

MKJ Care Services Limited

Head Office

Inspection report

9 Weir Gardens
Plymouth
PL6 8SE

Date of inspection visit:
09 November 2022
11 November 2022

Date of publication:
15 December 2022

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

About the service

Head Office is a domiciliary care agency which provides personal care to people living in their own homes. The service currently supports 19 people in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This 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 there were seven people using the service who were in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

People told us they were supported by staff who were kind and caring and knew them well. People and their relatives told us the service was well managed and spoke highly of the registered manager.

People were not always protected by safe recruitment practices and systems operated by the provider had failed to identify shortfalls we found during this inspection. We have made recommendations in relation to management of risk, medicines, training, accessibility of information and end of life care.

Whilst the provider was not fully aware of all the concerns we identified, they were aware of the need to develop systems and processes to drive improvements and were committed to making those changes

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Safeguarding systems were established and the provider had clear policies and procedures in relation to safeguarding adults.

People's needs were assessed and care plans contained key information to inform and guide staff on how best to support each person. Staff seemed to know people well and understood how to communicate effectively with people and spoke about people in a dignified and respectful way.

Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated and supported in their role.

The provider was keen to put processes in place to address any areas of concern or improve practice.

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

Rating at last inspection

This service was registered with us on 22 February 2021 and this is the first rated inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment and governance at this inspection. We have also made recommendations in relation to the management of risk, medicines, training, accessibility of information and end of life care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our responsive findings below.

Head Office

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector undertook the inspection.

Service and service type

Head Office is a domiciliary care agency. This service provides care and support to people living in their own houses and flats, so that they can live as independently as possible.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 November 2022 and ended on 18 November 2022. We visited the location's office on 9 November 2022.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 8 June 2022 to help plan the inspection and inform our judgements. We reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection

We spent time with and spoke with three people, one relative, three members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and care records. We spoke with a further one member of staff, two relatives and received feedback from two representatives from the local authority.



Is the service safe?

Our findings

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

This is the first rated inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not always protected by safe recruitment practices.
- We looked at the recruitment information for three members of staff and found the provider had failed to keep complete and accurate records relating to the recruitment of staff. For example, staff were not required to complete an application form, and there were no formal interview records kept. This meant the provider was unable to demonstrate they had followed a thorough recruitment process in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We discussed what we found with the nominated individual and registered manager who were unaware of the regulation and the need to meet Schedule 3. Following the inspection the provider confirmed they were reintroducing application forms and would review / update the information they currently held for staff.

The failure to establish and operate safe and effective recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and staff confirmed that disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in sufficient numbers to meet people's assessed needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- People and their relatives did not raise any concerns about safety. One person said, "I feel very safe with the staff." Another said, "Absolutely, I do feel safe." A relative said, "I do not have any concerns about [person's name] safety."
- Staff completed safeguarding training, knew how to recognise signs of abuse and understood the action they should take to protect people from the risk of harm. One staff member said, "I would speak to [registered managers name] if I was concerned." Another said, "I would contact the office or the local authority if I suspected anyone was at risk of abuse."

Assessing risk, safety monitoring and management

- People's needs were assessed before they started using the service. Most risks to people had been considered and there were plans in place to manage and mitigate those risks. However, we found that some people's risk assessments were generic in nature and more work was needed to make them specific to the

needs of people being supported and reflective of the person's initial assessment and care plan.

Whilst we did not find people had been placed at risk, we recommend the service reviews all records relating to the management of risk to ensure these are sufficiently detailed.

- There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.
- Staff were vigilant in monitoring people's safety and reporting concerns and where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely

- People's medicines were managed safely.
- Staff told us they had received training in the safe administration of medicines and the provider confirmed that an assessment of staff's competencies would be carried out regularly.
- There were systems in place to audit medicines practice and clear records were kept showing when medicines had been administered or refused. However, we noted where one person had asked staff for intermittent support with their medicines which did not form part of their assessed package of care and support, this information was not recorded.

We recommend that the provider reviews their medicine administration auditing processes to ensure safe administration of medicines at all times.

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices. One person said; "Staff wear masks and always put on gloves."
- The provider had infection control policies and procedures in place and staff had access to personal protective equipment (PPE) such as facemasks, gloves, aprons and hand sanitiser for personal care.
- Staff received training in infection control and used PPE to help prevent the spread of infections.

Learning lessons when things go wrong

- At the time of the inspection the provider confirmed they had not had any accidents or incidents. The nominated individual described the system in place to record incidents and accidents along with how this information would be used to identify any learning to reduce the risk of reoccurrence.

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.

This is the first rated inspection for this newly registered service. This question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were confident staff had the skills and knowledge to meet their needs.
- Staff told us they completed an induction and did not work unsupervised until they had been assessed as competent to do so.
- Records showed staff were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The provider monitored staff training on a training matrix. The training matrix provided to us identified staff had received training in a variety of subjects.
- We reviewed individual training records and identified that some staff had completed a high number of online training courses on the same day. This included courses entitled, assisting and moving individuals, basic first aid, epilepsy, diabetes, death dying and bereavement, and COVID 19. We brought this to the attention of the nominated individual and asked how they reviewed the effectiveness of their online training programme. The nominated individual confirmed there was no system in place at present. We recommend the provider undertake a review of the effectiveness of their training programme to ensure it provides staff with the necessary skills to enable them to carry out their duties.
- The nominated individual and registered manager told us that staff had opportunities for regular supervision and appraisal of their work performance.
- Staff told us they felt supported and appreciated by the management team.

