Maidstone Home Care Limited

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Inspection report

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Tel: 01622719988

Date of inspection visit:
19 July 2016

Date of publication:
15 August 2016

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

The inspection was carried out on 19 July 2016, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Maidstone Home Care Limited is a small domiciliary care agency which provides personal care and support for people living in their own homes. Maidstone Home Care Limited specialises in end of life care at home and specialise in delivering care services to clients with Dementia, Alzheimer's and Parkinson's disease. At the time of the inspection, the service was providing personal care to five people who were private clients.

There was a registered manager at the service. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

The provider had no quality assurance systems in place to monitor and improve the quality of the service provided. We did not see any audits being undertaken. However, the provider was in touch with both staff and people who used the service daily. Following our inspection, the operations manager sent us quality audit templates to be implemented.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. However, all staff had not received training in the Mental Capacity Act 2005. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. Staff did not have an awareness of Deprivation of Liberty Safeguards. We have made a recommendation about this.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. All of the people who were able to converse with us said that they felt safe with staff providing the service; and said that if they had any concerns they were confident these would be quickly addressed by the registered manager. Relatives felt their people were safe in the home.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service. The provider operated safe recruitment procedures.

Staff had received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

People were supported with meal planning, preparation and eating and drinking.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

During this inspection, we found a breach of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Agency staff were informed about safeguarding adult procedures. The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

There were effective recruitment procedures and practices in place and being followed.

The agency carried out risk assessments to protect people from harm or injury.

Is the service effective?

Good

The service was effective.

People's human and legal rights were respected by staff. However, they did not receive adequate training in some other areas such as Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They were not able to tell us anything about the DoLS or its principles, and what to look out for during visits.

Staff received on-going training in areas identified by the provider as key areas.

One to one supervisions were took place and yearly appraisal meetings had taken place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not maintained a quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure in the home. Both management and staff understood their roles and responsibilities.

Maidstone Home Care Limited

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.

The inspection took place on 19 July 2016 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the agency's office in Aylesford area of Kent. We spoke with the provider who is also the registered manager. The provider/registered manager have many years of experience working within Health and Social care sectors. We also spoke with the operations manager who is also the administrator of the agency, and four care workers. Following the inspection visit we received feedback from relatives of people who received support in their own homes and spoke with three people who used the service.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

This was the first inspection of the service since they registered with the Commission in July 2015.

Good

Is the service safe?

Our findings

People said, "I am very happy with the service, they are reliable, and nothing is too much trouble." and "The girls where a uniform and have their ID, not that I need to worry about that because I know them all."

A relative told us that staff were very thorough and went beyond their duties to help his father even when there was a fire at his home to make him safe.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training in 2015. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the provider or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the registered manager told us they carried out risk assessments. We were shown their revised new risk assessment form just implemented, which confirmed this. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager and operations manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority whenever they had referrals from them. The registered manager and operations manager said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. Both the registered manager and

operations manager told us that they carried out visits to people whenever required.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people such as prompting. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager or the operations manager would contact the GP or appropriate healthcare professional.

Good

Is the service effective?

Our findings

One person said, "I have to say I would recommend this service to anyone, the staff are well trained and they certainly know what they are doing."

The registered manager told us that staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff were given other relevant training, such as understanding dementia, infection control and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. However, all staff had not received training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This would have enabled staff to understand issues around MCA and consent issues.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had not been given to staff. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making. Staff were unable to tell us about what it means. One member of staff asked us if this was same as safeguarding adults, while others told us they have not done the training. We then explained what it meant to them.

Staff did not have an awareness of Deprivation of Liberty Safeguards (DoLS). They were not able to tell us anything about the DoLS or its principles, and what to look out for during visits. Knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent, which they agreed with.

We recommend that the provider/registered manager seeks advice on the implementation of MCA/DoLS within the domiciliary care sector.

Staff sought and obtained people's consent before they helped them. One person told us "They do everything I ask of them, they always ask me if I'm happy before they go". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were supported through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the registered manager was able to monitor. However, there were gaps in how frequent the supervisions were. It was acknowledged by the registered manager and staff that one to one supervisions had not happened regularly. They said, "Although we have not had one to one supervisions, I do see my carers daily and we do discuss" Staff spoken with confirmed that they had access to the registered manager regularly. We observed this during our visit when staff visited the office to pick materials needed up and had private discussions with the registered manager.

