

JK's Majestical Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on the 9 and 17 June 2016. Forty-eight hours' notice of the inspection was given to ensure that the registered provider we needed to speak with was available.

JKs Majestical provided personal care to older adults living in their own homes. At the time of our inspection ten people were receiving personal care from the agency.

Medicines were managed safely and people received their medicines when they needed them although records did not show why there were some gaps in the medicine administration records.

Staff were completing training although this had not all been completed by new staff. Staff were receiving formal and informal supervision. Essential pre-employment checks were undertaken.

There were sufficient staff to provide people with the care they required. People said staff were caring. Staff spoke to people in a kind and patient manner. We observed staff supporting people with respect whilst assisting them to maintain their independence as much as possible.

People and their relatives said they were very happy with the service and care they received. They told us care was provided to them with respect for their dignity by a consistent care staff team. Care staff, and the registered provider always asked for consent from people before providing care.

Staff were aware how to spot the signs of abuse and report it appropriately. People said they felt safe with care staff and were complimentary about the staff caring for them.

People's care plans were person-centred and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered.

Staff said they worked well as a team and that the registered provider was supportive and provided guidance when they needed it. Formal quality monitoring systems were in place.

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 safe.

Recruitment procedures were followed to ensure staff were safe to work with people. People's needs were met by sufficient numbers of staff who were seen as reliable.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

Good 

Is the service effective?

The service was not always effective.

Systems were in place for staff to receive training although they had not completed all essential training. Staff received support and supervision.

Staff knew people's needs and records showed people received appropriate care.

Staff were aware of the consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Requires Improvement 

Is the service caring?

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Good 

Staff communicated with people in a caring manner.

Is the service responsive?

The service was responsive.

People received individualised care that met their needs. Their choices and preferences were respected.

Staff responded to people's changing needs. People felt confident that concerns and complaints would be acted on promptly.

Good ●

Is the service well-led?

The service was well-led.

Staff worked as a team and they felt supported and well-led by the registered manager.

Staff could access advice and guidance as needed.

Audits were carried out and action was taken to address areas of improvement.

Good ●

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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.

This inspection took place on 9 and 17 June 2016 and was announced. Notice was given because we needed to make sure that the people we needed to speak with were available. The inspection was carried out by one inspector.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home including previous inspection reports.

We spoke with four people and two relatives of people who received a service from the agency and visited two people and viewed records held in their homes. We spoke with the registered manager and four care staff. We looked at care plans and associated records for four people, staff duty records, staff recruitment and training files, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us "New staff always come with one of the experienced staff and show them what to do, that's good because then I get to know them". Another person said "there are always two staff when they use the hoist, they have to do that for my safety". A relative said, "I have never seen or heard anything to make me worried". One person felt staff should have done more when they did not answer the door because they were asleep in bed. Although they were fine they were concerned that if they had needed help they would not have received it. Staff had returned later and the person had answered the door. We asked the registered manager about this. They said care staff had alerted them to the fact that they could not gain entry and had tried to telephone the person. Following a previous similar event they had asked the person to consider a key safe or the agency holding a key to gain entry in an emergency but the person had not wanted this. People said they would have no hesitation in contacting the registered manager if they had any concerns about the care they received.

Staff knew what to do if they suspected abuse. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow these up with the local authority or CQC if necessary. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the relevant authorities. One member of staff said, "I'd tell [name registered manager] I know they would do something or I could call you (CQC) or social services". The registered provider was aware of their responsibilities for safeguarding and described action they had previously taken as part of a safeguarding investigation. The registered manager was aware of who to contact at the local authority if they had any concerns about people's safety.

Medicines were managed safely. Some people managed their own medicines, whilst others had requested staff to administer their medicines. Staff were aware of people's rights to refuse medicines and stated they asked people if they needed 'as required' medicines such as paracetamol for pain relief. One person told us "they ask and if I don't want it they don't make me have it". Whilst visiting one person we saw staff left some medicine for the person to take at a later time. The person was fully aware of what the medicine was for and when they should take it. Where staff collected prescriptions from the pharmacy for people systems were in place to ensure these were requested and collected when required and checked to make sure they were correct before being taken directly to the person's home. Staff had completed Medication Administration Records (MARs) when they had administered medicines although they had failed to record on the MARs the reasons why medicines had not been provided and gaps had been left in MARs. The registered manager said they would discuss this with the allocated staff member.