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 MCA 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.

- People told us they were involved in decisions about their care and staff asked for their consent before supporting them. One person said, "Staff always check with me, before they do anything."
- Staff completed training in MCA; understood the importance of involving people in decisions about their care and we saw staff asking people for their consent before providing support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Information from these assessments were mostly used to develop individualised support plans and risk assessments (see safe section of this report), which provided staff with guidance about how best to meet those needs in line with people's preferences.
- People told us they had been involved in the planning of their care and their wishes were respected. One person said, "One of the most important things for me is flexibility, they [meaning staff] understand this and accommodate my wishes."

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

- People were supported to eat a balanced diet where this was part of their care plan.
- People told us they were happy with the support they received around meal preparation. One person said, "[staff members name] makes a good pot of tea."
- People's dietary needs and preferences were recorded in their care records.

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

- The provider worked with other agencies in order to meet people's specific needs.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. For example, concerns about people's health care needs were escalated as required to ensure people's healthcare needs were being met. One person said, "All the staff are really good with anything medical, they support me to ring the doctor if needed and collect prescriptions."
- Good communication between care staff meant people's needs were well known and understood within the team.

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.

This is the first rated inspection for this newly registered service. This question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who had a good understanding of their individual needs.
- People told us they were supported by kind and caring staff and they were happy with the care they received. One person said, "I'm very happy with the service, all the staff I have met are just brilliant." Another said, "They [meaning staff] have all been very kind and professional and [person's name] is very good. I wish we could have [staff members name] all the time, but we know that's not possible."
- Support plans contained information about people's past as well as their individual likes and dislikes. Staff used this information to develop positive relationships and to support people to make decisions about their care.
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were understood and respected.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. The registered manager and nominated individual described how people were supported to develop and plan their care. Staff frequently asked and checked if people were happy with their care and if there was anything they wanted to discuss or change.
- People told us the registered manager kept in regular contact with them as well as their relatives, if appropriate, to obtain feedback on the care provided.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support they received. One relative said, "Communication has always been very good, which is important to us."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected and people were treated with dignity and respect.
- Support plans contained information about what each person could do for themselves and staff described how they encouraged people to increase their independence and to develop life skills.
- People's personal records were kept secure and confidential and staff understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Although the service was not providing end of life care at the time of the inspection. None of the care plans we looked at contained any information about a person's end of life wishes. For example, care plans did not record if a person had a 'do not resuscitate' document in place or what staff should do in an emergency.

We recommend the provider reviews the systems in place to ensure people's support plans are fully reflective of people's individual needs and wishes including their end of life wishes and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they receive individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed to ensure they remained current and provided accurate information about how to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. This helped to ensure staff understood how best to communicate with each person. However, more work was needed to ensure people's computerised care records were fully accessible and that people had access to information they needed in a format they could understand.

We recommend the provider seeks advice from a reputable source on how they should implement guidance regarding the Accessible Information Standard and incorporate this into relevant documents within the service.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns if something was not right. The registered manager regularly met with people to discuss their support and check if they were happy.

- Relatives knew who to contact and were confident the registered manager / provider would address any concerns.
- The nominated individual confirmed they had not received any formal complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider could not be assured that personal and confidential records relating to some staff's employment were not stored securely or managed in accordance with the Data protection Act 1998. For example, information relating to some staff's recruitment, supervision and competencies were not available as they had been taken home by senior staff. We discussed this decision with the nominated individual and registered manager who was unable to tell us why this had happened, how the confidential information was being stored, or who had access to this information.
- Systems were either not in place or robust enough to identify and monitor the quality of the service and drive improvements. This meant systems operated by the provider had failed to identify shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. For example, in relation to staff recruitment and the management of records.
- We have also made recommendations in relation to management of risk, medicines, training, accessibility of information and end of life care.

This demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the provider was not fully aware of all the concerns we identified, they were aware of the need to develop systems and processes to drive improvements and were committed to making those changes.
- There was a clear management structure within the service and staff understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was well managed and spoke highly of the registered manager. One person said, "[registered manager name] is very professional and approachable." A relative said, "The management are just so lovely, nothing is too much trouble."
- The provider and staff demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their day to day care and support. A representative from the local authority said, "They [meaning the provider and registered manager] give you a real sense of pride when they talk about their service."
- Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated and

supported in their role. One staff member said, "I feel very supported, it's a good place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the registered manager, and had an input into the service.

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection, the provider was open with us, acknowledged any areas for improvement and was keen to put processes in place to address any areas of concern.
- The registered manager and nominated individual had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners, as well as other health and social care professionals. One local authority representative said, "From a quality point of view, we have no concerns. They are still learning but welcome feedback and are open to new ideas."
- The service was in the process of growing and improving. The nominated individual and registered manager were continually working towards improvements and had plans to develop service, in terms of new systems and the services they offered.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the safety and quality of the service.</p> <p>Regulation 17 (1)(2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that recruitment procedures are established and operated effectively.</p> <p>Regulation 19(2)</p>