JK's Majestical Care 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?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was carried out on the 21 and 22 May 2015. Thirty six hours' notice of the inspection was given to ensure that the registered manager we needed to speak with was available.

JK's Majestical Care Limited provides personal care to older adults with varying levels of physical disability or mental health needs living in their own homes. At the time of our inspection 12 people were receiving care from JK's Majestical Care Limited.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Following a previous inspection in April 2014 we also asked the provider to take action to make improvements in relation to the management of medicines, recruitment procedures, staff training and quality assurance procedures. We set compliance actions and the provider sent us an action plan telling us they would meet the requirements of the regulations by September 2014. At our last inspection, in July 2014 we asked the provider to

Summary of findings

take action to make improvements to infection control records. At this inspection we found action had been taken to make these improvements with the exception of ensuring all staff had completed all necessary training.

Staff had not completed all training appropriate to their role. People said staff were caring and that they promoted a friendly atmosphere with them. Staff spoke to people in a kind and patient manner and assisted people in an unhurried way. We observed staff supporting people with respect whilst assisting them to maintain their independence as much as possible.

People and their relatives said they were very happy with the service. They told us care was provided to them with respect for their dignity. Staff, and the registered manager, knew how the Mental Capacity Act 2005 affected their work. They always asked for consent from people before providing care.

There were enough staff to support people effectively and staff were knowledgeable about how to spot the signs of abuse and report it appropriately. People said they felt safe with care staff and were complimentary about the staff caring for them. The provider followed safe processes to check staff they employed were suitable to work with older people. Medicines were managed safely and people received their medicines when they needed them.

People's care plans were person-centred and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered. People were asked for feedback on the service they received and any concerns were addressed promptly.

Staff said they worked well as a team and that the registered manager provided support and guidance as they needed it. Improvements had been made to the service following feedback from people, staff and quality monitoring procedures.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

Infection control procedures were in place however, some documentation relating to infection control was not available.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

Medicines were administered safely. Systems were in place to manage risks and emergency situations.

Recruitment processes and security checks meant staff were suitable to work with older people. There were sufficient staff to provide people with the care they required.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had not completed all training appropriate to their role. They were supported through supervision and appraisal.

Whilst not specifically aware of the Mental Capacity Act 2005 (MCA) staff had an understanding of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff knew people's needs and records showed people received appropriate care.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Staff communicated with people in a caring manner with regard to their frailties.

Is the service responsive?

Good

The service was responsive.

People received individualised care that met their needs. Their choices and preferences were respected.

Staff responded to people's changing needs. People felt confident that concerns and complaints would be acted on promptly.

Summary of findings

Is the service well-led?

The service was not always well-led.

Staff worked as a team and they felt supported and well-led by the registered manager.

An open and honest culture was present and staff could access advice and guidance as needed.

Audits were carried out and action was taken promptly to address areas of improvement.

Requires improvement

JKs Majestical 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 was carried out on 21 and 22 May 2015 and was announced. Thirty six hours' notice of the inspection was given to ensure that the people we needed to speak with were available.

The inspection was carried out by one inspector. We reviewed the information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people and following the inspection spoke with two people and three relatives of people who were receiving a service from the agency. We looked at care plans and associated records for four people, staff duty records, three recruitment files, records of complaints and accidents and incidents, medicine administration records, staff meeting minutes and the provider's policies, procedures and quality assurance records.

We spoke with four of the people using the service, and two relatives. We interviewed six care staff, and spoke with the registered manager. We looked at care plans and associated records for four people, staff duty records, three recruitment files, records of complaints and accidents and incidents, medicine administration records, staff meeting minutes and the provider's policies, procedures and quality assurance records. We also spoke with one social care professional who visited people using the service.

Requires improvement

Is the service safe?

Our findings

At our last inspections in April and July 2014 we identified some infection control documentation was not in place. The provider sent us an action plan telling us they would take action to become compliant by September 2014. At this inspection we found people and staff were protected from infection risks however, the registered manager had not yet completed an infection control audit or annual statement. The agency had an infection control policy and procedure which detailed the actions and systems we found were in use.

