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C&S Makenston Special Care Service

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**

Summary of findings

Overall summary

About the service: C & S Makenston Special Care Service is a small domiciliary care service which covers the area of Trowbridge. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger adults with physical disabilities and people with mental health needs. At the time of the inspection seven people were using the service.

People's experience of using this service:
At our last comprehensive inspection in June 2018 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We wrote to the provider to ask them what immediate action they would take to make the necessary improvements to meet the legal requirements. The provider sent us an action plan stating what action they were taking and by what date the action would be completed. In addition, they continued to use support from the local authority quality assurance team to assist them in making improvements.

During this inspection we found the provider had made most of the required improvements. They were no longer in breach of the Regulations in four of the five previous areas but continued and sustained improvements are required. However, the service remained in breach of Regulation 17, Good governance and we found a further breach of the Regulations relating to the displaying of their rating on their website.

We have made a further recommendation that the service continues to receive guidance from a professional source relating to the application of the Mental Capacity Act and the accurate recordings of associated information.

This is the fourth consecutive time the service has been rated Requires Improvement.

People received support from staff who had appropriate employment checks in place. People were protected from the risks associated with abuse and appropriate knowledge and processes were in place. One relative told us their family member and their home was safe.

Most risks to people had been assessed and actions to minimise those risks identified and recorded. However, improvements to the accuracy and consistency of these assessments was required.

Medicines were mostly managed and administered safely. A medicines audit had not identified some missed signatures on one person's medicines administration record, or the accuracy of body charts for identifying where prescribed creams were to be applied.

Care plans contained information about people's assessed needs and how to meet them, including for specific health conditions. Care plans showed areas where people were independent in their abilities and their preferences, likes and dislikes.

Most staff had received up to date training and supervision was regular. A training schedule was in place for 2019 and a matrix displayed for the manager to track completion.

People and their relatives were very happy with the care staff provided and the service they received from C&S Makenston Special Care Service. People were treated with dignity and respect. People and their relatives told us the staff go 'out of their way to help' and they had consistency of carer.

The service worked collaboratively with health and social care professionals to develop care plans which met people's complex needs. They took guidance from specialist services including the local hospice to deliver kind and caring end of life care.

The service had developed some audits and quality assurance processes. These were a work in progress and improvements were required to the accuracy of some and the development of others. The provider continued to require improvements to their knowledge and understanding of the Regulations.

Rating at last inspection: Requires Improvement (Inadequate in well led). Report published 23 August 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will meet with the provider to discuss how they will make changes to ensure the service improves their rating to at least Good. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

C&S Makenston Special Care Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors on the first day of the inspection and one inspector on the second day.

Service and service type: C&S Makenston Special Care Service is a domiciliary care service. The service is registered as an individual provider which means it does not require a registered manager to be in post at the service. The individual provider is responsible for the day to day running of the location and has the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 5 and 7 February 2019 to see the provider and staff; and to review care records and policies and procedures.

What we did:
Before the inspection we checked the information we held about the service. This included statutory notifications sent to us by the provider about important events that had occurred at the service. The provider had completed 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 heard from two people and two relatives to gather views about the care they received. We looked at four people's care records. We checked recruitment, personnel and training files for all members of staff. We looked at a range of records about how the service was managed. We spoke to the provider, the deputy manager and one member of staff. Following the inspection we requested feedback from three professionals who have contact with the service and received feedback from one.

Requires Improvement

Is the service safe?

Our findings

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

RI: 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

● At the last inspection in June 2018 we found that improvements to follow safe recruitment practices had not been sustained. This was a repeated breach of Regulation 19, Fit and proper persons employed.
• At this inspection we found the necessary improvements had been made and the service was no longer in breach of Regulation19, in this area.
• The service had developed a clear recruitment process and checklist to determine staff suitability to work for the service. We checked all staff recruitment procedures. All staff members had safe recruitment processes in place including references, identity checks and Disclosure and Barring Service checks (DBS). A DBS helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people.
• We saw records of annual spot checks conducted by the provider to check that staff were using best practice when supporting people.

