

Majesty Healthcare Ltd

# Majesty Healthcare Limited

## Inspection report

Windsor House  
Suite 5.12 Cornwall Road  
Harrogate  
North Yorkshire  
HG1 2PW

Tel: 01423203924

Website: [www.majestyhealthcare.co.uk](http://www.majestyhealthcare.co.uk)

Date of inspection visit:  
30 November 2017  
06 December 2017

Date of publication:  
31 January 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, people who misuse drugs and alcohol, younger disabled adults, mental health, learning disability or autistic spectrum disorder and people living with dementia.

The service also operates as an employment business, which is subject to regulation under the Employment Agency Standards (EAS) Inspectorate. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was providing a personal care service to one person.

The inspection of Majesty Healthcare Limited took place between 30 November and 6 December 2017. This is the second time the service has been rated Requires Improvement

At the last inspection on 15 March 2017, the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18, Staffing and Regulation 17, Good governance.

After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At this inspection, we found the provider was no longer in breach of the previously identified regulations and had started to make improvement to the service.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the sole director of Majesty Healthcare Ltd, which is registered as the provider.

The registered manager had completed retrospective recruitment checks for staff and we saw improved record keeping and staff training had been completed. Further planned improvements included staff supervisions, appraisals and meetings.

Feedback from the person who received care was positive. They reported staff were experienced and knew how to meet their needs including their nutritional needs. The care we observed was kind, compassionate and dignified.

Care plans had been reviewed to ensure they were relevant and up to date with sufficient information to ensure the person's needs were met. Reasonable actions were taken to minimise risks; these included

measures to reduce identified risks and were documented in care plans.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The person who used the service knew how to raise any concerns should they need to do so.

New policies and procedures had been purchased and staff were working their way through these. Their on-going impact on maintaining safety and quality needs to be monitored over time as the service grows.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Previously identified breaches in regulation are now met. However, in order for this domain to be rated as good we need to see consistent good practice over time.

The provider had carried out retrospective checks on existing staff. No new staff appointments had been made since the last inspection.

Risk assessment and care planning processes had been reviewed and these were up to date.

Staff had completed relevant training on medicines handling.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had completed training relevant to their positions.

Supervisions and appraisals were not yet established, to identify staff training needs and ensure staff were kept up to date with best practice.

The registered manager knew about the provisions of the Mental Capacity Act 2005.

We received positive feedback about the food, which staff prepared and staff support to ensure their health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

The person who used the service had a good relationship with the staff that supported them and were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans and risk assessments were in place and these were kept under review. This meant people's changing needs were recognised and met.

A complaints policy was in place. No complaints had been received since registration.

The person using the service had no complaints. They were able to approach staff and talk about any problems or issues they had.

### **Is the service well-led?**

The service was not consistently well led.

The registered manager demonstrated a commitment to making the improvements required within the service. They had invested in independent advice, to assist with the development of management systems, together with any on-going developments needed.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time.

We will review these areas again at the next inspection.

**Requires Improvement** 

# Majesty Healthcare Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service notice a week before our inspection because it is small and the registered manager is often out of the office providing care. We needed to be sure that they would be in.

Inspection site activity started on 30 November 2017 and ended on 6 December 2017. It included a visit to the agency office, a review of records relating to the management of the service and discussions with the registered manager and one person who used the service. We visited the office location on 30 November 2017 to see the registered manager; and to review care records and policies and procedures. We visited one person on 6 December 2017 and asked for their feedback on the service and the quality of care they received.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. 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 reviewed the information we held about the service including notifications about any incidents.

We asked commissioners from the local authority for their views of the service provided.

We spoke with the registered manager and looked at recruitment files for three staff. We reviewed a sample of policies and procedures and we looked at the care records for one person. We checked the provider's website to check what information they provided to the general public about their service.