People told us staff always used gloves when providing personal care. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and we saw supplies of these in the people's homes we visited and stocks at the agency office. Staff and the registered manager were able to describe the action they would take if a person had an infectious condition which would reduce the risk of this being passed to other people. Care plans contained information as to how people's individual infection risks should be managed, for example, the use of PPE and how continence products should be disposed of. Specific guidance had been included in a care plan for a person who had a short term infectious condition.

At our last inspection in April 2014 we found not all pre-employment checks had been completed before new staff commenced work for the agency. The provider sent us an action plan telling us they would take action to become compliant by September 2014. At this inspection we found the recruitment and selection process was safe. Candidates completed an application form and if suitable, were invited to interview with the registered manager and deputy manager. Successful candidates did not commence working until two satisfactory references had been received, as well as a criminal record check with the Disclosure and Barring Service (DBS). Staff suitability to work in the care of older adults was established by these necessary checks. Staff said these procedures were completed however, the registered manager could not provide all the documentation to confirm this. They were unable to provide the DBS check for one staff member although these were present for all other staff. This had been sent to the staff member's home and the registered manager said they had not taken a copy of it for their records.

At our last inspections in April and July 2014 we Identified that there was a lack of information about when topically prescribed creams should be administered and staff had not completed medication administration training but were administering medicines. The provider sent us an action plan telling us they would take action to become compliant by September 2014. At this inspection we found medicines were managed safely although staff had not all completed formal medicines training. Staff told us they had been told about medicines management and observed this during induction shadow shifts. One staff member said that, "you watch [another member of staff] administer medicines and they talk through the process with you. Next time, you take the lead and you are watched [by another member of staff]. When you are confident, you can do it alone". The registered manager had designed a staff competency assessment for medicines that they were introducing.

Some people managed their own medicines, whilst others had requested staff to administer their medicines. Staff knew people's needs in relation to medicines and what their medicines were for as this information was included in care plans. People were given their medicines at the appropriate time. For example, where a tablet needed to be given before food the care plan detailed this and staff confirmed the procedures were followed. Staff had completed Medication Administration Records (MARs) in full when they had administered medicines. Systems were in place, and in use, to ensure staff knew which prescribed topical creams should be used for each person and where they should be applied. Care staff confirmed they always used gloves when applying topical creams.

The registered manager had worked with family members to ensure staff were aware when family members had given 'as required' medicines. This meant people were safe and staff knew if they could give 'as required' medicines safely. Care plans also detailed if a person was able to ask for 'as required' medicines or how staff may identify that these, such as pain relief, may be required. This meant staff would have all information necessary to ensure medication was managed correctly. Processes were in place that meant

Requires improvement

Is the service safe?

when medicines were received by staff on behalf of the people who required them; these were recorded and signed for. Appropriate procedures were in place for the safe disposal of medicines refused or no longer required.

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us "they always arrive when I expect them and help me as I need to be helped" Another person said "I feel safe knowing they are going to come". A relative said, "We live a distance away and I have peace of mind knowing [my relative] is well looked after". People knew what to do if they did not feel safe. They had been given information about who to contact in their service user guide provided by the registered manager. Copies of this were seen in the homes of both people we visited. People and relatives said they would have no hesitation in contacting the registered manager.

Staff knew what to do if they suspected abuse. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow up these with the local authority or CQC if necessary. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the relevant authorities. One member of staff said, "if you suspect something, you have to report it". The registered manager was aware of their responsibilities for safeguarding and described staff disciplinary action they had previously taken as part of a safeguarding investigation. The registered manager was aware of who to contact at the local authority if they had any concerns about people.

Incidents and accidents were recorded and a process was in place to learn from them and improve practice as a result although there had been few incidents. The registered manager described action they had taken when they identified a person was having a number of falls. This had included logging the falls and working with the GP to refer the person to the falls clinic which staff had supported the person to attend. Individual environment and personal risk assessments were completed for all people and held with their care plan. Where particular risks had been identified action had been taken to minimise as far as possible the risks to people or staff. For example due to an identified risk two staff always attended one care call even though this was not funded by the local authority for two staff.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would immediately contact the registered manager who would arrange for assistance and usually attend themselves allowing the staff member to continue with their following planned visits. This meant subsequent people would continue to receive the care they required and the person involved in an emergency would receive all the care they required. Staff were correctly able to describe the action they would take in a variety of emergency situations. Care records contained assessments of risks to each person and how these could be managed safely.