Systems and processes to safeguard people from the risk of abuse

● Staff had received up to date training in safeguarding procedures. The staff we spoke with were knowledgeable about their responsibilities to report any concerns.
• Safeguarding concerns had been reported by the provider to the relevant safeguarding authorities. We saw the provider had a policy in place and the process flowchart giving guidance to staff was visible on the office wall.
• People and their relatives said they felt safe with the staff who supported them. A relative told us, 'I am 100% happy that my mum and her home are safe.'

Assessing risk, safety monitoring and management

● At the last inspection in June 2018 we found that not all risk assessments were in place where hazards had been identified. Risk assessments also lacked detail to guide staff on how to minimise risks. This was a breach of Regulation 12, Safe care and treatment.
• At this inspection we found most improvements had been made and the service was no longer in breach of Regulation 12, in this area. However, further improvements were required to provide a consistently good service.
• We saw various risk assessments including, falls, use of mobility equipment, pain management and use of a hoist. The hoist risk assessment did not contain a service date, when this was due or who was responsible for maintenance.

• One person had a risk assessment which identified a hazard of self harm. The guidance to staff to avoid 'triggers' was not clear or the actions for staff to take if the person took an overdose.
• One person had a risk assessment around smoking in bed with guidance to advise and encourage the person not to smoke in bed. However, there were no extra reductions in place such as fire safety equipment or advice from the fire service.
• Despite the missing recorded information, the staff we spoke with had a good understanding of the risks people faced and how to manage them.
• People had environmental risk assessments in place which identified hazards and gave instructions on how to avoid these risks.
• General risk assessments identified the risk, the control measures to minimise the risk and the rating of the risk from Low to High. People also had specific risk assessments related to their specific health need, such as diabetes, multiple sclerosis and cancer. These risk assessments gave clear and concise guidance to staff.
• People had a separate 'grab file' which contained a personal emergency evacuation plan.

Using medicines safely

● At the last inspection in June 2018 we found that medicines were not always managed safely. This was a breach of Regulation 12, Safe care and treatment. At this inspection we found that most improvements had been made, the service was no longer in breach of Regulation 12, in this area, but further improvements were required.
• We saw a generic good practice guidance for 'as required' (PRN) medicines in people's medicines file, but not specific protocols for each PRN medicine. Protocols should contain how often a PRN medicine is used in order to monitor whether a GP medicines review is required.
• Most current MAR charts had been completed correctly, using the signature of the person administering the medicine and accurately, according to the prescription. However, we saw in some archived records from October to December 2018 that several medicines had not been signed for. These included PRN medicines and topical creams. There was no code on the MAR chart to explain the reason for not administering the medicine. It was not clear if the medicine was not required, was discontinued or had been missed. The provider told us the medicines had been discontinued and had not been taken of the medicines administration record.
• We also saw a body map chart for one person, which had detailed two separate topical creams to be applied on the whole body area. This was incorrect as only one of the prescribed creams was to be applied all over and the other cream was for small specific areas. This was discussed with the provider at the time of the inspection.
• The providers medicines audits had not identified these issues. Medicines audits had been carried out monthly on a percentage of MARs and on every MAR six monthly.
• Medicines care plans and risk assessments were in place, which showed how people took their medicines, if they self-medicated and the actions to take if a medicine error occurred.

Preventing and controlling infection

● Staff had full access to sufficient personal protective equipment (PPE) and had training in infection control practices.
• Spot checks were carried out annually which identified staff were wearing the correct protection and using the correct hand washing techniques.

