Maybrook Platinum Care Services Ltd

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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**

Overall summary

This was the provider's first inspection following their registration with the Care Quality Commission. The inspection took place on 4 September 2015 and was announced. We gave the provider 72 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available to speak with us.

Maybrook Platinum Care Services Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support for 29 people, ranging in age, gender, ethnicity and disability. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed. However, not all the risk assessments were person centred. There was not enough information available to help staff support people, should that person develop symptoms, as a result of their illness. Where people required support with taking their medicine, there were procedures in place to ensure this was done safely. Although, the provider's monitoring processes did not always identify recording errors had been entered on medicine administration records.

Although staff generally felt there was sufficient numbers of staff available to meet people's needs; a number of staff had left the service. In addition, during periods of illness or annual leave, there was not always sufficient staff cover. This had led to occasions where staff were late attending to or missed their calls. The provider had procedures in place to recruit staff safely.

People felt safe and secure with staff coming into their homes and that staff had the skills and knowledge to care and support them. Staff felt trained and supported to care for people, although additional training was required in diabetes and pressure sore awareness. Where appropriate, people were supported by staff to access other health and social care professionals when needed. The provider was taking the appropriate action to ensure people who used the service, was not unlawfully restricted and had processes in place to protect people's rights.

People felt that the staff were caring and treated people with dignity and respect. They felt staff promoted their independence, where appropriate and staff responded to their support needs.

People felt they could speak with the provider about their worries or concerns and most felt that they would be listened to and have their issues addressed.

The provider had internal quality assurance systems in place to monitor the care and support people received. However, the systems were not always effective in ensuring that action plans improved the quality of service people received. Therefore, the registered manager had started to review all procedures and drawn up a business development action plan. This plan was in place and the provider was in the process of addressing the areas in the service delivery that required development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe

People were not always protected from harm because risk assessments were not always person centred.

People did not always receive care and support at the times that had been agreed.

People felt safe with staff coming into their homes.

Is the service effective?

Good

The service was effective

Staff were aware of key processes to ensure people's rights were protected.

People felt their care needs were being met and that staff had the skills and knowledge to support them.

Is the service caring?

Good

The service was caring

People felt the staff were caring, kind and treated them with dignity and respect.

People and relatives felt they were involved in the planning of people's care.

People felt staff supported them to maintain their independence where ever possible.

Is the service responsive?

Good

The service was responsive

People felt satisfied with how their complaint was addressed.

People and their relatives were encouraged to provide feedback on the quality of the service they received.

Is the service well-led?

Requires improvement

The service was not consistently well led

Quality assurance processes were in place to monitor the service. Although these were not always effective at identifying recording errors and implementing action plans.

People said that the overall quality of the service they received was good. They were happy with the staff.

Maybrook Platinum Care Services Ltd

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 announced inspection took place on 4 September 2015 and was conducted by one inspector.

The provider was given 72 hours' notice, because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in to speak with us.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis

During our inspection, we visited the provider's main office location and spent time with the registered manager. We spoke with four care staff, four people and one relative. We reviewed the care records of four people, to see how their care was planned and delivered, including four medicine records. We also looked at records relating to recruitment, staffing, training and the quality of the service including a selection of the service's policies and procedures.

We looked at the care records of two people, the medicine management processes and at records maintained by the home about recruitment, staffing, training and the quality of the service.

Requires improvement

Is the service safe?

Our findings

People told us that staff visiting them were consistently the same staff, but could be late and on occasion, did not arrive at all. One person said, "I think they need more staff. I do have a regular carer but if they are off, things do not go as planned." Another person said, "I don't call anymore, if they turn up great, if they don't I manage." Another person said, "I haven't had any missed calls but carers can be late sometimes. When that happens, I phone the office, it can take a while for them to get back to me." The registered manager had told us they recognised there had been issues with late calls but said there had been no missed calls. However, we were told by one person they had experienced missed calls but had not notified the registered manager. The registered manager explained they had experienced some problems with staff leaving and being ill. Missed calls and late calls could leave people at a potential risk of not having their needs met. One person had told us they were sometimes left 'wondering' when the staff member would be coming and that this had made them anxious. We saw there was a recruitment drive to try and increase the number of staff in order to improve on this situation.

