

Maidstone Home Care Limited

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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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Maidstone Home Care is domiciliary care provider that was providing personal care to people in their own homes. Most of the people being supported were elderly and at the end of their lives. At the time of our inspection there were 14 people receiving support.

People's experience of using this service:

We found the service met the characteristics of a Good service in all areas.

People's experience of using this service:

People received safe care and support. Staff knew what actions to take to ensure people were protected from abuse.

The registered manager was mindful to be sure there were enough staff before considering supporting new people.

People told us staff were skilled in carrying out their role. Staff said they were supported by the registered manager and senior staff.

People received support to manage their health needs. Relatives told us they appreciated the support and guidance given to them by care staff.

Staff worked well together and with each other to ensure people received joined up care and support.

People received support from staff who had a caring nature.

People were treated with kindness, and their privacy and dignity was respected.

People received personalised care which was responsive to their needs and choices.

The service had a registered manager who was dedicated in providing high-quality care which promoted an open and fair culture.

Audits were in place to assess the performance of the service and to action any concerns as they arose.

Rating at last inspection: Good (report published 21 March 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out

another scheduled inspection to make sure the service continues to maintain Good.

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 remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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. They had experience of caring for elderly people.

Service and service type:

Maidstone Home Care is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people and people at the end of their lives. The service operates in areas of West Kent. Not everyone using Maidstone Home Care receives a 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.

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 7 February 2019 and finished on 11 February 2019. We visited the office location on 7 February 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We asked the registered manager if they could seek the permission of people using the service to visit them in their home to gain their feedback, and we visited on 8 February 2019. We spoke to staff on 11 February 2019 on the telephone.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider was not able to complete a Provider Information Return as we had not requested this. Therefore, we looked at this information when we inspected the service and made the judgements in this report.

During the inspection we looked at the following:

- Notifications we received from the service
- Three people's care records
- Three staff recruitment files, staff supervision and training records
- Audits and quality assurance reports
- Rotas
- Medicine records
- We visited three people in their homes and spoke to them and their relatives about the support they received
- We spoke with 10 people and their relatives on the telephone
- We spoke with the registered manager, the operations manager and five care staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify different types of abuse, and were confident that any concerns they had would be managed appropriately by the registered manager and senior staff.
- Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. The registered manager liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed before people started to receive a service. The assessments always took place in people's homes.
- When risks were identified, staff were provided with guidance on how to reduce those risks. For example, one person was at risk of becoming dehydrated. Staff were provided with a colour chart which helped them assess if the person was dehydrated. Their care records included instructions on what action to take to keep them hydrated.
- Another person had a number of dogs which may have posed a risk to staff. Staff were advised to keep safe by ensuring a relative had moved the dogs to the kitchen before entering the property.

Staffing and recruitment

- There was always enough staff to meet people's needs. The registered manager assessed staffing levels before they made the decision to take on any new people into the service.
- People were supported by a small group of staff whom they knew well. One relative told us, "Even if a new staff member comes they will be with a staff member we know. It means I don't need to explain over and over again what needs to be done."
- Rotas were organised so staff only travelled short distances between visits. People told us staff arrived on time. If staff were late due to traffic, they would always inform the next person to be visited by phone.
- People and staff were supported out of office hours by an on call system manned by senior staff.
- Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. References were sought and checked.

Using medicines safely; Learning lessons when things go wrong

- People's ability to manage their own medicines was assessed before they received a service from the provider.
- Most people received support with their medicines from relatives. However, where required staff made sure people received their medicines safely. Senior staff made sure medicines were delivered from the

person's pharmacy in blister packs to make administration easier for staff and people's relatives.

- Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.
- Quality assurance audits had identified staff were not always completing medicine records accurately. The registered manager sought feedback from staff, which highlighted difficulties with completing the records. A new template was devised which led to better record keeping, and staff received refresher training in how to support people with their medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves aprons and overshoes.
- Staff told us they had access to as much equipment that they needed, and it was available in the sizes they required.
- Infection control training was provided to staff on their induction into the service, and refreshed regularly.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability, sexuality or religion. This included, for example, assessing the person's communication needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Newly recruited staff received an induction which included gaining experience by shadowing more experienced staff.
- Most new recruits came to the service with existing qualifications in care. Those who didn't were supported to gain the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.
- Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them. Staff received regular supervision.
- People and their relatives told us they thought staff were well trained. One relative said, "They know what they're doing, they're confident and that helps me be confident too."

