

Mrs Jacqueline Bailey

MacDonald Care Services

Inspection report

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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

MacDonald Care Services is a domiciliary care agency. It provides personal care to people living in their own home's in the community. Not everyone using MacDonald Care Services receives the regulated activity; 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 the inspection the provider was providing personal care to 35 people.

This inspection took place on 16 May 2018. We gave the provider two days' notice of the inspection as we needed to make sure they would be available. At our last inspection on 14 March 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The registered provider managed the service. 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 service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Incidents and accidents were monitored and where trends were identified action was taken to reduce the likelihood of them happening again. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. Staff had received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections.

Assessments of people's care and support needs were carried out before they started using the service. Staff completed an induction when they started work and they received training relevant to people's needs. People's care files included assessments relating to their dietary support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people in a caring, respectful and dignified manner. People and their relatives had been consulted about their care and support needs. People could communicate their needs effectively and could understand information in the current written format provided. People were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs. There were systems in place to provide people with end of life care and support if required.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through spot checks and satisfaction surveys. Staff said they enjoyed working at the service and they received good support from the provider and office staff. There was an out of

hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

MacDonald Care Services

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 16 May 2018. 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. During the inspection we spoke with the provider and five members of staff. We visited two people who used the service at their homes and spoke on the telephone with two other people and four relatives. We looked at four people's care records, staff training and recruitment records and records relating to the management of the service. We also contacted the local authority that commission services from the provider to gain their views about the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "They always make me feel completely safe." Another person told us, "I feel safe with my carers. They always wear their uniforms and carry identification even though I know them all." A relative said, "We've had the carers for a long time and I feel happy to go out and leave them in the house. I know my relative is happy with them."

The provider had recently reviewed their safeguarding and whistle blowing procedures to protect people from abuse. Training records confirmed that all staff had completed training on safeguarding. The provider and staff demonstrated a clear understanding of safeguarding and reporting procedures. Staff said they would report safeguarding concerns to the provider. If they felt that appropriate action had not been taken they would report the concerns to the local authority safeguarding team or CQC. Staff also told us they were aware of the provider's whistle blowing procedure and said they would use the procedure if needed to report poor practice.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff. These included completed application forms, references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Each file included employment references, proof of identification and evidence that criminal record checks had been carried out.

People views about staff availability and punctuality was positive. Comments included, "The staff come when I expect them to, they are very reliable", "The staff always stay for as long as they are supposed to and they always ask if I need anything before they go", "They are not late unless traffic has held them up, or the previous call has, but I usually get a text", "Mainly they're very reliable, but I would always be called if they're going to be more than 15 minutes late" Missed calls comments from people included, "I have never had a missed call ever", "Never [had a missed call], hand on heart and we've had them for six years" And, "I can remember one occasion, but that was very unusual. The carer had forgotten, but I phoned the agency and they came at a later time."

Staff told us there was enough staff on duty to meet people's care and support needs. One told us, "I am always on time, when we do double up calls the other staff is on time too. The only time I would ever be late is if I needed to stay with someone if they were ill or to wait for a GP or an ambulance. I would let the office know and they would arrange cover for my next call." Another member of staff said, "There are plenty of staff. I get a rota every week so I know what I am doing and who I am working with. I never need to rush around. I get enough time to get to each call."

Action was taken to assess any risks to people using the service. Care files included risk assessments for example on moving and handling and medicines. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. For example, we saw detailed guidelines in people's care records advising staff how to use hoists and wheel chairs to support them to move around their homes safely. One person told us staff used a hoist to help them into bed and into the shower, they

said, "I always feel safe." We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. People told us they had the contact details of the service in case they needed them. One person said, "Yes I have the number's in my phone." A relative commented, "They've been prompt and professional in dealing with every situation including the out of hour's service."

People's medicines were managed safely. Where people required support to take their medicines this was recorded in their care plans. One person told us, "The staff always make sure I get my medicines every day at the same time along with a glass of water." We saw medicine administration records (MAR) were completed by staff confirming that people had taken their medicines. The provider monitored people's MAR's on a monthly basis to make sure they received their medicines as prescribed by health care professionals. Records showed that all staff had received training on the safe administration of medicines. The provider had also assessed each member of staff's competence in administering medicines. This ensured that staff had the necessary skills to safely administer medicines.

The provider had a recently reviewed infection control policy in place. We saw that personal protective equipment (PPE) such as gloves, aprons and foot covers was available for staff. Staff told us they had access to PPE and hand sanitizer when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Incidents and accidents were monitored and where trends were identified action was taken to reduce the likelihood of the same things happening again. We saw an incidents and accidents log. The log recorded the nature of the incident or accident and the actions taken by the provider. For example, when a person using the service smoked the provider arranged for a visit from a fire prevention officer to advise them on fire safety. The persons fire risk assessment was also updated with further actions taken to reduce the likelihood of a fire starting.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person said, "The staff hoist me onto the bed; they know how to use the equipment. There's been no accidents'. I feel quite safe." Another person said, "Oh yes the staff know what they are doing. They know my limitations." A third person commented, "The new staff shadow the experienced ones when they are training; they never send a new one on their own."

