

Mackley 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

Mackley Homecare Limited is a domiciliary care agency located within the Borough of Bromley. It provides personal care and support to people living within their own homes. Not everyone using Mackley Homecare Limited may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to 10 people.

People's experience of using this service

People and their relatives spoke positively about staff and the care they received. Safeguarding and whistle blowing policies and procedures were in place and staff had a good understanding of them. Recruitment checks took place before staff started work and there were enough staff to meet people's needs appropriately. Risks to people were assessed to ensure their needs were safely met. Medicines were managed and administered safely. Policies, procedures and personal protective equipment was in place to reduce the risk of infections.

Assessments of people's needs and wishes were completed before they started using the service. People received support to access services where required. People were supported to maintain a healthy diet where this was part of their plan of care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's diverse needs were met appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. The provider took people's views into account and used their feedback to help drive service improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 03 April 2019), however we made a recommendation to ensure the timely implementation of medicines policies and practices. At this inspection we found improvements had been made.

Why we inspected

This was a planned follow up inspection to assess if the provider was complying with our regulations.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mackley Homecare Limited

Detailed findings

Background to this 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. Inspection activity started on 25 November 2022 and ended on 28 November 2022. We visited the office location on 25 November 2022.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority who commission the service and the local authority safeguarding team for information they had about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they

do well, and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager and the provider. Following the office visit we spoke with three people using the service and or their relatives to seek their feedback on the service provided. We reviewed a range of records including three care plans and care records, two staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm.
- People told us they felt safe with the care and support provided by staff. One person commented, "They [staff] are wonderful, I feel very safe with them."
- Policies and procedures to help keep people safe were up to date and robust. Staff had received training in safeguarding adults and were aware of their responsibilities to report and respond to any concerns.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. There were systems in place to oversee any learning from safeguarding and accidents and incidents.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- People and their relatives were positive about the support they received and told us they felt safe. Comments included, "They [staff] are very well trained and we take on board any recommendations", "The manager visits often to make sure I'm safe", and, "I feel safe with them [staff], they know what they are doing."
- Risks associated with people's needs and wishes were safely and appropriately assessed. Staff were provided with detailed information and guidance on identified risks to people which were documented within individuals care plans to help mitigate risks.
- Staff knew people well and understood their needs and risks and how best to safely support them.
- Risks to people were regularly reviewed to ensure any changes in their needs were safely managed and met.

Using medicines safely

- People received support from staff to take their medicines safely.
- Where people required support to manage their medicines, this was recorded within their care plan.
- Medicines Administration Records (MAR) were appropriately completed by staff. Medicines were administered by staff who were trained and had been assessed as competent to do so.
- Detailed information relating to people's medicines and medical conditions was documented within care plans. This provided staff with guidance on how best to support people with their medicine and medical needs.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the registered manager on a regular basis to identify themes and trends as a way of preventing recurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives told us staff were punctual and came when requested. One person said, "I have a regular carer and they come on time every day."
- The registered manager told us they use a staff messaging system that allows them to check in on staff at each care visit ensuring people receive the care and support as planned. They told us that staff observations, spot checks and telephone monitoring and reviews were also conducted to ensure good service delivery.
- Staff were safely recruited. Pre-employment checks were completed before new staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff.
- Staff had completed training on infection control and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where required.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant 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

- Assessments with people and others involved in their care, were undertaken prior to them using the service. This ensured all information and wishes were obtained to help plan and deliver the care and support people required. Information gathered and assessed included individuals' personal history and lifestyle choices, medical history, health conditions, social and emotional needs and their personal care needs and wishes.
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

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 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 in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Where required staff undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions, staff would include others involved in their care to ensure decisions were made in their best interests.
- Staff received training on the MCA and understood the principles and application of these in practice.

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

- People's nutrition and hydration needs and their preferences were met and supported by staff where this was part of their plan of care.

- Care plans detailed individuals nutritional needs, support with meal preparation, known allergies and risks and any special dietary and or cultural requirements.
- Staff had received training on food hygiene and infection control.

