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# C&S Makenston Special Care Service

## Inspection report

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Date of inspection visit:  
30 November 2017

Date of publication:  
10 January 2018

## 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

At the comprehensive inspection of this service in June 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a Warning Notice. This was because staff had not been thoroughly checked before they started work at the service to ensure they were safe to work with people. We also issued a requirement notice for one breach, stating they must take action. This was because the service did not have suitable systems in place to identify areas that needed to be improved and take action to resolve them.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the questions Is the service safe? And Is the service well-led?. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for C&S Makenston Special Care Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We undertook an announced focused inspection of C&S Makenston Special Care Service on 30 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in Trowbridge and the surrounding area. At the time of our inspection three people were receiving personal care from the service.

This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the provider, or someone who could act on their behalf, would be available to support our inspection.

The provider is an individual and is in day to day charge of the service. The service does not have a condition of registration that they must have a registered manager.

The provider had taken the immediate action necessary needed to keep people safe following the last inspection. However, further action was needed to complete the actions that had been started and to ensure the improvements were sustained.

The provider had made applications to the Disclosure and Barring Service (DBS) for all care staff who did not have one at the time of the last inspection. A DBS disclosure gives an employer details of any convictions or cautions an applicant may have and whether the person is barred from working with vulnerable adults. The provider was waiting for these disclosures to be returned from the DBS, but had obtained declarations from staff regarding any convictions or cautions and had copies of DBS disclosures issued for staff from previous employment.

Since the last inspection, the provider had obtained a full employment history for all care staff, including a written explanation for any gaps in employment. Where staff had a previous conviction, the provider had completed a risk assessment, setting out their reasons for assessing that it was safe for these staff to work with people in this care setting.

The provider had developed action plans to address the shortfalls that had been identified at the last inspection, which had led to improvements in recruitment checks on staff. The provider had other quality assurance systems in place, which they used to receive feedback about the way the service was operating. However, work was needed to ensure these systems were formalised and would continue to be effective as the service grew to provide care for more people.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments included, "I'm very happy with the care, the girls are excellent. They know what they're doing and do it very well."

People told us they felt safe when receiving care and were involved in developing and reviewing their care. Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were providing care for.

## 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.

Improvements had been made to the checks on staff when they started working for the service. Further work was required to ensure actions were completed and these improvements were sustained.

People who use the service said they said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Quality assurance systems had been improved. However, work was needed to ensure the systems were formalised and would continue to be effective as the service grew to provide care to more people.

The provider promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to the provider.

**Requires Improvement** ●

# C&S Makenston Special Care Service

## **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 30 November 2017 and was announced.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service. This included notifications sent to us by the provider and action plans the provider sent us following the last inspection. Notifications are information about specific important events the service is legally required to send to us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

As part of the inspection we spoke with two people who used the service, the provider and two members of care staff. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not follow safe recruitment practices. The provider had also been in breach of this Regulation at the previous inspection in July 2016. As a result of our concerns we served a warning notice on the provider which said they needed to take action to comply with the requirements of Regulation 19 by 31 October 2017. At this inspection we found the provider had taken the immediate action necessary, although further work was needed to ensure these checks were completed and the improvements sustained.

The provider had made applications to the Disclosure and Barring Service (DBS) for all care staff who did not have one at the time of the last inspection. A DBS disclosure gives an employer details of any convictions or cautions an applicant may have and whether the person is barred from working with vulnerable adults. The provider was waiting for these disclosures to be returned from the DBS, but had obtained declarations from staff regarding any convictions or cautions and had copies of DBS disclosures issued for staff from previous employment.

Since the last inspection the provider had obtained a full employment history for all care staff, including a written explanation for any gaps in employment. Where staff had a previous conviction, the provider had completed a risk assessment, setting out their reasons for assessing that it was safe for these staff to work with people in this care setting. The provider had scheduled in regular reviews of these assessments to ensure their assessments remained up to date.