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

- Staff were skilled in making sure people had access to support from healthcare professionals when needed.
- Senior staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.
- Staff supported people by arranging for them to be assessed for specialist equipment that might enhance their lives, such as specialised beds or mattresses.
- Staff effectively communicated people's rapidly changing needs with each other and the registered manager by using an online application. This meant all staff knew how people's needs were changing so people and their relatives did not have to repeat it to different staff members. One relative told us, "He's

starting to get pressure sores, I don't know what to look out for but they do. It's very reassuring."

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

- Most people were supported to eat and drink by their family members. However, when needed, other people were supported by competent staff who were trained in, for example, food hygiene.
- Where people had specialist conditions staff were skilled and trained to be able to support them. One person needed specialist equipment when eating and drinking. All staff involved in that person's care had received training on the equipment from a specialist nurse. Where there were concerns about the operation of the equipment, staff swiftly arranged for support from the nurse so the person could continue to be able to receive their food as needed.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found staff were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.
- The registered manager gained consent from people prior to carrying out any assessment of their needs. Some people did not have the ability to consent themselves. The registered manager checked that relatives of these people had the necessary authorisation to consent on their behalf. We also heard staff asking people for their consent before providing them with support.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion in their day-to-day care. Staff knew people well because rotas allowed them to support people consistently.
- Staff were aware of people's behaviours and knew how to respond to them in a reassuring and positive manner. During one visit to a person's home, we heard staff talking to the person about their weekend routine with their family. The person's relative said, "They know us better than we know ourselves." Another said, "They're kind, and are very positive in their outlook."
- Staff sought accessible ways to communicate with the people they supported. One person communicated their choices and preferences to staff by typing onto a computer tablet. Another person had a health condition which meant they needed time to be able to understand and respond to staff. Guidance on how to do this was provided to staff in the person's care records, and we observed staff being mindful of this when providing them with support. The registered manager told us information was available in large print for people if they needed it.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- We observed staff asking people how they would like to be supported. For example, one person asked to have a jumper on over their bedclothes each morning. This was communicated to all staff so they were aware of the request, and the care coordinator said they would be arranging for the care records in the person's home to be amended to reflect this request.
- If people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves. One staff member told us, "It's a step by step process for [person being supported]. They're getting stronger each day so we need to consider that and not just take over."
- People had their dignity and privacy respected. Staff said this might include shutting the bathroom door when providing intimate support, and covering the person with a towel.
- The registered manager made arrangements to ensure that private information was kept confidential.

Care and staff records containing private information were stored securely in an office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff knew not to divulge information about a person without their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way, and one relative we spoke with complimented the detail they went into, telling us, "The care plan even states how carers would knock on the door before they come in."
- Staff respected people's human rights, diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability or their religion. This included making sure staff took their shoes off when entering a person's home.
- Care plans were regularly reviewed. One staff member told us, "The information they [senior staff] provide is really detailed. If we get a new client I feel I know them already."
- Care plans were drawn up taking into consideration information from health professionals such as occupational therapists, district nurses and staff from the local hospice.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint, and felt any concerns they had would be treated seriously by the registered manager.
- Information on how to make a complaint was held in care records at each person's home. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- The registered manager told us they had not received any formal complaints since our last inspection. The registered manager said, and people confirmed, they had a close relationship with everyone receiving a service, and would manage any concerns as soon as they arose.

End of life care and support

- People were supported at the end of their life to have a pain free and dignified death.
- Most people receiving support were being cared for at the end of their lives. Staff worked closely and sensitively with health professionals from the local hospice and other nurses to make sure people received the right support.
- Staff helped relatives to coordinate support from a number of different healthcare agencies involved with people at the end of their lives, and relatives told us they appreciated this help. One relative said, "I've never been in this position before, but I know they have and they let me know what to do. I don't know what I'd do without them."
- Staff provided emotional support to relatives as well as support needed by the people receiving the care. One staff member told us, "We're supporting the families as much as the service users. Sometimes it becomes more about the family." The registered manager told us that one relative had become lonely after

the passing of their loved one, and regularly visited the service's offices for emotional and practical support.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider had a vision and a set of values which they kept under review. These included a statement, "We don't just talk about values like trust, confidence, respect, safety, dignity, integrity, independence and treating each client like an individual. We live and breathe them, every hour of every day."
- The registered manager said they checked if staff followed these values by discussing them in supervisions and checking at spot checks in people's homes. One senior staff member said, "We support people alongside other staff members at least once a week, so I can see and hear how well they are caring for people."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns.

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

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Arrangements had been made for the service to learn, innovate and ensure its sustainability.
- The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. When staff had concerns about the implementation of an electronic monitoring system, they were able to raise these with the registered manager, who met with staff to ease their concerns.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community.