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

- People were supported by staff where required to access services and to maintain good health and well-being.
- The service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, care plans demonstrated that staff worked with GP's, community nurses, palliative care teams and the local authority when required.
- Staff understood people's conditions and how best to support them. Staff monitored people's well-being and documented any issues or concerns identified and took appropriate actions where required.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. People and their relatives told us they felt staff were knowledgeable and well trained. One relative told us, "The carers are very well trained and work well together. They are like part of the family."
- Staff were supported through an induction programme, up to date training and regular supervisions and annual appraisals. Training provided included, understanding dementia, moving and handling, pressure care, emergency first aid, managing pain and medicines management amongst others.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consulted, supported and involved in making decisions and choices about their care and support. Care plans reflected the decisions and choices people had made about how and when they wanted their care and support provided. One person said, "The manager came to discuss what I wanted, they visit often to make sure everything is working well. I'm very happy with the care I get."
- Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and respectful. People and their relatives told us staff treated them with kindness and respect. One person said, "I am very happy with the carers, they are all very kind and really care."
- People told us they had regular staff who visited them which allowed them to build good relationships. One person commented, "I have the same carers all the time, they are simply wonderful." Staff told us they had regular people who they visited, and they had built good relationships with them and their relatives.
- Staff understood people's individual needs and wishes and were aware of the importance of working within the principles of the Equality Act. This means supporting people to meet their needs in relation to age, race, disability, sexuality and religion.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity and respect.
- Staff supported and enabled people to do as much as they could and wanted to do for themselves. Care plans detailed individual level of independence and the support they required from staff where they were unable to manage certain tasks independently.
- Staff we spoke with knew how to support and promote people's privacy and dignity and were aware of the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's care needs were planned, documented and delivered to meet their wishes.
- Care plans showed that people and their relatives where required were involved in the planning and development. Care plans were reviewed on a regular basis and changed as people's needs and wishes changed.
- Care plans documented people's physical, emotional and mental health needs as well as their histories, lifestyle choices and the things that were important to them.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes. Staff were knowledgeable about people's diverse needs and how best to support them.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes, where they had chosen to share this information for staff reference. Staff received end of life care training to ensure they had the knowledge and skills to support people appropriately where required. The registered manager told us that when required, they worked in partnership with people, their relatives, health and social care professionals and local palliative care teams to ensure people's end of life care needs and wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and differing communication methods, for example the use of pictures, symbols and signs.
- Information was produced in different formats that met people's needs when required. For example, easy to read or large print text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet their social interests and needs where this formed part of their plan of

care. For example, support to attended social events.

- Care plans documented people's social needs, interests, hobbies and networks.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints in line with the providers policy.
- People told us they were aware of the complaints procedure and how to contact the manager if required. One person said, "I am very happy with the care I get; however, I know how to contact the manager if I need to."
- There were systems in place to monitor and investigate formal complaints received. This ensured the service responded to them appropriately and timely. At the time of our inspection no complaints had been made since 2019.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in April 2019, we found that recommendations made had not been implemented in a timely way and this required further improvement. At this inspection we found all recommendations had been completed and appropriate actions taken.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality and safety of the service on a regular basis. Checks and audits conducted by the registered manager monitored areas such as, medicines management, accidents and incidents and care plans and records amongst others.
- Spot checks within the community were conducted by the registered manager to observe staff practices.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- People received personalised care as staff had the knowledge and skills to carry out their roles and responsibilities. One person commented, "The carers really are wonderful, they know me so well."
- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- The registered manager was actively involved in the day to day running of the service leading by example. There was a small team of regular staff who offered a consistent service to people.
- People and their relatives spoke positively about the manager, staff and how the service was run. Comments included, "Very well trained staff, would recommend", "The manager visits often and knows her stuff", and, "I have regular carers who are very caring and kind."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to seek the views of people, their relatives and staff. These included review visits of people's care, telephone monitoring, staff spot checks, satisfaction surveys and staff meetings and supervisions.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good care. Staff worked well with professionals such as, GP's, community nurses and the local authority to meet people's needs appropriately. One health and social care professional told us the service worked well with them to constantly improve and provided a good service to people.