

MKF Homecare 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection commenced on 18 September 2018, and it was announced. We gave the provider 24 hours' notice of our intended inspection to ensure relevant staff would be available to assist us with the inspection process.

This service is a domiciliary care agency. MKF provides care and support to people living in their own homes in the community. At the time of our inspection they were providing a service to 23 people with the regulated activity of personal care.

The service had a registered manager in post who was present on the day of our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found the service was not consistently well led. There were insufficient quality assurance systems in place to monitor the service effectively.

People told us that they felt safe. There were safeguarding procedures in place to help protect people from harm and staff had received effective training in safeguarding people. Staff understood their responsibilities and were able to describe the process they would follow if they had any concerns about people's safety.

Potential risks to the health and well-being of people had been assessed and where risks were identified, appropriate actions had been taken to help mitigate and reduce risk. These were kept under review to ensure they were current and effective.

No accident or incidents had been recorded and the registered manager confirmed that they had not had any, but if any incidents did occur they would record them and complete relevant notifications.

People were supported by a small and consistent team of care staff and there were sufficient staff deployed to provide the care and support people required. The service had a recruitment procedure in place to ensure the safe recruitment of all staff. This was undergoing some developmental work at the time of our inspection to ensure a more consistent approach.

People were supported to take their medicines as prescribed by staff who had received training and had their competency checked. People were supported to maintain their health and well-being and accessed the services of health professionals. People were supported to have maximum choice and control of their lives and staff supported them to remain as independent as possible. People were asked to sign their care plan to give their consent and agreement.

People had been involved in the development and planning of their care and deciding how and when their

care was provided. Each person had a detailed care plan which reflected their needs, and was reviewed periodically.

Staff were supported and had the skills and knowledge to care for people effectively. They had received training and supervision, which was being further developed to ensure consistency. Spot checks were completed and used effectively to help with personal development.

People were provided with a service by staff who were kind and caring. Staff were respectful of people's dignity and privacy. Staff were knowledgeable about the people they supported and had developed positive and respectful relationships.

People knew how to raise concerns or complaints, although no 'formal' concerns had been recorded. Feedback on the service was encouraged and was shared with staff for learning and development which helped address and resolve any potential concerns before they became a complaint.

We noted that improvements had been made since the last inspection. The registered manager had put systems and processes in place to help monitor the overall quality and safety of the service. However, they had not yet completed a survey or questionnaire to obtain people's feedback to enable them to evaluate what the service does well and where improvements were required. Although this was being addressed at the time of our inspection this had been an outstanding action from the previous inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe when receiving support.

There were appropriate systems in place to safeguard people from the risk of harm.

Staff had received safeguarding training and understood how to report concerns.

Risks to people's health and well-being were assessed and managed appropriately.

The provider had robust recruitment processes in place. There were sufficient staff to meet people's needs.

Systems were in place for the safe management of medicines.

Staff were provided with gloves and aprons to help reduce the risk of cross infection.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and support from the management team.

People were asked to give consent to the care and support they received.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing.

People were supported where required to access health care professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

People were involved in making decisions about their care and support.

Positive relationships were developed between people and staff.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Care plans reflected people's individual needs and requirements.

People were aware of how to raise any concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were limited systems, and processes in place to effectively monitor the quality of the service provided.

The registered manager was hands on and people felt they had a positive influence on the service.

People and staff gave positive feedback overall.

The culture of the service was open transparent and inclusive.

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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.

Inspection site visit activity started on 18 September 2018 and ended on 21 September 2018. The inspection at the office was completed on 18 September 2018 and feedback was obtained from people who used the service and staff on the 19 and 21 September 2018 to obtain their views and experiences of using the service. The inspection was carried out by one inspector.

We reviewed all the information we held in relation to the service. We had also received a PIR Provider information return. This is a document that the provider completed which tells us what the service does well and any improvements they plan to make.