There were sufficient staff to provide the care and support people needed. People said they always received the care they required, at the time they required, and rarely had to wait for care staff to arrive. The duty roster showed that two staff were allocated where this was necessary for moving and handling or where other risks had been identified. The registered manager or deputy manager were always available and people were able to access help in an emergency. The registered manager described how they had provided an additional care visit early one morning when a relative had contacted them requiring immediate support. The registered manager said they always considered the implications on staffing when deciding whether or not to accept new care packages. They told us they had decided to focus on a particular area of the city as travel times around the city at certain times of the day made allocations very difficult. This showed they were aware of issues which affected staff ability to provide care as and when people required it.

Requires improvement

Is the service effective?

Our findings

At our last inspections in April and July 2014 we Identified that staff had not received adequate training or support and appraisals were not occurring. We made compliance actions and the provider sent us an action plan in September 2014 stating they were meeting the requirements of the regulations. At this inspection we found staff had not completed all essential training however, staff were receiving supervision and appraisals.

Staff had not completed all the necessary training to enable them to carry out their role effectively. The registered manager told us they now contracted with a training provider. All new staff were registered to undertake a comprehensive induction course which covered all essential training and would give them the skills required to meet people's needs safely. This was completed via distance learning booklets and all staff were registered to complete this. However, the provider had not checked that staff had completed their induction training. Staff admitted to us that they had not completed and returned for verification all induction learning workbooks. Some staff had been working for the agency for almost a year and had not yet completed the induction workbooks. The registered manager told us they expected staff to have completed these within twelve weeks of commencing employment. This meant staff were providing care but had not completed all necessary training to give them the skills and knowledge to do this safely.

The registered manager told us, and staff confirmed, that Occupational Therapists had shown staff how to use moving and handling equipment although no records were available to confirm this. Other staff said they had been shown how to use moving and handling equipment by the registered manager and deputy manager. District nurses had also provided some specific training, however, no records were available to confirm this although staff told us this had occurred. Staff therefore had not completed all necessary training and this placed people at risk of staff not having the skills and knowledge to provide effective care.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were confident that care staff had the skills to care for them effectively. One person said, "Everything is wonderful. I get all the help I need". Another person said, "I cannot fault them", adding, "they do everything very well". Relatives made similar comments one said "They have worked really hard to get [my relative] to trust them and accept care. [My relative] was very resistant at first but now looks forward to them coming".

New staff 'shadowed' experienced staff which helped them to get to know the people requiring care and their support needs. We saw a new staff member was recorded on duty rosters for shadow work. The registered manager had designed a competency assessment for new staff which they were introducing. This ensured new staff had observed and undertaken, to a satisfactory standard, the various tasks and activities they were to perform before providing care on their own. The registered manager explained how new staff were initially rostered to work with other staff on "doubles" which were care visits which required two staff.

Staff supervision was regular and effective. Staff received formal supervision at eight week intervals. Records showed these meetings were productive and areas of concern were discussed and action taken to provide staff with the support they required. One staff said, "[at supervision] I can say what I want to say, if I have any problems etc". Staff said they were supported at all times by the registered manager and that they could telephone or visit the registered manager at any time if they had concerns or needed support. The registered manager and deputy manager undertook some care calls with staff providing opportunities to observe the care staff in action. They identified this provided a good way to supervise staff and ensure they were providing appropriate care for people.

Care plans contained information about people's health and personal care needs. One care plan detailed the care a person required to support their diabetes. Staff were assisting with the checking of blood sugar levels before medication was administered. The care plan did not specify what would be considered an acceptable level or what action staff should take if this was unacceptable. Where people required health care this was arranged in a timely manner. One person said, "they called the paramedics and stayed with me till my daughter arrived". One relative said, "they keep us informed if [my relative] is not well". Another commented, "they went the extra mile when they thought [my relative] was unwell, including taking them to the hospital for an appointment".

Requires improvement

Is the service effective?

Staff knew people's needs and described how to meet them effectively. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with their care plan. Staff told us they would read previous daily notes to check if there were any additional tasks that needed doing.

