

MSA Care Services Limited

MSA Care Walsall

Inspection report

Suite 3C
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12 October 2021

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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

MSA is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service was supporting 70 people at the time of inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

People felt safe and trusted staff. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. Medication was administered safely. Carers had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. They received good quality training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

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 before the service provided them with care or support. Care plans were developed from these assessments and gave guidance to staff about people's needs and preferences. People and their relatives, where appropriate, were involved in this process.

The registered manager was open and transparent and promoted a person-centred culture within the service according to staff. Systems and processes were in place to monitor the quality of the service, and to seek the views of the people who used it.

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 registered with us on 11/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service was unrated.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive,

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

MSA Care Walsall

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

This inspection was carried out by two inspectors.

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

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

Inspection activity started on 11 October 2021 and ended on 13 October 2021. We visited the office location on 11 October..

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

When we visited the office, we spoke to the registered manager, the director, and a further manager who

supports the registered manager.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with seven people who used the service and/or their relatives by telephone to get their views of the care provided. We also spoke to six staff members by telephone. We reviewed care records, support plans, medical charts, policies and other documentation that was sent to us electronically. We sought clarification from the registered manager to validate evidence found. We looked at training data and infection control policies.

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 service after registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication was administered safely.
- People were having medication administered as and when required. People and their relatives told us the medication was administered as they had been advised by medical professionals. There was evidence that staff were recording medicines in a proper manner that utilised the electronic monitoring system used by the care agency. Appropriate body-maps were used when required for topical creams.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' medication should be administered.
- The provider checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and measures were put in place to keep people safe.
- Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every 12 months or when there were changes and contained the correct information, such as up to date family, medical and other agencies details as well as changes in needs.
- People's relatives told us that carers personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One relative said, "The carers really know my mum well, when she has changes in her mood they really try to engage her or let me know".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They mostly credited this to having regular staff who they trusted and had a good understanding of their needs and preferences. However, this was not always the case as staffing had sometimes changed due to the current shortages of care staff.
- Staff received training and were able to demonstrate they knew the process for reporting concerns.
- The provider had systems in place to regularly check staff competence in this aspect of their work. This included regular 'spot checks' where managers would assess work in a person's home environment.

Staffing and recruitment

- People were supported by regular staff. One relative told us, "There are two carers that come all the time and we may have others sometimes when these go off or they [the agency] are short."
- People and their relatives told us there had been a number of occasions when staff had been late and they

had been informed of the delay by the office staff. One said "I know they are late sometimes, they just are short staffed and have to run around, but they always apologise and have a smile on their faces".

- The provider had a system in place which alerted them to calls which were 15 minutes or more late. This enabled them to investigate the issue and update people using the service.
- Staff were recruited safely and had appropriate pre-employment checks in place.
- The provider used a system to support safe recruitment practice which was in the form of a recruitment policy. This prevented staff from being approved to start work until all checks had been completed with an acceptable outcome. Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Preventing and controlling infection

We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely. All people told us that staff wore PPE at all times.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date including verification that all staff had been vaccinated against Covid19.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance.

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 service after registration. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were no people who required thickened fluids due to swallowing difficulties, however, the registered manager was able to demonstrate their knowledge around how care plans should reflect this. They gave an example of how much thickener to use should be displayed clearly in the person's kitchen and that their relative or carer should measure out the thickener if required.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Staff told us they would always offer to provide a drink or a -something to eat- to people whether this was part of their care plan or not.

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

- The service was working within the principles of the Act, mental capacity and best interests assessments. These assessments were updated as required, and the registered manager was arranging best interest meetings where needed.
- People's relatives told us that staff worked within the principles of the mental capacity act by always seeking consent from the person they were supporting. One relative told us "Everything they do they tell them [their family member] and say what they're doing at every step of the way." People told us "The carers always ask when undressing me, and are so careful to keep my body covered during washing".
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and support was reviewed and updated as people's needs changed. People, their relatives and staff told us that care plans were reviewed at least annually or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as staff can judge their mood and provide the support they need at that time".
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the provider was increasing their face-to-face training and had a secondary manager in post to support the registered manager to coordinate this. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place [of work]".
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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 service after registration. 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

- People told us staff were kind and treated them well. One relative told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing." Another said, "They always spend time to chat with me whilst doing their work. Sometimes they are the only people I see and that chat is the only time I speak to other people. They seem interested in [me]".
- Many people said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "They're [the staff] like daughters to my mum and treat her like I would treat her".
- Staff, relatives and people told us that the provider made efforts to match staff's personalities, culture and language skills with people receiving care. This was particularly important for people who did not speak English.

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, office staff were calling people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas.

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 service after registration. 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

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office and straight away they will change things. If I'm out and I have a problem all I have to do is ring the office and they sort it."
- People were supported to achieve the goals that were important to them. For example, one person was supported by a carer to attend a religious institution which they had not been able to attend prior to having MSA care.
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed.
- Staff were kept informed about changes in people's care and support needs by office staff. The service uses an electronic care system which was linked to their mobile phones. This helped staff to stay up to date with information about people's needs as well as ensuring that important information was not missed by using prompts.
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible they had support from staff who knew and understood their needs and preferences. However, the Director told us that it was difficult to recruit staff in the current climate, so they were looking at better training and recruitment strategies to ensure that care staff quality remained consistent.

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.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. This included recruiting staff who had the skills to communicate in different languages. The registered manager told us that they actively recruited staff to serve the diverse population they served.
- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.
- The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives. However, the registered manager was completing end of life planning with people who wanted to plan for the future.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.
- The provider confirmed that when they supported people at the end of their lives, their care plan was amended to reflect changes to the care required to meet their needs. The provider worked collaboratively with other health and social care professionals to support the person appropriately and to ensure they were able to stay at home where possible, if that was their preference.

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 service after registration. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had submitted statutory notifications appropriately.
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received supervision and annual appraisals regarding their performance and to support professional development.
- The provider and the registered manager carried out regular audits to check on the quality of the service and to support continuous improvements.
- There were no incidents which would have triggered the Duty of Candour, but the registered manager demonstrated awareness and understanding of this requirement.

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

- The provider promoted a person-centred service. They recognised the links between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- Staff were positive about their roles and the support they received from the management of the service. Four staff told us that they valued the "family values" of the service. They told us that they were always supported when they had childcare or family issues and managers never made them feel like they needed to "get back to work quickly". One staff member told us, "I feel the company I'm working for make me feel really valued. They make me feel that I'm a part of their family."
- The registered manager encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- During the inspection process the provider was responsive to feedback given and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs. When it was highlighted that the mobile phone application used by carers made it difficult to record and view accurate 'body-map' entries for topical creams, the Director was enthusiastic about the feedback and stated they would discuss this with the application provider in order to ensure staff could better use the application.

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

characteristics

- There were several ways for people and their relatives to make their views known, including regular telephone quality checks, spot checks and surveys.
- Staff told us they felt well supported by the provider and said the registered manager and office staff were approachable and responsive if they raised any issues with them. A member of staff said, "There's usually always someone to help me if I have a problem with a very early or late call, the managers here don't just dump it on staff, like my last employer full stop"
- The registered manager ensured that, where required, staff had reasonable adjustments to support them in their roles.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.