 Newland Street  
Witham  
Essex  
CM8 1BA

Tel: 01376513316

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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

Multi-Care Community Services Witham Ltd is a service registered to provide personal care to people living in their own homes. The service supports younger adults and older people living in and around Braintree, Colchester and Chelmsford. On the day of our inspection they were supporting 14 people with the regulated activity of personal care.

### People's experience of using this service

People who used this service received continuity of care from a regular team of staff. People told us staff came when they were supposed to and stayed for the agreed period of time. Staff knew when and where they were visiting, as their rotas were planned in advance. There were systems in place for out of office hours to enable people and staff to receive the support they needed.

The provider had organised sufficient supplies of PPE for staff and there were clear arrangements in place regarding regular COVID-19 testing of staff. People confirmed staff wore appropriate PPE on their visits.

New staff received induction training when they started work and ongoing refresher training was provided. People's medicines were managed effectively, and staff competency to administer medicines was checked at regular intervals.

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 needs were assessed prior to the commencement of the service. This assessment included people's health, physical, social and emotional needs. The environment was risk assessed and the information used to build a detailed care plan for staff to follow when providing support. People were supported to eat and drink to maintain a balanced diet. Meals and drinks of their choice were prepared.

People were supported by a kind and friendly staff team who treated them with respect. Satisfaction surveys were undertaken at regular intervals to ascertain the views of people who used the service.

The registered manager carried out regular supervisions and observational spot checks to check that staff were working to the required standards. The registered manager knew each person well and had a good level of oversight of the care provided. There were some quality assurance systems in place and there were plans to develop these further.

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

### Rating at last inspection

This service was registered with us on 17 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a newly registered service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 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 ●

# Multi-Care Community Services Witham Ltd

## **Detailed findings**

### Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector. The inspector visited the office and made telephone calls to people who used the service, their relatives and staff.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who

commissioned a service from this provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and training. A variety of records relating to the management of the service including audits were reviewed.

# 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 for 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

- Relatives and people using the service told us they had no concerns regarding safety.
- The registered manager was aware of their responsibilities to report any safeguarding concerns to the local authority and CQC.
- Staff had completed training on safeguarding and were clear about the steps they would need to take to protect people. One member of staff told us, "We always report anything unusual."
- Body maps were in place to record changes in people's skin to enable concerns to be escalated. The registered manager assured us there were clear processes in place to oversee any shopping which was undertaken on people's behalf. These processes included receipts and expenditure sheet, which were overseen by relatives.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and monitored, and steps taken to mitigate any harm.
- As part of the initial assessment, environmental risks in the property were assessed and the arrangements clarified for the use and servicing of equipment.
- Risk Assessments set out how risks such as those to people's skin integrity were managed through regular repositioning and continence care. Moving and handling plans were in place but did not provide specific guidance to staff on the loops they should use when assisting people to mobilise, but this was addressed during the inspection.
- Where people had specific health conditions such as epilepsy, staff had undertaken additional training and there was a plan in place setting out how this should be managed and when medical intervention should be sought.
- The registered manager showed us documentation they had developed to record and monitor any incidents. Actions taken to prevent a reoccurrence were recorded.

Staffing and recruitment

- People told us staff had sufficient time to carry out their care duties. People told us they received support from a consistent team of staff who arrived on time and stayed for the time agreed. Where there were delays, they received a call to let them know. One person told us, "They come at the right time and always ring if they are going to be late."
- Staff recruitment procedures included interviews, disclosure and baring checks and references. There was a shortfall regarding a reference in one of the records we viewed but this was addressed by the registered manager on the day of the inspection. The registered manager updated the recruitment checklist following the inspection to ensure a similar issue would not arise.
- There were clear procedures in place out of hours to ensure people and staff received the advice they

needed from a senior member of staff.