One new member of care staff had started work in the service since the last inspection. Records showed the provider had applied for a DBS disclosure and obtained a declaration from the member of staff that they did not have any previous convictions or cautions. The provider had also obtained references for the member of staff, including one from their last employer in the care sector, and a full employment history.

At the time of the inspection, two people who had used the service were in hospital and staff were not providing care to them. The provider reported it was planned that they would start providing care to these people again when they returned home from hospital. The care files for these two people contained very little information, with no details about how risks identified in the local authority's care plan would be managed. The provider told us the files in people's homes contained more detailed information, setting out specific information about risk management. Staff confirmed details were available in people's homes and demonstrated a good understanding of the risk people faced and how to manage them. The provider said they would take action to ensure this information was available in the office if they started providing care to people again.

Risk assessments were in place for other people who used the service. The assessments set out the support people needed to be as independent as possible while still managing the risks they faced. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked

where necessary.

People who were assisted with medicines felt confident in the support they received from staff. People's care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people by their supervisor to ensure they were putting the training into practice. Training records confirmed staff had received this training.

People told us staff arrived on time and they had met staff before they visited them to provide care. Comments included, "I'm very happy with the care, the girls are excellent. They know what they're doing and do it very well." Staff said they felt there were sufficient staff to make the visits necessary and provide the care people needed. Staff said they had sufficient time allocated to them to travel between appointments. People told us they felt safe when care staff visited them. Staff wore uniforms to identify them as working for C&S Makenston and had identification badges. People told us they knew the carers that came to them and were introduced to any new carers.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed they were able to call the provider if needed. Staff said this system worked well and they received the support they needed.

Staff had access to protective clothing, such as gloves and aprons, and there were infection control procedures in place. Spot checks on staff by the provider included an assessment of whether staff were using the protective clothing and following good infection control procedures.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective quality assurance systems. The provider wrote to us to set out the action they would take to address shortfalls in the quality assurance systems following the last inspection. The provider said this work would be completed by November 2017. At this inspection we found the provider had made the immediate improvements to the quality assurance systems. Further work was needed to ensure the improvements were sustained and the systems were formalised to ensure they remain effective as the service provides care to more people.

The provider had developed action plans to address the shortfalls that had been identified at the last inspection. This had led to improvements in the systems in place to recruit staff and ensure they were suitable to meet the needs of people using the service. The provider had other quality assurance systems in place, which they used to receive feedback about the way the service was operating. The systems included spot checks of staff performance, in which the provider completed unannounced observations of staff practice to ensure they were working in the ways expected of them. The provider also used these checks to receive direct feedback from people who used the service. People told us the provider regularly visited them to assess how staff were working and the support they were providing. The provider had recorded these visits and used them in feedback to staff about their performance.

The provider said they had completed surveys of people who used the service and their relatives about the quality of the service they received. The provider said they had collated all of the feedback since the last inspection. However, the provider was unable to find this during the inspection.

The provider told us they had regular contact with health and social care professionals, but did not have any formal system for requesting or acting on feedback from them. With the small number of people using the service at the time of the inspection, the provider was able to respond to this feedback in an informal way and make any changes needed. However, the provider acknowledged more formalised systems were needed to ensure any actions were captured and responded to as the service grew bigger and more people received care.

The provider is an individual and is in day to day charge of the service. The provider does not have a condition of registration that they must have a registered manager. The provider was passionate about supporting people to maintain their independence and to continue to live in their home. The provider said they wanted to ensure people received a service that was specific to them and met their needs. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for C&S Makenston included, "We get good, clear direction and the service is well managed" and "I am very grateful to [the provider]. It's a good place to work and we are able to provide the care that people need."

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's

needs. There was a clear leadership structure and staff told us the provider gave them good support and direction. Comments from staff included, "We are able to get in contact with [the provider] when we need to" and "The service is generally well managed."

The provider said they were a member of a number of trade associations, which they used to keep up to date with best practice and changes in legislation. The provider said their plan was to slowly build up the number of people they were providing care for, but was aware of the risks of doing this too quickly. They said they needed to ensure their growth was sustainable and they had sufficient staff in place to meet the needs of people they take on.