The provider was given 24 hours' notice because the location provides a domiciliary care service to people in their own homes and therefore we had to obtain peoples permission before we could speak with them. We also needed to be sure that senior staff would be available on the day of the inspection to assist us with our inspection.

Before the inspection, we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

We spoke with two people who used the service and two relatives. We spoke with three care workers, the provider and the registered manager. We also received feedback from the local authority.

We looked at three people's care records. We reviewed three staff recruitment files, the staff rota and staff training records. We also looked at further records relating to the overall management of the service, including quality assurance, how feedback was obtained and evaluated and quality audits, in order to assess how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us they felt safe having their care provided by staff from MKF. One person told us, "Yes, I do feel safe, there has never been any reason not to feel safe". A family member also told us, "I don't have concerns about [Name] safety, I feel reassured they are being cared for safely. Staff always turn up when they are expected."

Staff had received training on safeguarding procedures and were able to explain different types of abuse along with reporting procedures. They demonstrated a good understanding of how to safeguard people from possible harm. One member of staff told us, "I would always report any concerns I had to [Name] of registered manager." Another member of staff told us, "We have regular conversations and handovers with our managers and can always talk to them about any concerns."

Staff records confirmed the training staff had received, Staff training and consistency had improved since our last inspection. We saw that staff training was more consistent and that staff undertook refresher training when this was required.

Risks to people's safety and well-being had been assessed and managed appropriately where risks had been identified. People had individual risk assessments in place which gave guidance to staff on specific areas of people's care and support needs. These included risks associated with health conditions, mobility, and medicines. The risk assessments were mainly of a tick box type with a section for additional information. This enabled assessors to provide staff with detailed information about the risk and the control measures staff needed to follow to ensure people's continued safety.

The registered manager told us that they would record and report where appropriate any accidents and incidents if any occurred. However, at the time of the inspection no accidents or incidents had occurred.

There was a recruitment processes in place and we saw that staff had completed a range of pre-employment checks before they commenced working at the service. This included obtaining references from previous employers, a Disclosure and Barring Service (DBS) check for all the staff. and checking the applicant's identity and address DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there were sufficient staff available to meet their needs at their preferred times. Care was provided by a small and consistent staff team. Rotas confirmed that there was adequate time for staff to travel in between visits and people told us if staff were running late they would let them know where possible. One person told us, "They always manage to complete all the tasks and will even stay a bit longer if necessary."

People received their medicines safely and as prescribed. A member of the management team carried out an assessment prior to the service starting and this included assessing people's ability to manage their own medicines. Staff had received training and had their competencies checked at regular intervals to help

ensure good practice was maintained. One person's relative told us, "We have not had any issues in relation to [Name] getting their medicines regularly." A member of staff told us, "We have to complete the training before we can assist people with their medicines and there are checks in place to make sure we record everything on the Medicine Administration Records".

Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE), such as disposable gloves. This helped reduce the risk of cross infection and helped to keep people safe.

Is the service effective?

Our findings

People told us that the service was effective in meeting their needs and felt that staff had the appropriate skills and experience to provide their care and support. One person told us, "I feel confident with the staff who support me, I am sure they do have the necessary training." Another person told us, "The staff are all good very good, they are a lovely team." A relative said, "The registered manager comes and works alongside the staff so they know exactly what is going on."

An induction was completed by all staff when they commenced employment with the service, which included training, a period of shadowing experienced team members and assessments of their competency. Records confirmed the training programme followed by each member of staff and the assessment of their performance during the induction period. This was through observations, for example, in the administration of medicine by a senior member of staff.

Staff told us they had completed a range of training courses in recent months including safeguarding, administration of medicines, and moving and handling. The provider told us they were completing additional training in dementia care, called 'The Journey', with a view to becoming a dementia champion. One member of staff told us, "We get regular training but can also ask if there is something we are interested in or that is relevant to our roles and work."

