Care Quality Commission

DHSC – CQC external quality regulation programme

Manx Care Community Support Service

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 10 and 11 August 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type

Manx Care Community Support Service is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 119 people using the service. Manx Care Community Support Service's main office is based in Douglas. Services are also provided from three additional offices based in Peel, Ramsey and Port Erin. Each office had a team of community support workers, led by team leaders.

Not all people received personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We identified areas of improvement in relation to safe recruitment and staffing levels, medicines management, quality of support plans, staff training and provider oversight of the quality of the service.

There were not enough team leaders or community support workers in post to always meet people's needs and effectively ensure the service was well led. Staff received initial training, however a significant number of staff needed to complete refresher courses. Low staffing levels were having an impact on the ability of managers to release staff to attend courses.

The service manager was new in their position but not new to the service. They were not able to fully immerse themselves into their new role as they needed to still perform duties of their previous role. This was because of the high level of staff vacancies.

A culture had developed in the management team which meant different systems to plan and review people's care and manage staff had developed within the different local offices. This meant the service manager did not have effective oversight of risk and the quality of support people received.

Support plans were developed with the full involvement of people who used the service; however, they were not consistently reviewed or kept up to date when people's needs changed.

Although we identified a number of improvements, we found people were supported by dedicated staff teams who were committed to providing a high standard of care and support. People who used the service, and their friends and family spoke positively of the support and the positive impact it had on people's lives. Staff also supported people to maintain their independence and remain living in their own homes. This reduced the need for people to move into a care setting.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

People were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. People were protected from the risk of abuse. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence.

We found areas where the service could make improvements. CQC recommends that the service:

- Take action to ensure appropriate guidance is in place for people who require medicines on an ‘as required’ basis.
- Ensure dates of opening of bottles and creams are routinely recorded.
- Ensures all staff competencies to administer medicines are updated.
- Take action to review all paper support plans to include information about a person’s Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders. This is to ensure staff have all the important information they need in the event they don’t have access to the provider’s electronic care planning system.

We have also identified areas we have escalated to the IOMDHSC.

- The provider needs to take action to fully recruit into team leader and community support worker posts to reduce the pressure on existing staff and reliance on staff being utilised from another service.
- The provider needs to take action to ensure the service manager is able to readily access staff recruitment records to demonstrate safe recruitment practices have been followed prior to offering a person employment at Manx Care Community Support Service.
- The service manager to undertake a review of the existing governance and monitoring systems within the service to improve oversight of risks and performance.

The inspection

About the service

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

Manx Care Community Support Service had an interim service manager in post who was not yet registered with the Inspection and Registration Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the service manager. We used all this information to plan our inspection.

During the inspection

We visited people in their homes and spoke with eight people who used the service and four friends and family members about their experience of the care provided.

We spoke with five members of staff including the service manager, the administrator and team leaders.

We reviewed a range of records. This included 11 people’s care records and multiple medication records. We looked at five staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from two community support workers who shared their views on the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Is the service safe?

We found that this service was not always safe in accordance with CQC's inspection framework.

Staffing and recruitment

We were unable to determine if full safe recruitment practices had been followed. Individual staff recruitment files were not available for us to view as they were held centrally by the provider's human resources team.

At the time of our inspection the service needed to recruit into a number of team leader and support worker vacancies. The service manager told us it had been difficult to recruit; team leaders were spending a significant amount of their working day finding additional staff to cover care calls and, most days, delivered care themselves. This had an impact on team leader's abilities to maintain other areas of their role, such as undertaking quality visits and care plan reviews. Manx Care Community Support Service was reliant on another nearby service to access additional staff to ensure all calls were made; but this support could not be relied upon all of the time.

All staff told us staffing levels were difficult; however, they were committed to ensuring care calls were delivered to people. Staff used an electronic system to log in and out of care calls. This was monitored by team leaders to ensure no calls were missed.

Care calls did not include an allocated length of time. In some case, the care calls delivered did not match the information held in support plans; because they had not been updated. The manager told us, "We provide support on a needs basis. Some calls take longer, some take less time." Everyone we spoke with was positive about care visits and reliability of staff. Comments included, "Staff are reliable, most definitely" and, "They come around the same time. Would normally let me know if they were to be late." However, we were unable to establish whether people were receiving the time they needed to meet their care needs.

Assessing risk, safety monitoring and management

People's needs were assessed; support plans had been developed to minimise risks to people's health and wellbeing. People had the equipment they needed to keep them safe at home. For example, pendant alarms in case of a fall. This meant they could call for assistance in an emergency.