#### Using medicines safely

- People confirmed their medicines were given as prescribed.
- Staff confirmed they received regular training in medication administration. One person received their medicine via a percutaneous endoscopic gastrostomy (PEG) which is a flexible tube which goes through the abdominal wall and ensures the person's nutritional needs are met. The staff had received specific training on the management of the PEG and how to administer medicines.
- Staff competency to administer medicines was checked at regular intervals.
- Medication administration charts were returned to the office at regular intervals for auditing and those which we viewed were well maintained and had been appropriately completed.

#### Preventing and controlling infection

- The provider had ensured there was sufficient stock of Personal Protective Equipment (PPE).
- Staff had undertaken training in infection prevention and control and told us they had a good access to PPE equipment. People and their relatives confirmed staff wore the appropriate PPE.
- We were assured that the provider accessed regular testing for staff and had an oversight system in place to monitor compliance.
- The registered manager had ensured staff had the information they needed about vaccines to ensure they could make informed decisions and there was a high take up of the vaccine.

We have signposted the provider to resources to develop their approach.

# 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 before the service commenced and the assessment formed the basis of the care plan.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge they needed to meet their support needs.
- Newly appointed staff received an induction which was relevant to their role and experience. Inductions consisted of a combination of face to face and eLearning as well as working alongside other colleagues.
- Some of the newly appointed staff had not yet undertaken some of the specific training on the management of epilepsy and PEG but the registered manager assured us this would be undertaken before they worked with people with these needs.
- A training matrix was in place to enable the registered manager to monitor which staff had completed the training modules and when refreshers were due. Refresher training in moving and handling was booked to take place.
- Several staff had completed the care certificate and remaining staff completed the care assessment tool to ensure they understood the requirements and received the support they needed. Staff told us they felt valued by the management team and received regular supervision.

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

- People were supported with their meals as outlined in their care plan. People told us they were offered a choice of meals and staff ensured they had access to drinks before finishing their visits.
- People's food preferences were recorded and where there were concerns about people's intake, a food and fluid chart was completed.

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

- Relatives told us the agency communicated well with them about any changes to their family members wellbeing and sought advice from health colleagues as needed.
- Records showed people's health and general wellbeing was monitored. When appropriate contact was made with a range of health professionals such as district nurses, physiotherapists and GPs.
- Staff were clear about when they needed to escalate issues of concern and seek a reassessment of people's needs.

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 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.

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

- Staff received training in the MCA and were clear about people's rights to make decisions and capacity assessments.
- Peoples consent or ability to make decisions was recorded. We saw staff had considered accessing a specific piece of equipment for one person, but when they discussed it with them, they had declined. Staff had recorded the person had capacity to make the decision.
- Care plans were highly personalised and set out how staff should support people in decision making and the different ways, in which people made their preferences known, such as through gestures.

# 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

- Relatives and people who used the service were complimentary about the service provided. One relative told us, "They are very kind to my relative, they always have a laugh together and staff always have time for them." Another told us how their relative had a good relationship with the care staff, "I can hear them laughing and singing together."
- Peoples care plans contained information about the person and what was important to them along with information on their life and interests to enable staff to get to know the person they were supporting.

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

- People told us they were involved in their care and enabled to make choices about how they were supported.
- Peoples care plans were highly personalised and showed people had been involved. One plan gave staff guidance about how to support good communication such as maintaining eye contact. It also documented how the person showed they were uncomfortable to enable staff to respond promptly. 'They breathe quickly, and their facial expressions change'.
- Satisfaction surveys to ascertain people's views were undertaken on a regular basis to ascertain people's views of the service and the results were collated to identify any learning.

Respecting and promoting people's privacy, dignity and independence

- People told us staff had regard to their privacy and supported their independence. Care plans were written in a way that reinforced the importance of maintaining people's independence. Outlining what people could do and how to support this. Comments included, 'I will advise staff when I am ready to have my lunch.' And, 'I want my independence, but I still need a bit of help from staff to wash my back.'
- There was good communication between the staff, people using the service and their families which showed that the agency was respectful. For example, they rang people to let them know if they were going to be late or had been delayed.

