

Majestical Care Ltd

JKs Majestical Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

JKs Majestical Care Limited is a domiciliary care agency providing personal care to one person in their own home at the time of the inspection.

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

The person using the service told us they were happy with the service provided.

People could not be assured that staff were safe to work with them as the appropriate pre-recruitment checks were not carried out.

People were not always supported by staff who had been trained about safeguarding and abuse. Some staff did not have training in infection control. People were at risk of not having their needs met by staff who were not suitably trained in their role.

Staff did not have adequate knowledge of one person's medical healthcare needs, although they were supported with their medicines appropriately.

The provider did not have effective systems and processes in place to ensure good governance of the provision of care for people. Shortfalls we had identified at our last inspection had not been addressed and we identified a lack of improvement.

Staff worked with other professionals to ensure they could support people's care needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 4 May 2019) and there were three breaches of regulations. We placed conditions on the provider's registration which required the provider to send us monthly audits to support them to improve the standards of quality and safety. At this inspection, not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement.

Why we inspected

The inspection was prompted due to concerns about the safe recruitment of staff and the absence of the registered manager, who is also the provider. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Enforcement

We have identified continued breaches in relation to the safe recruitment of staff and the lack of an effective management structure. We identified a new breach regarding the safeguarding knowledge of staff to keep people safe and the lack of an effective management structure at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will write to the provider to ask them what action they are proposing to take to improve the standards of quality and safety and address the regulatory breaches we found. We will continue to monitor progress through the audits the provider is required to submit to us each month.

We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Requires Improvement ●

Is the service well-led?

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

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been absent from the service.

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 3 July 2019 and ended on 11 July 2019. We visited the office location on 3 July 2019.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. This included information which the provider had sent to us as part of the conditions placed upon their registration. These

records included recruitment checks for two staff, medicines records and care records. We used all of this information to plan our inspection.

During the inspection

We spoke with two staff. We reviewed a range of records including risk assessments and medicines records for one person and one staff recruitment file.

After the inspection

We spoke with one person and sought feedback from the local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to have an effective system to ensure staff were safe to work with people who received care. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection we required the provider to undertake monthly audits of staff recruitment files to ensure all the necessary checks were completed and assure themselves that staff were suitable to work with people using the service. At this inspection, not enough improvement had been made and the provider continued to be in breach of regulation 19.

- The provider did not have an effective system in place to ensure staff were safe to work with people who received care. The provider had sent us documentation regarding staff files, as required, but had not completed the necessary checks for new staff. The audit was therefore not effective in ensuring the necessary checks were in place.
- A new staff member did not have a Disclosure and Barring Service (DBS) check in place before they started working with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant people could be at risk from being supported by unsuitable staff.
- Where DBS checks were in place, the provider had requested the 'basic' level of checks. National guidance requires an enhanced level of check for staff supporting people with personal care. This meant thorough checks had not been completed for new staff.
- For a new staff member, the application form was incomplete and there were no references to evidence satisfactory conduct and appropriate skills in previous health and social care employment, history of previous employment or any verification as to why previous employment in care services had ended for this staff member. This information would have enabled the provider to make a judgement about this staff member's suitability for the role. This meant people could be at risk from being supported by unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training about how to safeguard people from the risk of abuse and not all staff could talk confidently about the more common types of abuse. Staff need to be aware of different types of abuse, so they can recognise abuse if they were to witness people being treated inappropriately.
- Staff disclosed allegations of concern which were known to the registered manager and had resulted in a course of action being taken. However, the concerns were of sufficient importance, to refer the allegations to

the Disclosure and Barring Service, but this had not been done by the provider.

The failure to ensure systems and processes were in place to safeguard people was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified risks to people from their home environment, moving and handling and the use of equipment such as hoists.
- At our previous inspection, we found there were not any risk assessments to identify and mitigate the risks associated with diabetes. There was not any guidance for staff to enable them to recognise the risks associated with high and low blood glucose levels and what actions to take if detected. During this inspection we found this had not been addressed and there was no clear agreement between staff that the person had diabetes, even though this had been diagnosed by a doctor. Staff sometimes undertook blood glucose testing but there was no guidance as to how often this should be completed and it was unclear whether the testing was required or not.

Preventing and controlling infection

- Some staff had completed training about infection control but not all. This meant people could be at risk from the spread of infection.
- The person using the service confirmed staff kept their home clean.
- Staff told us there was always personal protective equipment available, such as disposable gloves. Staff used protective equipment, for example, when they supported people with personal care.
- A staff member told us how they kept people's homes and furniture clean to ensure they did not pick up avoidable infections.

Using medicines safely

- Staff had completed training in how to support people with their medicines. Three staff had undertaken the training within the last year but one had not had training since 2013. National guidance suggests staff should have an annual review of their knowledge skills and competencies.
- The person using the service said they were happy with how staff supported them with their medicines.
- People signed their care plans to give consent to staff supporting them with their medicines.
- Records showed people received their medicines as required and there were instructions in place to show staff where to apply prescribed topical creams.

Learning lessons when things go wrong

- Staff told us changes were made to ensure people's safety. They told us they now ensured that all staff washed their hands more frequently when in people's homes.
- The person using the service confirmed that staff always washed their hands when they entered their home, before they began any tasks.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider did not have effective systems and processes in place to ensure good governance of the provision of care. This was a breach of regulation of 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection we required the provider to undertake monthly audits of medicines charts, staff recruitment files, staff training, supervision and appraisal. At this inspection, not enough improvement had been made and the provider continued to be in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a clear vision and credible strategy to deliver high-quality care and support. At the last inspection, the registered manager had been absent for a period of time. Staff notified us, prior to this inspection, that the registered manager, who is also the provider, was planning to be absent from the service for a further amount of time.
- The governance framework did not ensure staff responsibilities were clear. We had been told one staff member was managing the service in the absence of the registered manager, but they told us they saw themselves "more as a supervisor." They said their role was to ensure "the day to day smooth running" of care for the person using the service, as well as helping another staff member with their paperwork. There was no-one appointed to manage the service in the absence of the registered manager, who is also the provider.
- The provider's representative sent us records monthly, for example, training undertaken by a staff member or a medicines chart for one person. The provider sent us audits of medicines charts which showed no errors. However, the records did not always form part of an audit and did not identify what action the provider was going to take to ensure regulations were met. The records sent to us showed there was a breach of regulation regarding staff recruitment. During the inspection we found improvements had not been made. This meant the conditions of registration not been effective to drive improvement of the service.

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

- In the absence of the registered manager, staff worked together as a team to support the person receiving a service. The person was supported by two or three staff and contacted the service when they wished to and made their views known.
- The statement of purpose provided to the person using the service gave information about the service

provided. However, the name of the manager was given as a staff member who no longer worked for the company and had not been the manager of the service. This meant people were not provided with the correct information, should they wish to contact the registered manager.

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

- Due to the provider being absent, we were unable to ask them about their understanding of this. We did not find any evidence in records which would either support the provider's knowledge, or to give us reason for concern.

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

- The person using the service told us, [The staff] are very helpful and very kind to me."
- Staff listened to the person using the service and responded to their views. For example, the person would say to staff who had supported them well, "Gold star!"

Continuous learning and improving care

- The registered manager had undertaken some spot checks of staff, to observe them working with people. However, the most recent spot check had been in November 2018.

Working in partnership with others

- Staff contacted relevant healthcare professionals and worked in partnership with them when necessary, to improve people's experience at home, for example, physiotherapists and occupational therapists.
- Staff contacted GPs and district nurses when the person needed treatment.