Staff involved in the administration of medicine told us about medicines distance learning they were undertaking and commented that it was detailed and relevant to their work. Before any staff commenced medicines administration they were assessed as competent using a formal competency tool by the registered manager or a senior staff member. They knew people's needs in relation to medicines and some information was included in care plans. Systems were in place, and in use, to ensure staff knew which prescribed topical creams should be used for each person and where they should be applied. Care staff

confirmed they always used gloves when applying topical creams.

Recruitment and selection processes ensured that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. The registered manager described the recruitment procedure in use. Candidates completed an application form and if suitable, were invited to interview with the registered manager and a senior staff member. Successful candidates then undertook a shadow shift where they observed the senior staff member. The registered manager said this gave the applicant the chance to decide if they liked the work and also enabled the agency to access the staff member's interactions with people. The registered manager said staff did not commence working until two satisfactory references had been received as well as a criminal record check with the disclosure and barring service (DBS). Staff suitability to work in the care of older people was established by these necessary checks. The registered manager was in the process of recruiting two new care staff. They told us they were waiting for the pre-employment checks to be returned. Records showed that information necessary to request these checks was available and had been submitted to the checking authority.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were also available for moving and handling, use of equipment, nutrition, medication and falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, one person was at risk of not swallowing medicines. Staff were reminded to 'watch [name person] take tablets as they try to hide them'.

There were sufficient staff to provide the care and support people needed. People said they always received the care they required, and that staff always stayed the correct length of time. The duty roster showed that two staff were allocated when there was a moving and handling need, or when other risks had been identified. People and care staff confirmed that two staff were always present when moving and handling equipment was used. The registered manager said they always considered the implications on staffing when deciding whether or not to accept new care packages. They also told us how they had decided not to continue to provide care for a person whose needs changed and they then required a very high number of hours. The registered manager said they felt they did not have the staffing resources to maintain this long term. Staff told us they had adequate time to complete all required tasks at each visit and that should they arrive late "due to traffic" they always apologised and stayed the full time. People confirmed this saying that if staff were late they would always stay for the correct time and complete all the allocated tasks.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would immediately contact the registered manager or supervisor who would arrange for assistance and usually attend themselves allowing the staff member to continue with their following planned visits. This meant subsequent people would continue to receive the care they required and the person involved in an emergency would receive all the care they required. Staff were correctly able to describe the action they would take in a variety of emergency situations.

Is the service effective?

Our findings

At our last inspection in April 2015 we identified that staff had not received adequate training. We made a requirement notice and the provider sent us an action plan stating how they would ensure staff received the necessary training. At this inspection we found staff were receiving some training and the provider was arranging additional training however staff had not yet completed all necessary training.

Care staff told us they were working on distance learning work books. One said "at the moment I've got the medicines book I'm doing". They said it was interesting and relevant to their work. Another care staff member who had not previously worked in care said they were completing a workbook about medicines management and said they were due to commence a care qualification. However, they said they had not undertaken the care certificate as part of their induction. The care certificate covers all essential training required by staff new to the care sector. The registered manager had provided staff with skills for care common induction standards workbooks. However, this induction programme had been replaced by the care certificate in April 2015 and care staff were therefore not undertaking the most up to date induction training.

Care staff had not completed specific training such as moving and handling. Some staff said they were shown how to use equipment for one person by an occupational therapist and others that the registered manager had shown them how to use this equipment. All staff said they always worked with another staff member when moving and handling equipment was used. The registered manager informed us that moving and handling training for all staff was being booked with an external training provider.

Care staff told us they had 'shadowed' experienced care staff when they had first started working for the agency. They said this had helped them to get to know the people requiring care and their support needs before providing care on their own. Before care staff were permitted to work unsupervised a competency assessment was completed by the registered manager or care supervisor. This helped ensure new care staff were both confident and competent to work unsupervised.

Systems were in place to ensure staff received regular structured supervision. Structured supervision provides an opportunity for individual care staff to discuss their work, training needs and any concerns with the registered provider. Care staff and the registered manager confirmed they had opportunities to formally meet and discuss their work or training needs. The registered provider and care supervisor also undertook some care calls with care staff when two care staff were required. They identified this provided a good way to supervise care staff and ensure they were providing appropriate care for people. Staff said they felt supported by the registered manager and that they could telephone or visit the agency office at any time if they had concerns or needed support.