Staff received support from the management team and regularly worked alongside senior staff. There were regular handovers at the end of shifts and staff and managers told us they talked to each other several times a day, as they were a small team. Staff received supervision and had an opportunity to discuss any work-related issues along with training needs and or their personal development. Staff told us they did not have regular team meetings due to the size of the service but as they met regularly these were not considered necessary.

All the staff we spoke with told us that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at.

In addition to formal supervision, senior staff undertook various spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These checks included an evaluation of the care workers' performance with regards to task completion and appropriate interaction with people who used the service.

People we spoke with told us they were supported to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "It's my home and they [staff] respect that. They give me choices." We saw that consent forms were present in people's care records, which they or a relative had signed on their behalf to show they agreed with the care and support package provided. Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and the service operated within the principles of MCA.

People, where required, were supported to eat and drink sufficient amounts to remain healthy. Any concerns were reported to the office so that the registered manager could take appropriate action. For example, by referring to the GP, dietician or the speech and language team (SALT).

People were supported when required to make and attend healthcare appointments and or to access healthcare professionals such as their GP, opticians or chiropodists.

Is the service caring?

Our findings

People told us the staff who supported them were kind, caring and friendly. One person told us, "They really are wonderful, the carers. I do look forward to their visits." Another person told us, "Everyone is so friendly; they always have a chat. I am really pleased with all of them."

People had developed relationships with the staff who supported them and it was clear there was mutual respect between the staff and people. One family member told us, "They are always respectful, they always knock and never overstep the mark. They are a lovely bunch."

Staff were enthusiastic about working at the service and the relationships that they had developed with people. One member of staff told us, "I really enjoy my work and helping the people to live their lives while continuing to live in their own homes is an achievement."

Staff knew the preferred routines of people they supported. All the staff we spoke to were able to tell us about the care needs of the people they supported and how they preferred their care to be provided. Care plans contained information about people's life histories and backgrounds, family involvement and people's likes and dislikes, and staff told us this helped to develop relationships with people.

People told us that care workers were respectful and treated them with dignity. One person told us, "They are all friendly, but respectful. It's my home and the care and treatment I receive from everyone is always dignified." Another person told us, "I was given a choice of whether I preferred a female carer, which I did, and that is important to me."

Staff explained to us how they both respected and promoted privacy and dignity when supporting people. One staff member told us, "I treat people the same way I would want my loved one to be treated. I cover them with a towel and make sure they are at ease and comfortable."

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person said, "I am very happy with the service. I'm visited regularly by senior staff who always ask if everything is going ok, if I want to make any changes or anything."

People confirmed that they had been involved in developing their care plans and had copies of them and other records in a folder in their home. One person told us, "Everything was discussed with me when I started with MKF." Records showed that people had been involved in the assessment of their care, the support they required and when.

Care plans were regularly reviewed and updated whenever there was a change. We looked at three care plans and saw they were individualised to meet people's specific needs. There was evidence of people's involvement in the assessment and planning of their care and people had signed to confirm they agreed with the content. Regular meetings were held with people, their relatives and the registered manager to

review the care package in place.

People's confidential information was stored securely in lockable cabinets within the office. Staff were aware of the need to keep information confidential.

Is the service responsive?

Our findings

People received a personalised service, which they said was responsive to their needs and confirmed that they were involved in planning their care. One relative told us, "It works well for us. I am not always around due to work commitments and we discussed this with the management at the initial assessment. It is important that they respond to [Name] when I am not around and we have had no problems. They are very good, they are reliable, and if something changes they deal with it. It works well."

People's needs were assessed before the service commenced and could be adapted when anything changed. For example, if people required visits or a change in the duration this could be accommodated into the schedule. People were asked about the times they preferred their visits to be provided and the service provided was flexible. The registered manager told us that if people needed to change the times of their visits for any reason they would as far as possible accommodate that request.

