

Multilink Management Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Multilink Management Care Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 15 people were supported with their personal care needs.

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

At our previous inspection in October 2020, we found that effective systems were not being used to monitor the quality of care being provided and safely recruit staff. However, during this inspection, we found the provider had acted on our feedback and implemented their action plan and the regulatory requirements were being met. There was significant improvement to the providers systems to safely manage people's care and the management and recruitment of staff.

The registered manager had ensured that each person's care needs had been comprehensively reviewed. People's support requirements were reflected in their care plans to help guide staff on the actions they should take to help mitigate people's personal risks. People's care records were detailed, accurate and reflected their preferences, risks and required support.

Medicines care plans outlined the agreed management of people's prescribed medicines and creams. Safe infection control practices were used, and staff wore the correct personal protective equipment when they entered people's homes and supported them with their personal hygiene needs.

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.

Systems to safely recruit staff had been reviewed and implemented. People were supported by sufficient numbers of staff who had been vetted and assessed as being of good character and competent before they provided care to people.

The registered manager sought feedback about people's experiences of the service. They worked in partnership with people's families and health care professionals to achieve good outcomes for people.

Quality assurance systems had been reviewed and developed to assist the register manager in monitoring the quality of care being provided and the management and training of staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 4 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced focused inspection of this service on 8 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit proper person employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Multilink Management Care Ltd on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Multilink Management Care Ltd

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.

This was a focus inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to also follow up on the Requirement Notice in relation to Regulation 19 (Fit and proper persons employed). We also reviewed other areas which required improvement in the domains of safe and well-led at our last inspection.

Inspection team

The inspection was carried out by one 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.

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

This inspection was announced.

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 manager would be in the office to support the inspection.

Inspection activity started on 23 March 2021 and ended on 29 March 2021. We visited the office location on 23 March 2021.

What we did before the inspection

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. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, assistant manager, care coordinator and one staff member. We spoke with two people who used the service about their experience of the care provided.

We reviewed a range of records including four people's care records and medication records and a selection of staff files in relation to recruitment and staff development. 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- During this inspection, we found that people's personal support needs and the management of their risk had been comprehensively reviewed and updated to reflect their current support requirements.
- Clear care and risk management plans were now in place for each person describing how staff should support them to mitigate their individual risks such as the management and monitoring of people's skin, seizures and mobility. Staff had access to detailed care plans which described people's preferred routines and the safe management of their care such as details of how staff should safely transfer people in a hoist.
- People's support requirements and the management of their risks were regularly reviewed with them. Staff told us they would raise any concerns to the registered manager about changes in people's wellbeing and record any incidents. The service worked collaboratively with people's families and other health care professionals to achieve positive outcomes for people such as maintaining their levels of independence and mobility.
- Records of agreed access to people's home and the use of access key codes were clearly documented for staff to follow.
- Environmental and lone working risks had been assessed which assisted staff in managing their own safety.

Staffing and recruitment

At our last inspection the registered manager had not always ensured that fit and proper staff had been employed to provide the regulated activity of personal care. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements had been made to the recording and vetting of the recruitment of new staff to evidence that staff had been assessed as good character and fit to carry out their role.
- The recruitment processes had been reviewed by the registered manager. There was evidence that employment and criminal checks had been carried out for all new staff. Photograph identification and interview notes demonstrated that the registered manager had explored people's backgrounds. Health checks including those related to COVID-19 had also been completed with staff.

- The recruitment of staff started with a preliminary conversation with potential employees to confirm they had similar values to the provider. Staff values and practices were continually monitored through their probation period to ensure they were suitably skilled to work unsupervised in people's homes.
- There was evidence that the provider had requested background checks and training and completed their own inductions and observations of agency staff were required to support people.
- People were supported by dedicated staff members and key workers who knew them well. The managers or regular agency staff were used to support people if there were staff absences.
- People told us their staff were punctual and stayed for their allocated amount of time. Electronic call monitoring systems were used to help the local authority and provider manage and monitor the times of people's care visits.