Assessments were undertaken to identify people's care and support needs before they started using the service. The assessments included information from family members and health care professionals. These assessments were used to draw up individual support plans and risk assessments.

Staff had the knowledge and skills required to meet the people's needs. Staff told us they had completed an induction when they started work, they were up to date with training and they received regular supervision with the provider. The provider told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix that confirmed staff had completed training on administering medicines, moving and handling, health and safety, first aid, fire safety, infection control, safeguarding adults, and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed other training relevant to people's needs for example dementia and catheter care. We saw records confirming that staff received regular formal supervision and, where appropriate, annual appraisals of their work performance. Staff told us there was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Staff were aware of the importance of seeking consent from people when supporting them with their needs. One person told us, "If I'm using the hoist I will say 'I'd like to go up' and they wait for me to say that." A member of staff told us, "I always encourage people to do what they can for themselves. I wouldn't force them to do anything if they didn't want to."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us that people had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in

line with the MCA.

People were supported to maintain a balanced diet. Where people required support with cooking meals this was recorded in their care plans. One person told us, "They [staff] cook my meals for me. They also leave me with a flask full of coffee and I have bottles of water." Another person said, "The staff cook for me and they know what food I like." A third person told us, "I get meals on wheels delivered for lunch but the staff make me a sandwich for my tea in the evenings."

People and their relatives told us they arranged for their own appointments with health care professionals and GP's. However, one relative told us of a 'fortuitous' occasion when they were away and the provider took a phone call from the GP's surgery. The provider contacted a family member and offered to take their relative to the hospital. Staff told us they monitored people's health and wellbeing, if there were any concerns they would refer people to appropriate healthcare professionals. For example, one staff member told us they would call the persons GP or an ambulance if they had fallen or if they were ill. They said they would let the persons relative know, inform the provider and record everything in the person's daily notes.

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received. One person told us, "They [staff] are brilliant. They do everything properly and we have a laugh." Another person said, "The staff are lovely, they are wonderful and so caring too. There's nothing I can say against them, they are all very good." A third person said, "The staff are very kind and caring, they are more like family than carers." A relative commented, "They [their relative and staff] sing and have a laugh together. There's a bit of banter. If they're concerned about my relative, they'll talk to me."

People and their relatives told us they had been consulted about their care and support needs. One person said, "They [staff] discussed the things I needed in the beginning. They were very thorough. I have a support plan in the folder so the staff know exactly what I want and need when they come here." Another person told us, "I have been using the agency for a long time now. The staff know me well. They always ask if I am okay and if need anything. They would change things if I wanted them to but the care I get now is what I need."

It was evident through speaking with people and their relatives that staff understood their care and support needs in detail. One person told us, "The staff come here four times a day so they know how to support me with everything I need. For example I use a walking frame and I walk slowly. They staff know I need to take my time and they never rush me." A relative said, "[Their relative] has their own little foibles and they [staff] know them all and they're very accommodating towards them."

Staff told us they maintained people's privacy and independence as much as possible by supporting them to manage as many aspects of their care that they could. One person told us how their privacy was respected, they said, "The staff always make a point of saying 'I'm leaving now [the room]; let me know when you are ready.'" Another person said, "The staff are always very respectful when I am getting washed and dressed. Always the door is closed." A third person commented, "When the staff help me get ready in the mornings and at night I do as much as I can for myself and they make sure nobody can see me." A relative told us, "The staff give my relative a bed-bath and they always make sure they are covered up." A member of staff said, "I make sure that doors are closed and curtains are drawn so people receive personal care in private. I cover them up to maintain their dignity and I always tell people what I am doing."

People were provided with appropriate information about the home care service in the form of a 'Client Brochure'. The brochure included the services they provided and ensured people were aware of the standard of care they should expect. The provider told us these documents were given to people when they started using the service.

Is the service responsive?

Our findings

People told us that staff provided them with good support and care. One person said, "I get really good support from the staff. I don't know where I would be without their help." Another person told us, "I get a taxi to the town with my electric wheelchair. If it wasn't for the staff, I wouldn't get out."

Initial assessments of people's care needs were carried out by the provider. People, their relatives and in some cases health care professionals had been involved in these assessments.

The assessments covered areas such as the person's social history, their mobility, their medical needs and the support required with medicines, their communication methods, dietary needs and preferences, hobbies and interests and religious and cultural needs. The assessments also recorded the aids and equipment people used for example if they wore glasses or dentures, used hearing aids, walking frames, wheelchairs, stair lifts or they required support with hoisting. Support plans were developed that included information and guidance for staff about how people should be supported with their care needs. For example where a person required support with hoisting we saw that an occupational therapist had provided detailed guidelines instructing staff how the person should be supported and how hoisting equipment should be used safely. Support plans were reviewed regularly and kept up to date to make sure they met people's changing needs. A relative told us their relative's support plan had recently been changed after a spell in hospital. They said they met with a tissue viability nurse and together with staff they discussed how best to support their relative with their needs.