Team leaders were responsible for writing and reviewing support plans. A number of support plans need to be improved to include more detail or updated as the level of detail within them varied between local offices. Some people had not had risk assessments or support plans reviewed since 2020.

Staff followed advice from other health and social care professionals. However, written guidance was not always in place. For example; when a person needed a modified diet; we could not find a copy of the dietary guidance given.

We discussed these findings with the service manager and the team leaders. Each team leader operated a different system for completing, reviewing and storing support plans. This meant the

service manager was unable to access all records with ease and have a consistent overview of the quality of information.

Using medicines safely

We identified improvements which were needed to ensure the safe management of medicines.

Guidance was not always in place for people who required medicines administered 'when required' (PRN). This meant staff did not always have the guidance they needed to understand the circumstances PRN medicines should be offered to a person.

One person was prescribed a medicated cream which was being administered as PRN. The label stated it should be applied on a regular basis. This was not the case. Staff were not always adding opening dates to creams to ensure they were being used in line with manufacturer's instructions.

One person had several gaps on their medicine administration record. We did not know if the person had received their medicines as prescribed. Another person had a medication assessment completed but the outcome was missing. We could not establish what level of support was needed.

We raised all issues with the team leaders of the different local offices as they arose during our visits to people's homes. We were told immediate actions would be taken.

There was a medicines policy in place and staff undertook appropriate training. In addition to this training, observations of practice were made annually on staff to assess competency. However, a number of staff needed to have their annual competency updated. We shared our findings with the service manager.

Preventing and controlling infection

Systems were in place to manage risk and to prevent and control the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and had undertaken initial training. A number of staff needed to update their training.

We observed staff wearing appropriate PPE during our inspection. People also confirmed this to the case. One family member told us, "Staff always wear their mask."

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

Systems were in place to protect people from the risk of abuse. Staff received training and demonstrated they understood the actions they must take if they felt someone was being harmed or abused. Records were maintained when incidents had been reported under safeguarding procedures.

People told us they felt safe when being supported by Manx Care Community Support Service. One family member said, "I know [Name] is safe and staff check on my mum."

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager. The provider also had oversight. This enabled an analysis of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring.

Is the service effective?

We found that this service was not always effective in accordance with CQC's inspection framework.

Staff support: induction, training, skills and experience

Staff received the training they needed to support people effectively when they initially started at the service. Staff spoke positively about the training they received. We found a significant number of staff needed to update their skills through online and face to face training. The providers records showed only 60 percent of staff had up to date training.

The manager told us this would be a focus of improvement in the coming months but said it was difficult to arrange training or release staff to attend courses due the current level of staff vacancies.

Records confirmed staff received an induction to the service and had the opportunity to shadow experienced staff before supporting people on their own.

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

Most people who used the service were able to cook for themselves; or had family members who provided this aspect of their care. When this was not the case, staff were aware of people's nutritional needs and supported people to maintain a balanced diet. One person told us, "Staff offer me choices of meals depending on what I have in." However, support plans did not always contain the most up to date information or professional guidance.

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

As far as possible, people should be enabled to 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 Manx legislation. Best practice is for example, through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Initial assessments were undertaken based upon social worker assessments. These were used to develop risk assessments and support plans. People who used the service had the opportunity to agree to support before it started. Consent was documented. One family member confirmed this practice and told us, "Someone came out to talk to [Name] at the start."

People confirmed staff sought consent before providing them with an aspect of their care. One person said, "Staff always ask me before they do anything."

The provider had recently introduced a new policy to demonstrate best practice principles on mental capacity. This was available to use should the people's ability to consent change.

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

Staff worked with other agencies to ensure people received consistent, effective and timely support. Records demonstrated referrals were made to medical professionals and other services when appropriate. People confirmed this, with one person saying, "I can make my own appointments, but they will help if I ask them to."

Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

We observed warm and friendly interactions between people and the support staff during visits to people in their homes. Staff spoke to people in a respectful manner and spoke about people fondly. One staff member said, “At the end of the day, I put myself in their shoes. How would I feel [if I needed support]?”

People spoke positively about the support they received. Comments included, “The staff are very nice,” “The care is fantastic. I could not cope without them” and, “The staff are not my carers, they are my friends.”

Friends and family members also told us people received a caring service. Comments included, “Manx Care carers are fantastic” and, “It’s brilliant, it’s fantastic. They help [Name] and they talk to [them].”

