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C&S Makenston Special
Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

C&S Makenston Special Care Service provides a care at home service for adults in Trowbridge and the surrounding area. At the time of our inspection six people were receiving personal care from the service. The service was last inspected in July 2016 and required improvement.

This inspection took place on 21 and 26 June 2017. 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 not taken all the action we said they needed to after the last inspection. Staff employed by the provider had not been thoroughly checked before they started providing care to people. The provider did not have current information about any convictions or cautions staff may have or satisfactory assurance about their performance in other care work. The provider did not have all the information they needed to be able to make a decision about the suitability of staff to work alone with people.

The provider had improved their quality assurance systems since the last inspection. However, they had not identified that their recruitment checks on new staff were not suitable and did not meet the requirements of the regulations.

The provider had taken action to meet the other regulations they were in breach of at the last inspection in July 2016.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments included, "Excellent care. I don't have a bad word to say about them. They're fantastic", "They're lovely and friendly" and "They will do what I want them to do. I have no concerns at all".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. 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. Staff were appropriately trained and skilled and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was effective.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People felt they could contact the provider if needed and were confident action would be taken.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of the action we took in the main section of this report.

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.

The provider did not follow safe recruitment practices and did not have all the information they needed to be able to make a decision about the suitability of staff to work alone with people.

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 effective?

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Good ●

Is the service caring?

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were

Good ●

treated with respect.

Is the service responsive?

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and were confident any issues they raised would be investigated and resolved.

Good ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place, but did not identify the service remained in breach of regulations.

There was a leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

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 21 June 2017 and was announced. We returned on 26 June 2017 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

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 July 2016 we identified that the service was not meeting Regulation 19 (2) 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 wrote to us to set out the action they would take to address shortfalls in recruitment practices following the inspection. The provider said this work would be completed by November 2016. At this inspection we found action had not been taken to ensure safe recruitment practices were followed.

We inspected the recruitment records for five members of staff who were providing care to people in their own homes. Two of these staff had been employed by C&S Makenston Special Care Service without the provider obtaining a current Disclosure and Barring Service (DBS) disclosure for them. 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. In both of these cases, the provider had used a DBS disclosure that had been obtained by the person for previous employment and issued two years before they started work at C&S Makenston Special Care Service. This did not give the provider information on any cautions or convictions people may have received in the previous two years or whether they were on the list of staff barred from working with vulnerable adults.

The provider did not have any evidence of the conduct in previous employment in social care services of one member of staff. The provider had requested a reference from their previous employer, but this had not been received. The provider had obtained this reference by the second day of the inspection, which was 10 months after the member of staff had started providing care for people.

Of the five staff recruitment records we inspected, three did not have a full employment history. The provider was not aware they were legally required to obtain a full employment history for all staff, including a satisfactory written explanation for any gaps in employment. Without this information the provider was not able to assure themselves that the member of staff was of good character and had the competence, skills and experience to provide care to people in their own home.

Of the five staff recruitment records we inspected, three had convictions. The staff had declared these convictions when they applied for a job with the provider. The provider told us she had discussed the convictions with staff before they were offered a job, but there were no records of these discussions. The provider did not have any reasons recorded on staff records setting out why they assessed staff to be suitable for the role despite their convictions. Following the inspection the provider wrote to us and reported that these reasons had since been put in place on staff files.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because

medicines were not managed safely. The provider wrote to us to set out the action they would take to address shortfalls in medicines management following the inspection. The provider said this work would be completed by November 2016. At this inspection we found medicines were being managed safely.

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.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff to provide care for people at the time they expected, some care visits had been missed and staff were sometimes rushed. The provider wrote to us to set out the action they would take to address shortfalls in staffing following the inspection. The provider said this work would be completed by November 2016. At this inspection we found there were sufficient staff to meet people's needs.

People told us staff arrived on time and they had met staff before they visited them to provide care. Comments included, "The carers usually come on time, but they will ring if there's a problem" and "The same carers come to me". Staff said they felt there were sufficient staff to make the calls necessary and provide the care people needed. Staff said they had sufficient time allocated to them to travel between appointments.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always feel safe when staff went to their home. At this inspection we found people felt safe with staff in their home.

People told us they felt safe when care staff visited them. Comments included, "I feel safe with them. They're lovely and friendly" and "I feel safe, no issues with them. They're polite and gentle". Staff wore uniforms to identify them as working for C&S Makenston and had identification badges. People told us they knew the carers that come to them and were introduced to any new carers.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not notified CQC of an allegation of theft from a person's home. At this inspection we found the provider had clear procedures in place to deal with allegations and was aware of the need to report them to CQC.

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 or deputy manager if needed. Staff said this system worked well and they received the support they needed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. 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.

Is the service effective?

Our findings

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for gaining and recording consent for care and treatment were not always followed. The provider wrote to us to set out the action they would take to address issues with how they obtained people's consent. The provider said this work would be completed by November 2016. At this inspection we found the provider had records of people's consent to care and treatment.

People receiving care had completed records giving their consent for staff to provide care to them, which had been stored in their care files. People told us staff always asked before providing any care and one person commented, "They always do what I ask of them".

