

Majestic Healthcare Ltd

Majestic Healthcare LTD

Inspection report

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Website: www.majestichealthcareltd.co.uk

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14 September 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Majestic Healthcare LTD provides personal care to older people living in their own homes. There were 55 people using the service at the time of our inspection.

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

People did not always have care plans and risk assessments in place identifying what their individual needs were. Staff had also not always received training in these key areas to ensure they could support people in a safe way. We could not be assured people had received medicines when needed or as prescribed. People were not always supported by regular care staff and they were not always aware of who would be offering the support. People and relatives raised concerns that staff did not always know how to support them.

The systems in place were not effective in identifying concerns. The audits completed had not identified concerns we found during our inspection including with medicines and call times.

There were safeguarding procedures in place and when concerns had been identified these had been followed. Infection control procedures were also followed. 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. There was some evidence that lessons were learnt when things went wrong.

Staff's suitability to work with people in their homes was checked before they started employment. They were happy with the staff that supported them and found them to be caring. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent. People's communication was considered. There was a complaint policy in place, which was followed when needed.

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 26 June 2020 and this is the first inspection. During our inspection we found the provider was not registered at the correct location. The provider worked with us to update their registration. The provider registered with us on 25 October 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 9 Person centred-care, Regulation 12 Safe care and treatment, Regulation 14 Meeting nutritional and hydration needs, Regulation 18 Staffing and Regulation 17 Good governance.

After the office site visit we issued the provider with a section 64 letter asking them what improvements they had made. We received a response from the provider which assured us they had taken action to ensure people were safe. This included, assessing people's needs, completing care plans and risk assessments, updating medicines administration charts and training staff.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our well-led findings below.

Inadequate ●

Majestic Healthcare 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people and their relatives.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, however they are no longer working in the service and have applied to deregister with us.

Notice of inspection

We gave the service 24 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 14 September 2022 and ended on 23 September 2022. We visited the location's office on 14 September 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notifications the provider had sent to us. We also gathered feedback from the local authority.

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 our inspection we spoke with three people and four relatives. We also spoke with the provider, deputy manager and ten care staff. We looked at the care records for twelve people. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.



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 since this service has been registered with us. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found concerns with how medicines were managed. People and relatives also raised concerns. This included people receiving the wrong dose of medicines and people running out of medicines. There was no evidence anyone had come to harm due to this. After our inspection the provider confirmed to us, they had raised safeguarding referrals where needed.
- From the medicine administration records (MAR) we reviewed; we could not be assured people had received all their medicines as prescribed. For example, we found gaps on MAR, no one was able to confirm if people had received these medicines. For people who were prescribed medicines such as creams there were not always MAR charts in place. There were also codes recorded on the MAR which it was unclear what they meant.
- When people were prescribed 'as required medicines' there was no guidance in place for staff to follow, stating what this medicine was for and when they may need it. When people had received these medicines there was no recording as to why these had been administered. Some people were receiving these medicines on a regular basis.

Assessing risk, safety monitoring and management

- When people had individual risks such as epilepsy, sore skin or a health condition there was not always care plans or risk assessment in place identifying this.
- Staff we spoke with were not always aware of people's individual risk or how to offer support to people. There was no evidence anyone had come to harm.

Systems had not been established to ensure people received medicines as prescribed. There was not always care plans or risk assessment in place identifying individual's risks. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the provider who took action to resolve this. Since the site visit, medicines have been reviewed for all people and processes are now in place to ensure people receive their medicines in a safe way. The provider has introduced 'as required', protocols for people, we have received copies of these which showed they now had guidance for staff to follow. The provider has ensured staff have completed training in relation to medicines management and their competency has been checked to ensure they are safe to administer medicines. Staff we spoke with confirmed this to us.
- Care plans and risk assessments were also completed and introduced for people, we received copies of these from the provider and the information was also shared with staff and they were able to confirm to us this was now available for them.