Staff we spoke with felt there was sufficient staff but unexpected absences and annual leave could result in calls being late and missed. One staff member told us, "I know the manager is in the middle of recruiting more staff which is great, but it can be difficult sometimes at weekends." Another staff member said, "We do try to cover for each other and it would help if there was a proper rota for people." Staff told us and the registered manager confirmed that because staff attended regular calls, rotas were not routinely sent to staff. The registered manager told us that they telephoned or sent a text message asking staff to cover additional calls. However, staff told us that this had resulted in late or missed calls because they had not picked up the information until it was too late. This showed that the system for ensuring all calls were attended at the agreed times was not efficient.

People we spoke with told us they were involved in completing assessments relating to their care and support needs. One person said, "The manager came out to talk to me about what I wanted." We saw risk assessments had been completed and some were detailed. However, there were also others that were more generic. For example, we saw on two care plans that individual risk assessments had not been completed to include the person's illness. There was no information for staff on how they might support people in the event of them becoming unwell, as a result of their illness, or managing people's more complex behaviours. Although one staff member explained what they would do, it was based on personal experience rather than information or instructions detailed within a risk management plan. We discussed this with the registered manager. They told us they would review their risk assessments.

The people we spoke with required assistance with their medicines and told us they received help to take their medicines as prescribed by their doctor. One person told us, "I don't always get my medicines on time but it has got a lot better." Another person told us "Staff are very good at reminding me to take my medicine." Staff described how they supported people with their medicines and explained how they completed Medicine Administration Record (MAR) sheets each time people had their medicine. For example, one staff member said, "I check the information on the bottles or blister packs against the MAR sheet before giving it to the person, then when I have seen the person take the medicine, I complete the MAR sheet to document it." We saw from four MAR sheets there were some recording errors, for example, missing staff signatures, that had not been noticed. We brought this to the attention of the registered manager. They told us the issue would be discussed with staff.

We asked staff what action they would take if they witnessed, for example, a person fall. All staff spoken with were able to tell us what the process was. One staff member told us, "If they [the person] had fallen and was unconscious, I would check their pulse and call 999, then report to the office." Another staff member said, "I would check the person is comfortable and not in any more danger, then call for an ambulance and contact the office." We saw the provider had an accident and incident policy in place to support staff through the process, to help keep people safe in the event of an accident.

People we spoke with felt the service they received was safe and that staff supported them with their care and support needs. One person told us, "I have no worries or concerns about Maybrook, if I was unhappy or worried I would contact the manager." Another person said, "I absolutely feel safe with the staff, they are lovely." Staff we

Requires improvement

Is the service safe?

spoke with explained how they ensured people were left safely in their home when they had finished their call. One staff member told us, "I have some calls at night, I always make sure the windows and doors are locked before I leave." A relative told us, "[Person's name] needs consistency and has a lovely relationship with the carer that comes to us, we trust them." People and relatives told us, if they were worried or concerned about anything they would contact the registered manager.

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed and explained the signs they would look for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One staff member said, "If I saw that someone had bruising or was acting differently with me I would ask them if they're ok, if they told me they were frightened or somebody had hurt them, I would tell the manager immediately." Another staff member told us, "I would contact either the manager or the social worker if I was worried about somebody being abused." Staff knew how to escalate concerns about people's safety to the registered manager and other external agencies. We found that the provider had a safeguarding procedure in place. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people.

People and relatives told us they felt staff that provided care and support had the skills and knowledge that met people's needs. One person said, "Most of the staff are fabulous, they remind me to take my medicine." Another person told us, "The staff will always put themselves out for me."

Staff spoken with told us that all required recruitment checks were undertaken before they commenced their work unsupervised. We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed to ensure staff were safe to support people. The files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identify. Therefore, the provider had processes in place to safely recruit staff.

Good

Is the service effective?

Our findings

There were a number of people who used the service that were diagnosed with diabetes and other serious illnesses that could cause skin damage, that staff had not received training on. Although this had not had an impact on people, we raised it with the registered manager. They told us they were arranging training in diabetes awareness and pressure ulcers but were yet to confirm a date. People we spoke with told us they felt the care they received met their needs. They told us they felt staff that supported them had the correct training and knowledge to meet those needs. One person said, "I think the staff are trained, I've no complaints." Staff were able to explain to us about people's needs and how they supported them. For example, one staff member described how they would contact the registered manager to arrange for a nurse to visit if they became worried about somebody's skin. A relative told us, "I can only talk about the carer that comes to [person's name] but they seem to know how to look after them."