# Is the service safe?

## Our findings

At our previous inspection there was a breach of regulation due to poor recruitment practice. We found that the provider had failed to ensure they carried out employment checks to ensure people's safety.

At this inspection appropriate documentation and checks were in place on each of the three staff files we checked. The registered manager told us that they had not recruited any new staff since our last inspection. Retrospective checks had been completed for the existing staff and we saw evidence of these checks on staff files. Checks completed included appropriate references, ID, and criminal record (DBS) checks. The DBS checks assist employers in making safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the provider had taken steps to act upon advice given at our previous inspection. We found an example where matters had been disclosed on an applicant's DBS certificate. The registered manager had not risk assessed the suitability of this applicant given the information disclosed. We asked the registered manager to complete a risk assessment and document a full account of the matters that had been disclosed so they could evidence their judgement of employment. The registered manager agreed to complete this.

Since our last inspection an independent consultant had carried out a visit to the premises and installed health and safety management systems. New policies and procedures were in place and these included safeguarding policies and accident and incident reporting. These had only recently been introduced and were not yet fully embedded in daily practice. This meant that the registered manager could not demonstrate they were consistently promoting and managing a safe working environment for staff and people who used the service. Staff records contained individual training certificates for health and safety and first aid training.

Individual risks assessments in place included risk management plans to reduce any identified risks. The risks identified included the safe use of personal protective equipment, bed rails and a wheelchair for one person. The registered manager was very aware of safety issues for the person who they currently provided with a service and could give good examples of how they delivered safe care. They were able to demonstrate that the person's mobility and hoisting arrangements had been agreed in consultation with the occupational therapist and physiotherapist to keep the person safe. This information was on file and the risk assessment had been reviewed in October 2017.

There was a medicines policy in place. Medicine administration records (MARs) were completed and these showed that prescribed medicines had been given in accordance with the instructions. The registered manager told us that the community nurses supported them with training for specific medicines and interventions as required. Staff were not currently responsible for reordering and returning of medicines and this was all managed independently by the person.

The registered manager knew about the local safeguarding protocols and their responsibility to inform the Care Quality Commission (CQC) and to raise a safeguarding alert with the local authority. Staff had received training on safeguarding.

# Is the service effective?

## Our findings

At our last inspection, we found the registered manager did not have appropriate systems in place to ensure each staff member had the necessary skills and knowledge to fulfil their roles and responsibilities effectively.

At this inspection, the registered manager showed us individual training certificates on staff files. Staff had completed training on a number of topics such as food hygiene, health and safety and manual handling in November 2017. There was also evidence of training that staff had completed in their employment at other care settings. One person spoke positively about the quality of care they received. They said staff were knowledgeable and skilled.

A system of supervision and appraisals was yet to be established and training for one member of staff was out of date. The registered manager told us this was because this individual had been unable to attend the office before our visit. We discussed with the registered manager the importance of developing a system of supervisions and appraisals to support individual staff development, identify staff training needs and enable the effective running of the service.

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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We found the service to be working within the principles of the MCA but that further work was required to fully embed it. A policy on the MCA was in place. However the registered manager was not clear what actions they would be taking to ensure that the MCA was implemented.

At our last inspection we found that the registered manager understood the importance of consent and supporting people to make their own decisions. They said that the person they supported had capacity however they showed they now had a better understanding of what they would need to do if they supported a person who lacked capacity in future.

We received positive feedback on the quality of food, which was tailored according to the person's stated preferences. Their care plans contained information about health needs including nutritional needs and the support required to meet those needs effectively. We saw that the registered manager supported the person with healthcare appointments where necessary. We also saw evidence that advice was sought from external healthcare professionals where people had particular support needs. This demonstrated that people were supported to maintain good health and access healthcare services.



## Is the service caring?

### Our findings

The registered manager spoke about people with compassion, kindness and respect. Care records were also respectful in the way they were written. Staff had received training on issues of equality and diversity and human rights.