Using medicines safely

- People received their medicines and medicinal creams as prescribed by staff who had been trained to manage their medicines safely.
- Medicines care plans provided staff with the information they needed to understand and support people safely with their medicines.
- Staff worked effectively with people and their families when sharing responsibility for the management and administration of people's medicines.
- Health professional's agreements were in place when people received their medicines without their knowledge or consent.
- Medicines administration records were completed by staff which were regularly checked by the managers to identify any errors.
- The registered manager agreed to review the protocols used to manage people's 'as required' medicines to ensure staff had clear guidance on how to and when administer these medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to monitor people's welfare and protect them from harm and abuse.
- People told us they felt safe when being supported by staff. One person said, "I am very happy with them [staff]"
- People's views about their safety when staff supported them was checked during people's care reviews and spot checks of staff without any recrimination.
- The registered manager and staff had received the appropriate level of safeguarding training for their role. Staff understood their responsibility to safeguarding adults and children in the community and to raise concerns to the registered manager. They stated they would contact external agencies if the registered manager did not act on their concerns.

Preventing and controlling infection

- The provider had implemented effective infection control practices to help protect people from the risk of infections and COVID-19.
- Staff confirmed they had been trained in current infection control procedures and had received factsheets about coronavirus. They told us they had access to an adequate stock of personal protective equipment (PPE). Staff were regularly being tested for COVID-19 in line with government guidance and had received their first COVID-19 vaccination.
- People confirmed that staff wore the appropriate PPE when entering their home and delivering care.

Learning lessons when things go wrong

- There had been no significant accidents, incidents or near misses since our last inspection. The registered

manager confirmed they would take the appropriate actions to investigate into any incidents, analyse the cause and make recommendations. People's care plans would be updated to reflect any changes in their support requirements and shared with staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to implement effective systems to monitor the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection, we found the provider had made significant improvements to the systems used to monitor the service to ensure people received good quality care.
- There had been a systematic approach in reviewing all aspects of the service to help people maintain and improve their well-being. The managers were passionate about recruiting the right staff and were investing into different ways of supporting staff development. One of the management team said, "We have worked really hard. We all have an aligned vision and know what we want to do and what to aim for."
- Several new systems had been implemented to help the registered manager to audit and monitor staff. For example, matrixes were in place to help the registered manager to monitor staff recruitment, training and support. The competencies and well-being of staff were checked through regular spot checks of staff and virtual meetings. Plans were in place to for the managers to complete a yearly appraisal with all staff.
- The provider had effectively reviewed their systems around management and monitoring of people's care to help them identify concerns or trends. For example, the medicines audits had identified some discrepancies in the management of one person's transdermal medicines (application of a medicine through the skin) which was immediately reviewed and addressed. The registered manager routinely reviewed people's care plans and associated records and daily notes to identify any concerns or changes in people's well-being.
- There was a consistent approach in the records of people's support requirements and risks. One staff member said, "There has been a lot of improvement and there is more consistency across the service."

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

- The managers demonstrated a good understanding of their role and how they should maintain a service which provided compassionate and effective care and meet the legal requirements. They subscribed to various health and social care organisations and newsletters to keep them themselves up to date and to ensure the service delivered care in line with current legislation and guidance.
- The registered manager shared with us that they had experienced several challenges during the last 12

months relating to the impact of the COVID-19 pandemic including the recruitment and retention of staff and providing people and staff with emotional support.

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; Continuous learning and improving care

- The provider was aware of their role to be open and transparent when incidents occur. The registered manager told us they would inform the appropriate agencies and family members and carry out an investigation to determine the cause of the incident, identify and implement possible solutions.

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

- The managers received feedback from people through their care plan reviews, carrying out spot checks on staff or if they were required to deliver care.
- There was evidence of positive feedback from people as a result of the provider's regular telephone surveys with people regarding their views of the service.
- Staff confirmed that the managers were approachable and had been very supportive in understanding their concerns especially when supporting vulnerable people during the COVID-19 pandemic.
- People complimented the staff and told us the staff treated them with respect and were consistently polite. Staff told us they were treated fairly and equally by the management team and their views were valued.

Working in partnership with others

- The service worked openly, jointly and collaboratively with the local authority, families and other health care professionals with the aim to support people to live in their own homes and prevent hospital admissions.