We saw that new staff members had completed a thorough induction training programme that ran consecutively over 10 working days. The programme included shadowing a member of staff for 15 hours. One staff member told us, "The induction training was excellent, I shadowed [staff name] and they showed me what to do." Staff files we looked at contained documentary evidence to show that induction processes were in place. We saw from the provider's training development plan for 2015 refresher and additional training for staff had been scheduled throughout the year. Staff told us they felt they had the necessary training and that they had recently completed training in moving and handling and safeguarding. A staff member told us, "The quality of training is very good, much better than I have experienced before." Another staff member said, "We have a lot of face to face training, it is very good." The provider had external training provision in place delivered by the local college. The provider also contracted the services of an independent assessor to mentor staff, who were in the process of completing the Care Skills Certificate.

Staff we spoke with told us that staff meetings took place every month and supervision was conducted with the manager, approximately every two months. We saw that the registered manager conducted spot checks on staff and this was confirmed with conversations we had with people. They told us the registered manager would arrive at their home, to check staff were providing the appropriate support to people. One person said, "The manager has been here a few times, comes at weekends too." We saw, where problems had been identified through the checks these had been discussed with staff in their supervision.

People we spoke with said staff would always ask for their consent before carrying out any support and care needs. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions. Deprivation of Liberty Safeguards, (DoLS) protects the rights of people, who may have their freedom restricted. This is authorised by the Court of Protection, because it is in their best interest to protect the person from the risk of harm. Staff were able to demonstrate to us, in their answers, how they supported people to make decisions about their care and support. Staff told us if they had any worries or concerns about people being restricted in any way; they would contact the registered manager for guidance. The provider had processes in place to ensure peoples' rights were protected.

People we spoke with told us they did not require assistance from the staff to eat enough. This was because they either maintained it themselves or their relatives supported them. However, the staff told us they did sometimes support people with their food preparation, although they did not assist them with shopping. Staff told us that people would show them what they wanted to eat and staff would prepare and cook it for them. One staff member said, "The family prepare all [person's name] meals, I just warm them up." Staff explained how, when they had finished their tasks, they left the person with sufficient drinks. Another staff member said, "I always leave a drink for people so they don't get thirsty."

Staff told us that generally relatives or friends would make medical appointments for people, but that they would sometimes remind people they had appointments. We saw from care records that other health and social care professionals were involved in people's care and that staff understood the need to seek emergency help where people needed this. At the time of our inspection visit, the registered manager was in the process of speaking with a social care professional about their concerns, following a recent admission to hospital. Discussions were around the person's best interests and what appropriate course of

Good

Is the service effective?

action needed to be taken, to ensure the person's safety, prior to them being discharged. The registered manager highlighted to the social care professional, what measures needed to be in place before the person could be safely discharged.

Good

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the staff and the quality of the care and support they received. They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is excellent." Another person told us, "[Staff name] is lovely, always asks me what I want to do."

We saw that staff employed by the agency reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements relating to their faith and being able to communicate in the person's chosen language. People confirmed that staff communicated with them in a way that they understood.

People told us they were involved in planning the care they received from staff and that the staff listened to them. One person said, "The staff listen to me, they know my limitations and where I can do things for myself." Another person told us, "We talk about the day to day things, always very respectful." We saw that people were provided with an information pack. Contained within the pack were contact details for the office, copy of complaints policy and other information for example, safeguarding information and a copy of the person's care plan. The registered manager told us they discussed the pack with the person or family member and reviewed the care plan on an annual basis or when needs changed. One person said, "I have been kept informed about my care needs and due another review shortly." We saw that care plans and assessments were updated.

The registered manager confirmed no people currently using the service required advocacy support, although in the past there had been. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Staff told us they always treated people with respect and maintained the person's dignity. This was confirmed by the people we spoke with. One person told us, "The staff are always very polite and very respectful when they come." Another person said, "I have never heard any of the staff discuss other people who use the service." People told us staff were very discreet and they felt assured their personal information was not shared with other people receiving the service and other staff. Staff were able to give us examples of how they ensured a person's dignity and privacy. For example, always making sure curtains and doors were closed and, where appropriate, politely asking family members to leave the room before carrying out any personal care. A person told us, "One of the first things I was asked when I joined the service was how I would like to be addressed."

Good

Is the service responsive?