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The provider was aware of their responsibility to comply with the MCA if anyone did not have capacity to consent to a decision.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received training suitable for their role. The provider wrote to us to set out the action they would take to address issues with how they obtained people's consent. The provider said this work would be completed by November 2016. At this inspection we found staff received training suitable for their role.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. Since the last inspection the provider had sourced practical training sessions in supporting people to move using hoists and other equipment. Other training included health and safety, risk management, medication administration, first aid, fire safety and infection control. Staff told us the training they attended was useful and was relevant to their role in the service. Comments from staff included, "The training has been fantastic and has helped". The provider had a record of all the training staff had completed but this was in individual staff files. The provider said they would pull this information into one document as the service expanded. This will help to ensure the provider keeps an overview of the training needs of a larger staff group.

People told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff that they knew well and who knew them. Comments included, "They do what's in the care plan" and "They will do what I want them to do".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns at any time. They said the provider and deputy manager were available and made

time to discuss issues with them.

Records showed the service had supported people to discuss changes in their condition with relevant health professionals, such as the district nursing service or GP.

Is the service caring?

Our findings

People told us they were treated well and staff were kind and caring. Comments included, "Excellent care. I don't have a bad word to say about them. They're fantastic", "They're lovely and friendly" and "They will do what I want them to do. I have no concerns at all".

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care and other support they needed was recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. In discussions with staff they demonstrated they had created a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated people were involved in making decisions about the support they received. People said they had opportunities to express their views about the care and support they received. One person said, "They always ask whether I need anything else".

People were supported to have regular review meetings with the provider to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. One person told us, "[The provider] comes round regularly to check I am ok and how I'm being treated".

Staff told us that when they finished providing the care earlier than the allocated time, they would ask if there was anything else needed. Staff said the planning of workload enabled them to spend time with people and not rush the care that they provided. One member of staff told us, "There are enough staff to meet all the calls. We don't need to rush".

Staff received training to ensure they understood the values of the service and how to respect people's privacy and dignity. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example ensuring they respected people's homes and making sure personal conversations took place in private. Staff were careful to protect people's personal records throughout the visit, ensuring they were not left in areas where others could see them. Information about people was written in a respectful manner.

Is the service responsive?

Our findings

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not person centred and did not contain clear information about how to meet people's needs. The provider wrote to us to set out the action they would take to address issues with care planning. The provider said this work would be completed by November 2016. At this inspection we found the provider had supported people to develop care plans which set out how their needs should be met.

Each person had a care folder in their home, which contained a detailed care plan and records of the care staff had provided. A copy of these care plans was also held in the office so staff could reference it if needed. People were aware of their care plan and said they were involved in the development of it. People felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated. The plans included details of the support people needed and what they were able to do themselves. This helped to ensure staff supported people to maintain their independence. The plans also included details of any equipment people used to help maintain their independence.

Care plans contained information about people's communication needs and any assistance they may need. There was information about a person who would translate for one person whose first language was not English. The provider was in the process of recruiting a carer who spoke the same language as this person to help ensure they were able to communicate with them more effectively.

At the last comprehensive inspection in July 2016 we identified that the service was not meeting Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because complaints were not always investigated and responded to. The provider wrote to us to set out the action they would take to address issues with complaints. The provider said this work would be completed by November 2016. At this inspection we found the provider had complaints procedures in place and complaints had been investigated and responded to.

People told us they would speak to the provider if they had any concerns and were confident their complaint would be resolved. Comments included, "I would speak to [the provider] if I had any complaint. I'm confident she would sort out the problem". Another person told us they had raised a complaint with the provider, who had investigated and taken action. The person was satisfied with the action the provider took.

The provider had a complaints procedure, which set out the action they would take to investigate any concerns that people raised with them. The procedure also gave people contact details of the Care Quality Commission and the Local Government Ombudsman. The provider told us details of how to make a complaint had been sent to everyone who used the service.

Is the service well-led?

Our findings

At the last comprehensive inspection in July 2016 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 2016. At this inspection we found improvements had been made to the quality assurance systems. However, the provider had not identified the shortfalls in relation to staff recruitment or taken action to address this unsafe practice.

The provider had worked with the Wiltshire Council quality assurance team and had developed action plans to address some of the shortfalls that had been identified. This had led to improvements in the systems in place to support people who used the service. However, we identified that action to address the concerns in relation to staff recruitment records identified at the last inspection in July 2016 had not been taken. The systems for assessing the quality of the service provided did not include an assessment of whether safe recruitment processes were being followed. The provider had not ensured they were meeting the requirements of the regulation in relation to checks on new staff employed in the service. This meant staff were providing care to people on their own without assurance that this was safe for people.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had developed systems to receive feedback from people about the service they received. The provider said they were in the process of collating this feedback to produce diagrams of the feedback and the action that had been taken as a result. The feedback we saw was positive, with people satisfied with the service they were receiving and way staff supported them.

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 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, "It's a lot better than other places I've worked at. We see lots of [the provider] and she's supportive" and "It's brilliant. I love my job".

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 and deputy manager gave them good support and direction. Comments from staff included, "[The provider] has a good understanding of

what is going on" and "We are able to get hold of [the provider or deputy manager] in an emergency. We get good support".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured quality assurance systems identified continued breaches in regulations and actions needed to meet the requirements of the regulations. Regulation 17 (1) (2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured there were effective recruitment procedures that thoroughly checked staff before they were employed to provide personal care to people.

The enforcement action we took:

We served a warning notice on the provider.