- People and relatives, we spoke with raised no concerns around their safety. One person told us, "Yes, I do feel safe and that's because the attitude of the staff is good."

Staffing and recruitment

- People and relatives raised concerns around the timing of calls. One person said, "Sometimes they are late, and I am left waiting, it would be nice if they could let me know when they are running late." A relative told us, "I can't say they turn up on time, but they always turn up." There was no evidence anyone had come to harm due to this.
- The records we reviewed showed people received calls, however these were sometimes later than planned. We did not see anyone had missed a call.
- The provider acknowledged over the previous few months there had been some concerns with staffing. They had recruited staff and felt going forward this had now been resolved. The provider had implemented systems to ensure people and relatives would be notified if staff were running late.
- Staff told us, and we saw they had received the relevant pre employment checks before they could start working in people's homes.

Learning lessons when things go wrong

- There were some evidence lessons were learnt when things had gone wrong. The provider had made changes following concerns about the consistency of staff. For example, they were in the process of implementing staff teams to ensure more experienced staff worked with new staff. Staff were also to be put into teams so they would always work with the same people, so they would provide consistent care.
- The provider also took action to resolve some of the issues we found during our inspection.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place. When the provider had identified concerns, they had raised these with the local safeguarding team as needed.
- Staff we spoke with told us they had received training and were able to tell us the action they would take. One staff member said, "It's protecting vulnerable people, reporting any concerns we may have. This might be a bruise or if someone's property wasn't right. I would contact the office but could do the referral myself if needed."
- The provider had raised safeguarding referrals where needed following some of the concerns we identified during our inspection, including where people had not received their medicines.

Preventing and controlling infection

- People and relatives raised no concerns around staff practice in relation to infection control. They confirmed staff wore personal protective equipment (PPE). Office staff ensured staff had all the correct equipment they needed to support people.
- Staff had received training and there were infection control procedures in place.

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 since this service has been registered with us. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and relatives raised concerns with us about the skills and experience of staff that supported them. One person said, "Some are better than others, those that are new tend to dither a bit and need direction from me." A relative told us, "I would say a high percentage know what they are doing, for those that don't I do wonder what training they get before they go out into the field." Another commented, "I do wonder if they know what they are doing at times, my relation has different incontinence pads, those for day and those for night, they are consistently using the wrong ones. I have had to put post it notes on the packs of incontinence pads to try and get them to use the right ones otherwise we run out.". There was no evidence anyone had come to harm due to this.
- When people had individual needs or health conditions, staff had not always received training. This included epilepsy, oxygen therapy, colostomy care and management of skin. Staff we spoke with were not always able to tell us how they would support people safely during these times. Although no one had come to come due to this, this lack of training exposed people to a risk of harm.

Staff had not received adequate training to support people. This placed people at risk of harm. This was a breach of regulation 18 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the provider who took action to resolve this. We received confirmation staff had completed online training in key areas where they had previously not been trained, including epilepsy and diabetes. Staff we spoke with after the inspection confirmed this to us. Staff had also completed or had been booked on face to face training. The provider has introduced new systems to check the competency of staff including spot checks and through formal supervisions.
- A new induction process had been introduced, this included training before staff could start working with people in their own homes. New staff would now also work with more experience staff and would have the opportunity to shadow until the provider was reassured, they knew people well.

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

- People and relatives raised concerns with the support they received with eating and drinking. One person said, "Carers do not understand that I need a gluten free diet." A relative told us, "The agency say it has to be something that can go in the microwave so porridge for breakfast and then 2 microwaveable meals for the rest of the day." Another person also raised concerns they could only have something that went in the microwave. This meant people were not always supported to have a balanced diet.
- People's dietary and nutritional needs had not always been appropriately assessed or managed.

- When people had diabetes or had specific dietary requirements, like gluten free, there were no care plans or risk assessments in place for this. For other people who needed their fluid intake to be recorded as they were at risk of dehydration this was not being completed. There was no evidence anyone had come to harm.
- Staff we spoke with were not always aware of these risks or action to take. They had not always received training in these areas.