The registered manager provided the majority of care hours and was knowledgeable about the care needs and preferences of the one person who received care. Feedback from the person using the service was that the registered manager was reliable and was, "Part of the family." We observed that the person we visited was treated with respect and their privacy and dignity was maintained. They told us, "[Name of the registered manager] is confident, and always on top of things. They are warm and caring." They went on to say, "[Name of registered manager] is professional and serious, that's very much in their favour. Gold star for [Name of registered manager]."

The registered manager understood the importance of promoting people's independence by ensuring people had choice and control over how their needs were met. Our observations were that they offered respectful care that met the person's individual needs. This demonstrated that people were supported to be involved in making decisions about their care and support.

The registered manager could clearly describe the support services they could access if required in future including independent advocacy services. Policies and procedures were in place to ensure that people with a disability or sensory loss would be given information in a way that they could understand if that was required.

## Is the service responsive?

### Our findings

We received positive feedback about the service. The person providing feedback confirmed that the registered manager knew them well and was responsive to their needs. They told us that they received an individualised service which met their needs in the way they wanted it to.

The registered manager was able to describe in detail the care they provided and they told us that the person was at the centre of this. Care records evidenced the care provided and included the person's care preferences and how they wanted to be supported. For example, when they were repositioned in bed. Risk assessments were in place, which detailed how to keep them safe from identified risks. Appropriate specialist advice was acted upon to ensure changing needs were met. For example, with regard to preventative strategies to relieve pressure and so prevent the development of pressure ulcers.

Since our last inspection the registered manager had reviewed care plans and risk assessments. This meant that information was up to date and relevant, to ensure the person received individualised care.

In addition to the care plans and risk assessments the registered manager completed a daily record of the care and support they provided. The records we looked at had been completed appropriately and included the date and time of completion.

The registered manager told us they were flexible and wherever possible they covered shifts at short notice to provide a flexible service and continuity of care. This was confirmed in our discussions with the person using the service.

The registered manager told us they had not received any complaints about the service. CQC had not had any concerns raised in relation to the registered regulated activity. There was a complaints policy and procedure to manage and respond to complaints if needed. The person we spoke with confirmed they directed their own care and would have no difficulty in raising a complaint if they needed to do so.

The registered manager told us they were not currently providing end of life care and support.

# Is the service well-led?

## Our findings

At our last inspection, there was a breach of regulation due to a lack of effective management systems to maintain quality and safety. Records relating to the management of the service were not well maintained. Robust recruitment processes were not being followed.

Majesty Healthcare Ltd was registered to provide personal care and support in April 2016. The service provided only a limited number of care hours to one person per week. The registered manager of the service was also the sole director of Majesty Healthcare Ltd and provided the majority of the care hours provided.

At this inspection, we found that the registered manager had taken action to improve the service and they were no longer in breach of regulations. They had invested both in independent advice and new policies and procedures for the service and when we visited they were working on the implementation of these. For example, by ensuring staff had received training relevant to their role.

We identified that the registered manager still needed to develop their knowledge in certain areas to ensure they managed the service effectively. For example, although we found improvements in relation to record keeping, we saw that staff records were not well maintained and it took the registered manager some time to find the information we asked for.

At our last inspection we found that the registered manager did not fully understand the complexity of the service they were operating.

In addition to a small domiciliary care service the provider also operated as an employment business and we remain concerned that they had not fully comprehended the different legislation and rules that governed each aspect of their business. On their website, Majesty Healthcare Ltd offers a wide range of specialised staff and services, which the registered manager agreed they could not currently provide.

At present, the impact on the current regulated service is minimal because they are currently only providing care to one person, but management systems and staff support and training would need to be much more developed if the service grows. While staff had received training since our last inspection management systems to provide staff supervision, appraisals and staff meetings were still at an early stage of development.

We had not received any notifications since our last inspection of the service and identified no incidents or concerns where a notification would have been required.