People and relatives were confident that care staff had the skills to care for them effectively. One person said, "Everything is wonderful. I get all the help I need". Another person said, "They do everything very well". A relative made similar comments and said "they know what they are doing and how to do it, no worries at all about that". One person had added a comment on an agency satisfaction survey completed in December

2015. They had stated "carers are on a par with my family, I and my husband are more than happy with them".

People's health needs were met. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Where people required health care this was arranged in a timely manner. One relative told us staff always contacted them if their relative's blood sugar levels were too high or too low. Care staff described the action they would take if the person's blood sugar levels were too high or too low. One explained that they had "popped back later in the morning" to check on the person. Another care staff described how they had sought medical advice when the person's blood sugar levels had been very low and taken the action as detailed by the 111 call handlers. Another relative told us staff had informed them when a person's feet had been swollen requiring a GP to visit.

Staff knew people's needs and described how to meet them effectively. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they would read previous daily notes to check if there were any additional tasks that needed doing. Duty rosters detailing which staff would be attending at each call showed a high level of consistency of care staff for each person. This meant staff were aware of people's individual needs and how these should be met. People told us there had been staff changes shortly before the inspection but that usually it was the same four or five staff that provided their care. Care staff told us they would shadow a senior staff member before attending care calls independently. This was also the case when new people were added to their rotas. This meant people were cared for by staff who they knew and who knew how to care for them.

People said they were always asked for their consent before care was provided. One person said, "they ask if I want anything else doing". People's care plans instructed staff about ensuring people's consent was gained. One care plan said, "ask [person's name] what they want you to do". Staff said they gained people's consent before providing care. One staff member said "I always ask and tell them what I am doing, if they say no I don't continue and let [name registered manager] know". They added they tried to encourage people to accept planned care but respected people's decisions. A relative said staff would inform them if the person had refused care.

People and a relative told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide. Staff were aware of consent and of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

None of the people using the service required assistance to eat their meals. Care staff involved in decisions about food and told us they would always ask the person what they wanted. We saw records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. Care plans contained information about any special diets people required and about specific food preferences.

Is the service caring?

Our findings

People and relatives said staff were caring. One person said, "They are wonderful, I could not manage without them, they are more like family now". People said they had good relationships with the staff caring for them. One person said, "We have a chat and I've got to know them". A relative said "[My relative] is happy to receive care". Comments about care staff included, "They are fantastic" and "Very caring". We observed care staff to be friendly with people and they promoted a helpful, relaxed atmosphere.

Care staff said they always kept dignity in mind when providing personal care to people. Staff told us they maintained people's dignity by always closing curtains or doors and using a towel to keep the person covered as much as possible. People said this was how care was delivered. One person said, "Yes, they remember to close the curtains".

People said care staff consulted them about their care and how it was provided. One person said staff would always ask if there was anything else they could do. One person told us staff would sometimes "overrun" and stay longer if required. Care plans directed staff to always ask people if there was anything else they needed doing. Care plans were detailed and showed people were involved in the planning and reviews of their care. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the registered manager. We saw in daily records that care staff had recorded when care was refused confirming what they had told us. This showed staff respected people's opinions.

We observed staff communicating in a caring manner. Care staff introduced us to the person and ensured they were comfortable with us before leaving us alone to talk with people. We also observed staff clarifying information with the person and checking if they required anything else before they left.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Is the service responsive?

Our findings

People received individualised care that met their needs. With the exception of one person everyone we spoke with was very satisfied with their care and the way it was planned and delivered. One person said, "My needs are met, I'm quite happy". A relative said, "They are really obliging and when things change will arrange extra visits". They added "[their relative] gets consistent care from regular staff, it's usually the same four or five staff". Where a person had requested a change to their care this had been done. One relative said "They are very responsive, I just email [name registered manager] and they sort out whatever is needed".

Care plans reflected people's individual needs and were not task focussed. For example, care plans detailed the support a person needed to increase their calorie intake when they had lost weight. Another care plan reminded staff that a person should not have certain foods or drinks due to the medicine they were taking. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. Where changes were required these were added to care plans pending a retyping of the plan. This ensured staff had accurate up to date information which was not delayed by waiting for plans to be retyped. People and relatives said they were involved in the planning of their care and this was reviewed regularly. Records confirmed this and most people had signed their care plans. One person added a comment on an agency satisfaction survey completed in December 2015. This stated "happy and satisfied with carers and care plan".