People said they were always asked for their consent before care was provided. One person said, "they ask if I want anything else doing". People's care plans instructed staff about ensuring people's consent was gained. One care plan said, '[the person] will tell you what she wants on a daily basis'. Other care plans also directed staff to "ask [person's name] what they want you to do". Staff said they gained people's consent before providing care. One staff member said "I always ask and tell them what I am doing, if they say no I don't continue and let the manager know".

Whilst not all staff were specifically aware of the Mental Capacity Act 2005 (MCA) staff, as they had not completed training, they had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and relatives told us they had been fully involved in discussions about care planning.

None of the people using the service required assistance to eat their meals. Care staff involved in the preparation of food had told us they would always ask the person what they wanted. We saw records of food and fluid people were offered and eaten were kept when there were concerns about the person eating enough. People told us staff asked them what food they wanted and this was prepared to their satisfaction. Care plans contained information about any special diets people required and their individual preferences. Staff were aware of these.

Good

Is the service caring?

Our findings

People and relatives we spoke with said staff were caring. One person said, “they are wonderful, I could not manage without them, they are more like family now”. People’s relatives were complimentary about the staff. One said, “they are absolutely wonderful; I don’t know how to praise them enough”. Another said, “they really have become part of the family, they recognise and support his wishes even if I may not always agree”. Other comments about staff included, “they are fantastic”, “very caring” and, “go the extra mile”.

People said they had good relationships with the staff caring for them. One person said, “we have a chat and I’ve got to know them now”. A relative described how a person had initially been very reluctant with care but staff had “got to know the person and now know the best ways to encourage them. [My relative] is now happy to receive care most of the time”. We observed staff to be friendly with people and they promoted a helpful, relaxed atmosphere.

Staff said they always kept dignity in mind when providing personal care to people. People said this was how care was delivered. One person said, “it’s as dignified as it can be”. In a survey completed by the local authority commissioning team in January 2015 all three people spoken with stated they were treated with courtesy and respect by the care team. People’s care plans guided staff to how people’s dignity should be respected, for example one said, “leave for a while for privacy”.

People said staff consulted them about their care and how it was provided. One person’s needs fluctuated from day to day. They said, “I get all the help I need, and that varies from one day to another”. People’s care plans were detailed and showed people were involved in the planning and review of their care. Care plans stated how much assistance people needed and what they could do independently. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people’s independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans reminded staff to offer choices to people for example one stated “offer hot drinks of [person’s name] choice.” Staff respected people’s rights to refuse care. Staff told us that if a person did not want care they would encourage but then record that care had not been provided and why. Staff also said they would inform the registered manager. We saw in daily records that staff had recorded when care was refused confirming what they had told us. This showed staff respected people’s opinions and only provided care with people’s consent.

We observed staff communicating in a caring manner. Where people were quietly spoken or hard of hearing, staff knelt down so they could hear and be heard. Staff spoke slowly with a person living with dementia allowing them time to understand the conversation and be part of it. Before entering people’s homes, staff knocked and waited for an answer. Care plans included information for staff, for example one directed staff to “call out who you are” [as you enter their home]. People said staff respected their confidentiality and did not speak about other people using the service in front of them.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. All the people we spoke with were very satisfied with their care and the way it was planned and delivered. One person said, “my needs are certainly met”. A relative said, “if [their relative] needs extra things done we just mention it and they do it”. Another relative said, “[their relative] gets consistent care from regular staff.”

Care plans reflected people’s individual needs and were not task focussed. We viewed care plans including one in a new format the registered manager was introducing. Copies of care plans were seen in people’s homes allowing staff to check any information whilst providing care. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. We saw where changes were required these had been added to care plans pending a retyping of the plan. This ensured staff had accurate up to date information which was not delayed by waiting for plans to be retyped. People and relatives said they were involved in the planning of their care and this was reviewed regularly. Records confirmed this. Where a person had requested a change to their care this had been done. One person expressed a preference for particular care staff and we saw the registered manager had taken action to address this.

A daily record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health or appointments at the hospital. Staff responded to this and ensured care was still provided to the person at a time convenient to them. The agency had been able to increase the time provided to one person when their care needs had increased. The person’s relative told us the agency was very flexible and provided additional care when family members were unable to do this. We saw this occurred on the day we visited the person as the relative was unable to return at the usual time and the care staff was staying a bit longer. Staff were clear that if they felt they needed extra time to meet a person’s needs they would let the registered manager know and were confident the registered manager would make any necessary arrangements.