People's nutritional and hydration needs were not always assessed. This placed people at risk of harm. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the provider who took action to resolve this. Care plans and risk assessments were completed and introduced for these people, we received copies of these from the provider. The information was also shared with staff and they were able to confirm to us this was now available for them. We also received confirmation staff had received training in key areas, including diabetes.

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 MCA 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.

- Everyone using the service at the time of the inspection had the capacity to make their own decisions.
- Although staff had received training and there were policies and procedures in place in this area, they were not always able to tell us how they may support people if needed. The provider was also not clear on what support they would offer people if needed. The provider told us they would take action to resolve this. We will check this as part of our next inspection.

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

- People's needs were assessed before they started using the service. This considered people's characteristics and their cultural and religious needs. People and their families felt they were involved with this initial process and this information was shared with staff.
- There were also copies of support plans completed by local authorities for the provider to follow. Further improvements were needed to ensure the support plans completed by local authorities were always followed as people's health needs were not always planned for.

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

- We saw the provider worked with other agencies when needed to ensure people's health needs were considered. For example, some people had catheters that the district nurse team were responsible for, when concerns had been identified it had been documented these had been shared with professionals.
- Some people had plans that had been introduced by other professionals such as physios, we saw these

were available for staff to follow. Staff we spoke with were aware of these.

- When people had been unwell, we saw staff had supported people to contact their GP or make appointments.
- People's oral health care was considered and there were plans in place identifying the levels of support 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 since this service has been registered with us. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives although they had felt initially involved in their care, they felt improvements were needed. One person said, "They don't really involve me in my care but if there are changes and I ask, they explain it to me." A relative told us, "I was very involved at the start but less so as time has gone on."
- We did not see any evidence to support how people were involved with their care.
- We raised our concerns with the provider who took action to resolve this. The provider is in the process of reassessing all people using the service to ensure they have the relevant information about people. We have seen when reviews have been completed families where appropriate, have been involved with this. Where care plans have been introduced, they are more detailed. The provider has introduced a new system to ensure people and relatives are consistently and regularly involved with their care plans and reviews.

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

- People and relatives were happy with the staff that supported them. One person said, "Without a shadow of doubt the carers are kind." A relative told us, "The carers are very kind and respectful to my relation and to me as well, I recently have had some health issues and they always ask after me."
- Although information about people was not always recorded in people's care files staff were able to tell us some information about people and what was important to them.
- The provider had recorded compliments received from people and their relatives where the caring nature of staff had been shared.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. People and relatives spoke positively about this. A person told us, "The carers do shut the curtains before they give me a wash and only uncover me where they are washing." One relative said, "I am impressed with the dignity they afford my relation, they only uncover him as much as is needed in order to carry out personal care, I hear them saying please can we remove the towel so that we can wash you. They also always check he has a towel or a blanket as they move him on the commode to the bathroom." Staff gave examples of how they would support people.
- People told us how staff encouraged them to do tasks for themselves. One person said, "When I am having a wash, they let me do what I can myself while they wait outside and then come and ask if I need any help."
- Care plans have been updated to include the levels of support people needed.

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 since this service has been registered with us. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives raised concerns with us as they did not have regular care staff and they did not know who was attending the call. One person said, "I don't like all the constant swapping around of carers, I would feel happier if there was a core team instead of so many new and several inexperienced ones." A relative told us, "Although two carers do turn up each time, we have to ask who to expect on the next call as it changes so much."
- As there were not always care plans in place for people, it was unclear how people's choices, likes, dislikes and preferences had been considered or recorded.