Staff were knowledgeable about the people they supported. Staff were able to describe in detail people's preferences, interests, family circumstances as well as their health and support needs. One member of staff told us, "The care plans give us all the information we need. If anything changes we just let [Name] registered manager know and we are flexible. We always try to respond to requests if people need to change the times or days of their visits. We recognise people need to live their lives in a way that suits them not us."

Staff told us that they were kept informed of changes in people's needs at handovers, during meetings or by being informed by a member of the management team. Staff confirmed there was always a member of the management team available to advise and support them. For example if they were unclear about any changes in people's needs or if they wanted to clarify information contained within people's records in their homes.

One person told us, "They really are very good and totally flexible, when I was in hospital they called most days to see how I was and to talk about what I might require when I return home. I thought that was really nice and they were able to meet all my requirements when I did return home."

People who used the service were aware of the complaints procedure or who to contact if they had concerns. One person told us, "I have had no complaints but I can speak to any of the staff if I did and I am sure they would respond and rectify things." Another person told us, "I feel I have plenty of opportunities to speak up if something is not right. The managers are part of the team who provides the care and visit regularly so it would not be a problem to raise a concern." A copy of the complaints procedure was placed in the file kept within each person's home.

People were also asked about their views on the service during individual care plan review meetings. For example, if the care provided was still meeting their needs and if they were happy with the staff who supported them.

The provider and registered manager had not completed any surveys or questionnaires to determine how the service was performing. So, we were unable to assess how the service would respond to any negative feedback, or areas that required improvements.

Is the service well-led?

Our findings

At the previous inspection in August 2017 the provider and registered manager did not have consistent quality assurance systems and audits in place to monitor the overall quality and safety of the service. We also found that records were not always up to date and the registered manager could not assure us that staff provided safe, effective and good quality care that met people's needs.

The service had a registered manager. They were open and transparent and the service had an 'inclusive' culture.

At this inspection we found that although improvements had been made, further work was necessary to enable them to properly monitor the service and gain meaningful feedback which could be analysed and actions put in place to address any shortfalls and make continual improvements.

Records audited were not always consistent and did not always identify gaps. For example, records did not always contain dates on which they had been reviewed or dates when changes had occurred. This made it difficult to confirm the frequency or effectiveness of these reviews.

Training had been completed although there was a lack of management oversight and training was not always consistent. For example, although all staff had received training it was unclear when refresher training was due and how this was monitored and managed. The registered manager was unable to demonstrate how staff training audits were undertaken because the information about the training was not always clearly recorded.

At the previous inspection in August 2017 we found that the registered manager did not fully understand their responsibilities in relation to the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This is an area that requires improvement.

At the previous inspection in August 2017 staff had told us that the training provided was not of good quality. We were concerned about the lack of moving and handling training facilities, which meant that this was provided in people's own homes and may have impacted on their privacy and dignity.

The registered manager told us that people's privacy was maintained because when staff were being trained they worked alongside the registered manager and provider, so it was personalized and non-intrusive. The training took place in the person's own home with their consent.

People who used the service and their relatives provided positive feedback about the service and how it was managed. One relative said, "We have been having a service from MKF for a couple of years now and have been very impressed with all aspects of the service including the overall management."

At the previous inspection in August 2017 we found that the service was not appropriately managed because the registered manager spent much of their time providing care, leaving little time to carry out the management of the service. At this inspection we found that additional staff had been successfully recruited and the registered manager had been able to focus on their management role. Although they were due to go

on maternity leave a new manager was in post and was in the process of applying to register with CQC.

At this inspection we found that the registered manager had joined a local care provider's association to further assist them to gain knowledge and experience of their regulatory responsibilities. The provider and registered manager told us that quality assurance surveys were being developed by the care providers association and would be distributed to people, their relatives and staff to gather their views on the service provided. An action plan had been developed following an inspection by the commissioners In July 2018. Most of the actions had been completed, however some were still in progress at the time of our inspection.