Staff knew how to deal with any complaints or concerns according to the service’s policy. The registered manager recorded complaints and investigations and outcomes were documented. These showed the registered manager had undertaken a comprehensive investigation including informing people or relatives about the outcome. Improvements had been made to the service people received as a result. Information on how to make a complaint was included in each person’s user guide. People were confident that the registered manager took their concerns seriously and took appropriate action in response. One person said, “[the registered manager] sorts things out”. A relative said “at the start there were some issues but [the registered manager] sorted these out once we had discussed it with her”.

Requires improvement

Is the service well-led?

Our findings

Action had been taken in respect of some areas identified in need of improvement following previous inspections in 2014. However, the registered person has not ensured that all necessary action has been taken to ensure the safety of people.

All the people and relatives we spoke with were on first name terms with the registered manager. They expressed satisfaction with the way the registered manager ran the service. They said the registered manager was accessible, knowledgeable and friendly. One person said they had decided to change to direct payments so they could stay with the agency. Another commented, "[the registered manager] is very pleasant, I'm able to have a chat with her and she will sort out any problems." A relative said, "we get on very well with [the registered manager]; we have a lot of confidence in her".

Staff said the registered manager was supportive and they felt valued by her. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[the registered manager] listens and is always available". Staff were encouraged to give feedback at staff meetings. We viewed a sample of staff meeting minutes and found issues around people's safety and care were addressed and staff were provided with other relevant information about changes to the service.

Policies and procedures had been provided by an employer's support organisation. However, the registered manager had identified that these were not specific or suitable for the service they provided. They had met with a care specific policies provider and were in the process of contracting with them. This provider would work with the registered manager to individualise the policies and procedures to the agency and provide a service to ensure these were continuously updated to reflect changes in regulations or best practice.

The registered manager had considered the service development. As part of this they had decided that they would no longer be accepting calls of only 15 minute duration. This was because they were unable to provide the standard of care people required in only 15 minutes. This showed the registered manager was concerned that people should have their needs met not just with increasing the work the agency undertook. The registered manager had also identified that record keeping and storage was an issue. As such they had identified an unused room which was to become a separate office for the agency. This showed the registered manager was able to consider and take action to address developmental needs of the agency to improve the service provided.

As part of the quality assurance system the registered manager had introduced "spot checks". These involved the deputy manager attending a care call with a care worker but not informing the care staff in advance that this was to happen. This enabled them to check the staff member had the correct uniform and shoes and arrived on time. They also observed the care provided and ensured any equipment was used correctly. Records of spot checks were kept and formed part of the supervision plan for each staff member.

The registered manager reviewed all medication administration records and records of daily care when these were returned to the agency at the end of each month. This helped them identify if people were receiving the correct care. The registered manager described the action they had taken when gaps were found in medication records or other poor record keeping.

A survey had been sent to people in January 2015. The responses showed the majority of people were very happy with the service they were receiving. One stated "all care staff seem to go above and beyond what is required".

In the survey one relative raised concerns about a staff member not using personal protective equipment. As a result, additional spot checks had been undertaken which had identified a staff member was not following the correct procedures for the use of personal protective equipment. This was discussed in supervision and at a staff meeting and subsequent spot checks in April 2015 had identified that staff were correctly using protective equipment when providing care.

The registered manager stated the agencies core values were independence, dignity, privacy, and choice. Staff explained how they carried out their role with regard to people's independence, rights, dignity and respect. For example, one staff member said that a person using the service, "had been unwell and did not want their planned care so they had completed as much care as the person had wanted". Staff were proud of their work and looked for ways to improve the service people received. The

Requires improvement

Is the service well-led?

registered manager said they did not want the agency to expand and get too big as this would make it less person friendly. They felt the small size of the agency meant they were known to all people and relatives and could provide a very personalised service.

The registered manager held compliments received which they said they shared with staff. These included thank you cards from people and relatives which praised the service people had received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 (2)(a)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person has failed to ensure staff have completed all the necessary training.**