People did not always receive consistent care in line with their preferences. This placed people at risk of harm. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We raised our concerns with the provider who took action to resolve this. The provider is in the process of reassessing all people using the service to ensure they have the relevant information about people. We have seen when reviews have been completed families where appropriate, have been involved with this. Where care plans have been introduced, they are more detailed. The provider has introduced a new system to ensure people and relatives are consistently and regularly involved with their care plans and reviews. The provider is also in the process of implementing staff teams to ensure more experienced staff worked with new staff. Staff were also to be put into teams so they would always work with the same people.

Improving care quality in response to complaints or concerns

- People and relatives felt able to and knew how to complain. They were not always happy with how complaints were dealt with. One person told us, "Yes, we have phoned the office to complain, in July of this year the carers didn't turn up for the last two calls one day, we were told someone would get back to us they never did. My husband had to help me to bed which was a huge strain for him to do on his own." A relative said, "I have had to phone the office to complain about staff turning up late, there is always some excuse." Another commented, "We have had a few hiccups over weekends with carers who didn't turn up or turned up very late, I phoned the office who said they would get back to me and they didn't. I phoned again and they tried to blame me."
- There was a complaints policy in place. When written complaints had been received the provider had responded to these in line with their policies.
- We raised our concerns with the provider who took immediate action to resolve this. The provider had implemented a new system to ensure they are more visible to people and families to ensure complaints and

concerns are responded to. They have introduced face to face reviews for people to ensure they are able to get feedback. This includes visiting people one week after starting using the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although the provider and staff were aware of the Accessible Information Standard. These were not always considered as care plans were not always in place for people.
- People's communication needs had been considered as part of the initial assessment. This was documented, however there were no individual plans in place for people stating how they may choose to communicate and the level of support they may need with this.

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

- People were encouraged with their hobbies and interests.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call.

End of life care and support

- There was no one currently using the service who was end of life care. There were no plans in place to consider this for people.

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 since this service has been registered with us. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Audits in place were insufficient to check the quality of the service. We saw a medicines audit was being completed monthly it had not identified any of the concerns we found with medicines. A daily records audit was also being completed this had not identified any concerns, including that people did not have care plans in place for key health conditions. No other audits were being completed within the service.
- Despite concerns being raised there were no systems in place to ensure people received their calls on time and for the length of time needed.
- There were no systems in place to ensure staff had received adequate training to support people.
- Feedback was sought from people who used the service, in the form of surveys or reviews. It was unclear how this information was used, and people and relatives raised concerns with this. One person said, "A carer brought a questionnaire recently, but I didn't fill it in as it was very general, and you just had to tick boxes." A relative commented, "Yes, we had a questionnaire brought to us by one of the carers which we filled in, we never heard any feedback."

The systems in place were not always effective in ensuring risk were identified and action taken when needed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the time of our inspection the provider was registered at a previous location address, Unit 18, The Pressworks, 36-38 Berry Street, Wolverhampton, 36-38 Berry Street. We carried out the inspection at the current location address. The provider had failed to update us when they had moved from their registered office location to another address. Therefore, they had not complied with a condition on their registration that they had to operate from the location registered.
- Since our inspection the provider has worked with us to address these concerns and have updated us accordingly.
- The registered manager had notified us about events that had happened within the service when they had identified these.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

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

- We received mixed views from people and relatives about the service they received. One person said, "On

the whole its good." A relative told us, "The management in my view are pretty hopeless. The office takes a long time to answer and are not very professional in my opinion."

- The provider told us they had taken on board the views of people and their relatives, and they would look into their concerns.

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

- The provider told us they were still in the process of collating the information received and once completed they would use the information to make changes and share with people and relatives.
- Staff attended supervisions and team meetings so that they could share their views. They felt involved with the company and that they were listened to.
- The service worked with other agencies to ensure people received support when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive consistent care in line with their preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to ensure people received medicines as prescribed. There was not always care plans or risk assessment in place identifying individuals risks.
Regulated activity	Regulation
Personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People's nutritional and hydration needs were not always assessed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place were not always effective in ensuring risk were identified and action taken when needed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received adequate training to

support people.