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager and operations manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness. People said, "They always are here for the full time, if they have done everything I tell they can go but we usually end up having a chat about things."

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns.

Good

Is the service caring?

Our findings

People told us, "They treat me with respect I can't fault them, they are smashing. The girls keep me covered and turn away when I wash my more personal bits." "All the staff without exception treat me with respect." and "The staff do treat me with respect and do every I want them to do. They always are here for the full time, if they have done everything I tell them they can go but we usually end up having a chat about things."

A relatives said, "My late father received absolutely excellent care from the service. He could not praise them highly enough, they never missed a call and were lovely people who spent plenty of time with the service user and never rushed."

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. One person said, "The manager comes and goes through my care plan with me every so often, we can make changes if we want, but everything is fine."

People were informed of agency processes during the assessment visit. One person said, "The manager is fully involved with my care, we regularly talk about the care plan which was sorted out with me in the beginning." The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern.

The agency had reliable procedures in place to keep people informed of any changes. The registered manager and operations manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "If the girls are going to be late for any reason they phone and let me know, however that is very rare."

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People said, "If I wanted to complain I would speak to Lyn, I have no complaints. I can even ring them at night and someone will come and help me. They are very good.", "I do know how to complain, but I have only raised little things, any way they do listen and its sorted, can't ask for more than that." and "If I need to complain I would go straight to Lyn, but that has not been necessary."

The registered manager and operations manager carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager and operations manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The registered manager and operations manager carried out care reviews with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

The agency's questionnaire responses from 2015 supported what people told us. People had been asked to confirm their views about the service by answering questions. Completed feedback form asked people 'How do you rate your overall experience with Maidstone Home Care Ltd'. Everyone said 'Good'. 'How do you rate attitude/professionalism of the admin staff' All said 'Good' and when asked 'How do you rate the professionalism of your attending carer' People said 'Excellent'. This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the registered manager and operations

manager if they had any concerns, or would speak to their care staff.

The registered manager and operations manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager and operations manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

Requires Improvement

Is the service well-led?

Our findings

People said that the provider is good. One person said, "I have to say I would recommend this service to anyone, the staff are well trained and they certainly know what they are doing. The service is reliable, friendly but professional, caring and flexible I could not ask for more."

Our discussions with people, their relatives, the registered manager, operations manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) on 11 May 2016 with a deadline of the 10th of June 2016. A reminder was also sent on the 27 May 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the provider failed to complete and return the form by the specified date. The form was accessed on the 27 May 2016 but was not submitted. We spoke with the registered manager and operations manager about this and they confirmed receiving the form but had not had time to complete and submit it.

The management team included the registered manager and the operations manager who were partners in the business. The registered manager was familiar with their responsibilities and conditions of registration. The aims and objectives of the service were clearly set out on their website. It stated, 'Maidstone Home Care Limited reflects our beliefs, knowledge and commitment to ensure the care we deliver is of the very highest possible standard, for the benefit of all our clients, their families and other healthcare professionals. We don't just talk about values like trust, confidence, respect, safety, dignity, integrity, independence and treating each client like an individual. We live and breathe them, every hour of every day.' We found that the organisational values were being discussed with staff, and reviewed to see that they remained the same and in practice. Our discussions with staff showed that they believed in these values.

Communication within the agency was facilitated through monthly meetings. This provided a forum where staff shared information and reviewed events across the agency. Record of staff meeting we saw was dated May 2016. Areas discussed included, care delivery, staff trainings and reflective practices amongst staff. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

Audit systems were not in place to monitor the quality of care and support. There were no documentary evidence of audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care had been made. Visit log books had never been audited in line with call times. There was no process in place to identify this. Care plans, staff files and risk assessments were not being audited. We spoke with the registered manager about this and they told us that this was being implemented. Because they were a small service and they engage with both staff and people they provided service to, it was felt that they did not

need this. The operations manager sent us audit templates to be implemented.

The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. The registered manager said, "We record all incidents and I investigate and put any action plan in place".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 (1) (2) (a) (b).