# 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

- Relatives spoke highly of the care and told us it was personalised to their needs. One said, "At the beginning they asked us a lot of questions to find out what my family member liked...they are very good and go above and beyond." Another said, "It is the best care we have had.....They take my relative outside for lunch when it is good weather or sit in the dining room so they can see up the garden...sometimes they go for a walk around the garden."
- Peoples care plans were detailed and informative. Staff completed records after each visit to enable good communication and ongoing review of how care was being delivered.
- People were supported by a consistent team of staff who knew them well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples care plans recorded people's sensory needs such as whether they wore glasses or hearing aids and how people communicated. One plan described the signals the person gave when they were happy.
- The Registered Manager told us information could be provided in different formats if requested.

Improving care quality in response to complaints or concerns

- Relatives and people using the service told us they knew what to do if they were happy or had reason to complain. However, they all said they had no reason to, as any small issues were dealt with quickly.
- The registered manager told us a small number of concerns had been raised since their registration which had been investigated and responded to. One regarding housekeeping was resolved by meeting with the family to discuss expectations and agree the levels of support.

End of life care and support

- Staff completed training on end of life care.
- Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place and this was clearly recorded in their care plan.
- The registered manager told us when they were supporting people at the end of their life, they worked with health professionals such as the GP and hospice team to ensure it was pain free and dignified.

# 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; Continuous learning and improving care

- Care plans were person centred and explained in detail how people wanted to receive support. Records showed the staff had referred to other agencies where they identified that this may benefit the people they support.
- People had trust in the registered manager and the staff who visited them. All the relatives and people who used the service we spoke to told us they had a good experience of using the agency and would recommend it to others. They told us the agency was flexible and helpful, staying over the time if needed. One person told us, "I had heard some horror stories about care agencies, but I cannot fault this agency, they are very good."
- Staff were clear about their role and responsibilities and told us the registered manager was approachable and helpful. One told us, "They listen and help me, adjusting my schedule if necessary."
- Staff meetings were held on a regular basis and staff said these were useful, providing reminders and updating them on changes. Records showed meetings were used to review the packages of care to ensure it still met the person's needs as well as well as promoting consistency of practice.
- The registered manager told us they continuously reviewing the care provided and agency systems. They told us they were proud of the support they delivered but there was always room for improvement, and they were continuously reviewing what they were doing. While recording was mainly paper based, they were gradually moving to electronic recording and had introduced an electronic planner to schedule visits.

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 agency was gradually building up its customer base but remains relatively small. There were some oversight systems in place, but these were not well developed. The registered manager assured us they had plans to develop more formal audits, as the service expanded and during the inspection showed us documentation which they had started to implement to measure quality on an ongoing basis.
- The provider and the registered manager, however still had good oversight of the service, they were providing direct care and could tell us about people's needs and how care was being delivered. They spoke to people who used the service and relatives about their experience of the agency on a regular basis. One relative told us, "The manager rings us regularly to check on how things are going."
- Satisfaction surveys had been also been set out to ascertain peoples experience of care and the results collated into a report. The results were all positive.

- The registered manager and other senior staff undertook observational spot checks on staff to ensure they were working to the required standards.
- Services that provide health and social care to people are required to inform the Care quality Commission of important events that happen in the service. The provider understood their legal responsibilities to submit appropriate notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People praised how well the agency worked with them, their relatives and other agencies. Records confirmed the agency communicated regularly with families and referred people to other agencies when further support was needed.
- Satisfaction surveys were undertaken to ascertain people's views.
- Staff told us the registered manager was approachable, and we saw staff had several ways of expressing their views including staff meetings, supervisions and appraisals.
- The registered manager told us they had access to support networks including from Essex County Council and as well as through their franchise.