A daily record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health or hospital appointments. Staff responded to this and ensured care was provided to the person. We heard a phone call from a relative requesting an additional lunch time call as the person had not gone to their usual day services. The agency had been able to increase the staffing provided to one person for several weeks prior to deciding they could not maintain this long term. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the registered manager know and were confident they would make any necessary arrangements. Staff told us they had undertaken additional visits to check on a person who had been unwell.

Staff knew how to deal with any complaints or concerns according to the service's policy. People and relatives were confident that the registered manager took their concerns seriously and took appropriate action in response. One relative told us they had been unhappy with one care staff member. They had spoken with the registered manager who had arranged to change the allocated staff member. Another relative told us they had raised a concern and action had been taken. The registered manager told us a care staff member had passed on concerns about another care staff member. They told us they had visited the person to get a statement however, the care staff member decided to leave their employment during the investigation so disciplinary action could not be taken. We saw a response letter was sent to the person even though they had not themselves complained.

The registered manager recorded complaints and investigations and outcomes were documented. Following the investigation of one complaint in September 2015, the registered manager had issued a staff

member with a written warning. Their performance had been monitored and the registered manager said they now had no concerns with the staff member. Information on how to make a complaint was included in information about the service provided to each person.

Is the service well-led?

Our findings

All the people and relatives we spoke with were on first name terms with the registered manager. They expressed satisfaction with the way the registered manager ran the service. They said the registered manager was accessible, knowledgeable and friendly. Another commented, "[the registered manager] is good, she will sort out any problems." A relative said, "I can contact [name registered manager] if there are any problems or we need any changes made, I'm confident she will sort things out".

Staff said the registered manager was supportive and they felt valued by her. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[the registered manager] listens and is always available". Staff were encouraged to give feedback at staff meetings. We viewed a sample of staff meeting minutes and found issues around people's safety and care were addressed and staff were provided with other relevant information about the service.

The registered manager had contracted with an organisation that supported care providers. They had received a range of policies and procedures which had been individualised to the agency. This organisation also provided a service to ensure these were continuously updated to reflect any changes in regulations or best practice.

The registered manager had identified that record keeping and storage was an issue. They had an unused room which was now a separate office for the agency. The registered manager said this had made it easier for them to keep records organised and safe. This showed the registered manager was able to consider and take action to address developmental needs of the agency to improve the service provided.

As part of the quality assurance system the registered manager undertook monthly unannounced "spot checks". These involved either the registered manager or the care supervisor attending a care call with a care worker but not informing the care staff in advance that this was to happen. This was a formal recorded process whereby they checked the appearance, timekeeping, care tasks undertaken, record keeping, infection control and use of any equipment by the care staff member. This enabled them to check the staff member had the correct uniform and shoes and arrived on time. They also observed the care provided and ensured any equipment was used correctly. Records of spot checks were kept and formed part of the supervision plan for each staff member.

The registered manager told us they reviewed all medication administration records and records of daily care when these were returned to the agency office at the end of each month. They said this helped them identify if people were receiving the correct care. The registered manager described the action they would take should gaps be found in medication records or other poor record keeping. The registered manager described the action they would take should there be any accidents or incidents. A record book was available however, there had not been any such events since the previous inspection.

A survey had been sent to people in December 2015. The responses showed the majority of people were very happy with the service they were receiving. People had added additional comments one stated "Just to say

a big thankyou to you and all your staff for what you do". Another person had added a comment with identified dissatisfaction with one care staff member. The registered manager explained the action they had taken. The surveys had been anonymous and therefore it was not possible to provide feedback to the person or ask them which staff member had been involved. Therefore the issue was discussed at the next staff meeting and monitoring visits were undertaken on all staff.

The registered manager stated the agencies core values were independence, dignity, privacy, and choice. Staff were proud of their work and looked for ways to improve the service people received. The registered manager said they did not want the agency to expand and get too big as this would make it less individual and person friendly. They felt the small size of the agency meant they were known to all people and relatives and could provide a very personalised service.