Religious and cultural needs were identified when developing support plans and providing support.

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

In some cases, support plans had not been reviewed for a long time. However, when support plans had been reviewed, people confirmed they had been fully involved in making decisions. One person told us, “I have a care plan. I know what it says. [Staff Name] pops down every so often if anything needs changing.”

When appropriate, family members were also involved. One family member said, “We have reviews two times a year. Staff ask us about any changes.”

Respecting and promoting people’s privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. People described how they were supported to be as independent as possible and staff only provided support when it was needed.

Family members spoke positively about the impact the support had on people. One said, “We are so grateful to them. They can get [Name] to do things we can’t. We can see the improvement.”

People also told us how staff maintained their privacy and dignity during care calls. People were able to choose if they wanted a male or female staff to support with personal care.

Personal information was always kept secure and confidential.

Is the service responsive?

We found that this service was responsive in accordance with CQC's inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people’s communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

Staff were familiar with people's needs and preferences. Important information was recorded. One staff member told us, "We make sure service users get support a way that's important to them by getting to know them personally. They are not a job or number we have to get to."

People told us they were supported in a way which met their needs and preferences. Comments included, "Staff stay when needed. They don't rush me" and, "The carers go above and beyond. they will do what they need to do and extra."

The communication needs of people were assessed and reflected in their support plans.

Information about the service was available in different formats and languages upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Some people received visits to support them to access the local community for example, to go shopping, to social groups or to places of interest. This reduced the risk of people experiencing social isolation. One person told us, "I go out sometimes with the carers, we went to the wildlife park. I loved it."

People were also encouraged to keep in touch with friends/family.

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was available to people. One person told us, "There is a form in my folder for complaints."

People confirmed they knew how to raise a complaint and who they would complain to. One person told us, "I would speak to [the service manager] of course."

During our visits to people in their homes, one person raised a complaint about an aspect of their support. The team leader listened to the concerns and sought a solution with the person before leaving the premises. The person told us they were happy with the outcome.

End of life care and support

The service doesn't provide end of life care and support. However, the manager was able to describe how they would work with other agencies should a person find themselves in need of this type of care.

Support plans demonstrated personal wishes had been established in relation to this aspect of a person's care when a person chose to share this information. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were clearly visible in people's homes and on the provider's electronic care planning system. For consistency, we discussed with the service manager and team leaders the need to add this to paper support plans in the event staff don't have access to electronic records.

Is the service well-led?

We found that this service was not always well-led in accordance with CQC's inspection framework.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

There was a lack of auditing of support plans and care records within Manx Care Community Support Service. We were told some quality checks were undertaken during visits to people's homes, or when team leaders collected excess records. These checks were not recorded. This meant there was no systems of governance which should have already identified the improvements we found during the inspection.

Each team leader maintained their own system to manage their workload. This varied between people. If a team leader left the service, the remaining management team could not always access previous records.

We also found the administrator had developed systems to gather important information about the service; but this was not used by everybody in the management team.

We discussed this with the service manager as it became evident during the inspection that some information was missing or not accessible. There was a lack of oversight by the service manager of the quality and experience of the people who used the service. We discussed the importance of consistent systems being used to improve this and reduce the risk to people.

The service manager was new into post, however had worked at Manx Care Community Support Service for a long time prior to this appointment as a team leader. They told us their line manager was available by phone at any time and had visited the service a number of times since they had started. They could also contact the previous manager or access the local office for support and advice. However, the service manager was still responsible for people's care delivered from one of the local branches due to the level of staff vacancies. This meant they had been unable to step back from their previous role and focus on the quality of the whole service.

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

Information contained within support plans demonstrated the staff team worked effectively in partnership with other agencies.

Staff had access to team meetings and all staff told us they felt engaged and well supported. We were told by staff they also received supervision with their line manager. Records didn't always support this due to the different systems which were in place and the issues this caused, as previously described in this report.

People spoke positively about the support and the management of the service who they felt was approachable and responsive. Family members felt well informed. One told us, "If there are any problems, they let us know."

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

People who used the service told us the staff team supported them well and they were happy with their support. Comments included, "I don't think I would change anything. The carers are great and do their job to a high standard" and, "If I had a questionnaire, I would tick yes to everything. I love them all."

Family members also felt people received a personalised service and staff were committed to delivering high quality care. One told us, "The staff's heart is in their job."

We observed people were supported by staff who knew them well.

The service manager was open to the feedback we gave during the inspection and demonstrated an understanding of their responsibilities under duty of candour.