Our findings

People told us although sometimes the staff could be late; they felt their needs were being met. They said they had been involved in the assessment process and had agreed how their care and support needs would be delivered. One person said, "I know what's in my care plan, I am always given a choice and asked what I want." A relative told us, "I have been involved in all [person's name] care needs reviews." The registered manager told us that reviews would usually take place annually and brought forward if people's needs changed. We saw that assessments were carried out and care plans drawn up. Each of the care records we looked at had a copy of the care plan, which had been reviewed or was due to be reviewed. We saw that care plans were detailed and person centred.

Staff demonstrated to us, through examples, their knowledge about the people they supported. Staff were aware of people's preferences and interests as well as their health and support needs. This enabled them to provide a personalised and responsive service. For example, one person told us, "[Staff name] always does that little bit extra for me." Another person said, "It can be a little frustrating when the carers are late but to be fair, it's not a bad service, the carers are very good." We saw from care records that people generally had consistent staff, who provided regular support to them.

A staff member explained to us how they encouraged people to be more independent, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves." People confirmed in their conversations with us, they were encouraged to maintain their independence, where appropriate. Staff prompted people to undertake certain tasks rather than doing it for them. For example, one staff member explained the importance of encouraging people to make their own choices. They said, "We are here to support. If clients can do it for themselves, that's really important."

People and relatives we spoke with told us they were generally happy with the service received from the provider. One person said, "I wanted more time for one of my calls, the manager was brilliant, they complained to social services for me and now my calls has been increased." We saw the complaints had been investigated by the registered manager and recorded. However, there was no action plan, outcomes or recommendations that would have identified if there were any trends that could be addressed to improve the service. We discussed this with the registered manager and they explained they are in the course of reviewing all their quality monitoring processes and we saw this had been identified in the provider's business development action plan.

Requires improvement

Is the service well-led?

Our findings

Generally people and relatives we spoke with were positive about the quality of the service they received. One person said, "I am very happy with the carers, they are very good." Another person said, "If they could get the times right it would be a very good service."

People explained they had been asked for their comments about the service. We saw that the provider sent out questionnaires to people approximately every four to six months. Everyone we spoke with confirmed they had either completed a feedback questionnaire or had spoken directly to the registered manager about the quality of the service. One person told us, "I welcome the opportunity to raise any issues with the manager." The information gathered from feedback was collated into charts. We could see there had been a slight fall in the number of negative feedback relating to call timings. For example in April 2014 seven people of those who had responded rated the section for 'timing' as 'not very good or poor'. In a more recent survey in January 2015, this had reduced to five. The registered manager explained their business partner had recently left the partnership. This had left a number of responsibilities that they would normally have dealt with outstanding. The registered manager had tried to address this. We were shown a detailed business development action plan outlining the areas for improvement and a date for the work to be completed by. This included the introduction of a new electronic system that would accurately record what time staff entered and left people's homes. The registered manager explained to us how the system would work. Staff and people we spoke with were generally positive about its introduction.

Staff told us they had regular team meetings. There were mixed opinions on the effectiveness of staff meetings and of the registered manager. One staff member told us, "The meetings are not always productive, some staff just walk in and out, the manager can sometimes be weak." Another person said, "It's lovely here, the manager is a good manager and we support each other." The registered manager was open with us and acknowledged there was work to be done with the development of the service. Despite a mixture of opinions, staff generally told us they felt supported and valued by the management team. Staff said, they knew what was expected of them but that sometimes it was difficult to cover each other at short notice and this was an area that could be improved upon. One staff member said, "What's good about working here is everyone knows each other and if there is a problem the manager will sort it out."

All the staff spoken with explained to us if they had any concerns they would not hesitate to raise it with the registered manager. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "I can talk to the manager about anything." The provider had a whistleblowing policy in place to support staff through the process.

There was a registered manager in post. The provider had notified us about events that they were required to by law.

The provider had internal quality assurance processes in place. We saw that some audits had been completed, particularly in seeking feedback from people and relatives. Actions identified had been followed through by the provider. However, the quality assurance processes had not identified some gaps we saw through the inspection visit. For example, recording errors on MAR sheets and body maps for people at risk of skin damage not being updated. There was no action plan following the investigation of complaints noting the outcomes or recommendations that would have identified if there were any trends that could be addressed to improve the service. We discussed this with the registered manager and saw these issues had been identified in their business development action plan. For example, we saw they were in the process of updating their MAR sheets to be clearer for staff to follow. The development plan also had action points to improve the service's quality assurance systems to ensure, in the future, they would be proactive instead of reactive.