The provider told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. Staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. A member of staff told they had received training from an occupational therapist and the providers moving and handling trainer before could support a person using a hoist and they had also received training to support a person with a catheter in situ. They said, "The provider would always make sure that staff get the training they need to support people safely. They match our skills and experience with the needs of the people we support."

People's support plans included a section that referred to their religion, faith and cultural needs. The provider told us that none of the people currently using the service had expressed that they had any diverse needs. They said that where people had disclosed details of their diverse needs in the past they and staff had supported them to meet those needs. The provider and all of the staff we spoke with told us they encouraged people to express themselves and they would support people to do whatever they wanted to do. Training records confirmed that staff had received training on equality and diversity.

The provider told us that people currently using the service could communicate their needs effectively and could understand information in the current written format provided to them, for example the client brochure and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example in different written

languages.

People said they knew about the complaints procedure and they would tell staff or call the office if they were not happy or if they needed to make a complaint. One person said, "The provider is very supportive; I can call her anytime." A relative told us they had complained "A couple of times over the years, but I was very happy with how the complaints were dealt with." The provider showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The provider told us they had not received any formal complaints since the last inspection. They told us that if they did receive a complaint they would investigate the complaint and if appropriate meet with the complainant to resolve their concerns.

The provider told us that no one currently using the service required support with end of life care. They told us they would liaise with peoples GP's and the local authorities multi disciplinary team in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service. One person told us, "The service is very well managed. You can always get hold of somebody." A relative said, "We are more than happy to be with this service. Staff stay with the agency for years. There's a good team effort amongst the staff." Another relative commented, "The person who runs the service is very capable and I do put all my trust in them. They do manage it well."

The registered provider managed the service. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Throughout our inspection it was clear from people and their relatives and staff that the purpose of the service was to provide people with a service that fully met their needs and wishes. One person told us, "They [the service] always want to help with anything they can." Another person said, "The staff always seem happy in their work." A relative commented, "They want to please my relative and make sure all their needs are met." A member of staff told us, "It's really nice working with the provider. They are supportive and hands on so they know exactly what people and staff need. As a team we all know what we are doing and what to expect from each other." Another member of staff said, "Team work is great, we all get along and work well together to make sure people get what they need. The service is well run. If there are any problems the provider will deal with them right away."

Staff meetings were held every six months. Minutes from these meetings were circulated to staff that were not able to attend. Issues on the agenda at the last meeting in December 2017 included discussions on the MCA, whistle blowing, staff training, supervision, appraisals and spot checks. Staff were also reminded to complete accident and incident records so that any trends could be monitored and action could be taken to reduce the likelihood of the same things happening again. A member of staff said, "I don't always get to the team meetings but I do get the meeting minutes which are informative. I can also discuss them with the provider if I need to."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw that regular health and safety checks were carried out by the provider on hoists and moving equipment, personal protective equipment (PPE). Audits were also carried out on medicines, care files and staff training, supervision and appraisals. We saw a report from a quality assurance audit carried out by the provider between May to December 2017. The report recommended, and we saw that the frequency of spot checks had increased.

The provider made sure staff turned up to support people and stayed for the allotted time to provide care through satisfaction surveys and spot checks. Twenty three people had completed a recent satisfaction survey all of whom, when answering the question about staff arriving on time rated the service either excellent, very good or good. One person told us, "I have completed the satisfaction survey every year. I have raised one issue which they acted upon favourably." We also saw completed reports from spot checks where people confirmed that staff turned up on time to support them with their care. A member of staff told us, "We don't know when the spot checks will happen, they just turn up at any time. They check that we are

wearing our uniforms, carrying identification, we are using gloves and aprons, that medicines records are completed correctly and we are treating people with dignity and respect. They also check that equipment such as hoists are working properly and they ask people if they are happy with what we are doing."

The provider regularly attended provider forums run by the local authority. They told us they had used some of the learning from the forums to make improvements at the service. For example at a recent meeting they had obtained information in relation to the General Data Protection Regulation legislation that came into force in May 2018. Following the forum the provider wrote to people and their relatives advising them how the service was going to comply with the legislation.

The provider told us they had worked closely with social workers, occupational and speech and language therapists to ensure people received good quality care. We saw evidence of support received from these professionals in some of the peoples care records we looked at. The provider also had regular contact with the local authority service commissioners and said they welcomed their views on service delivery. We contacted a local authority commissioner that places people with the service. They told us they had regular contact with the provider. The provider was always helpful and accommodating. The provider was honest in that they would not take on a care package if they did not have the staff capacity to do so. They also said that people that had used the service feedback that they were happy with the care they had received.