Learning lessons when things go wrong

● At the last inspection in June 2018 we found the provider did not monitor accidents and incidents for

developing trends. This was a breach of Regulation 17, Good governance.
• At this inspection we found accident and incident templates in people's care and support plans to make recordings. One was completed for one person and a phone call log form documented another incident for another person. However, the provider could not tell us what would happen with this information.
• The provider told us that no accidents or incidents had occurred since the last inspection, but they did not have an audit system in place to monitor and identify trends, when accidents or incidents happened.
• This was a continued breach of Regulation 17, Good governance. In their action plan dated 03/12/18 the provider stated the breach in Regulation 17, Good governance was 'achieved and ongoing'.

Requires Improvement

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

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

• At the last inspection in June 2018 we found that care plans did not always contain clear information where people had specific health needs and documents were not always completed appropriately. This was a breach of Regulation 9, Person centred care. At this inspection, we found that the required improvements had been made and the service was no longer in breach of Regulation 9, in this area.
• People's needs were assessed and care plans developed to meet the needs identified.
• There were care plans relating to people's specific health needs with information for staff on how best to support them. For example one person with diabetes had guidance for staff to 'encourage [person] to eat regularly to prevent hypoglycaemia' and 'encourage and educate [person] in the right choice of meals to maintain blood glucose levels within normal limits'. In addition, a risk assessment was in place to guide staff on how to recognise the effects of the person's diabetes.
• Care plans detailed people's abilities, what they were able to do for themselves and independently as well as the support they required. For example 'is able to brush teeth independently but requires assistance to apply the toothpaste'.

Staff support: induction, training, skills and experience

• At the last inspection in June 2018 we found that there were large gaps in staff training. This meant that staff had not received the necessary training to meet people's needs. At this inspection we found that improvements had been made, but further work was required.
● We saw from the training matrix that out of seven members of staff, five had fully completed their 'minimum standard' training aligned to the care certificate.
• The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The areas included, amongst others, medication, safeguarding, infection control, health and safety and mental health.
• Out of seven members of staff, two had completed specialist training in end of life care and three had completed diabetes awareness. The two senior staff required refresher training in safeguarding and medicines administration. This was last undertaken in 2016 and 2017.
• Staff were completing their training using an on-line format and face to face training for areas such as manual handling. The provider was using the matrix to identify staff progress in completing their training.
• The provider was encouraging staff to undertake their NVQ level 2 and 3 in health and social care. No staff member had begun this qualification at the time of the inspection.
• Staff were receiving regular one to one supervision with their manager.

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

• Where appropriate, people had fluid intake and output charts to monitor their hydration levels. For example, for one person who had an indwelling catheter.
• People were supported with meal preparation but also encouraged to manage some tasks themselves to maintain independence.
• One person, whose appetite was severely affected by low mood was supported to eat sufficiently by staff who would find out what foods they preferred. They would make extra trips to purchase groceries according to the person's likes on that day.
• A relative told us, '[staff member] has encouraged my mum to eat and be healthy. My mum lost a lot of weight and [staff member] has ensured she eats and drinks regularly'.

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

• We saw body maps in place for one person to monitor a pressure ulcer and review the healing process. It detailed when the wound was first seen, when the community nurses were alerted and the improvements made following specialist guidance.
• A person using the service, had recently attended a hospital appointment with their skin specialist. They reported that the specialist was 'overjoyed' about the quality of their skin and that it had been several years since it had been so healthy. The person directly attributed this improvement to the care received by the staff supporting her, particularly with appropriate applications of prescribed creams.
• We saw specific care plans for people with guidance on how to manage their individual health needs, such as skin conditions, diabetes, urinary tract infections and multiple sclerosis.
• People were supported to access hospital appointments and community health and social care services such as their GP, community nurse, optician and social worker.

Ensuring consent to care and treatment in line with law and guidance

● At the last inspection we made a recommendation to the provider to seek guidance about working within the principles of the Mental Capacity Act (2005). At this inspection we found that staff had received training but the provider still needed to fully understand their responsibility of working within the principles of the Act.
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In people's own homes this is an order from the Court of Protection.
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No-one using the service was subject to a DoLS at the time of the inspection.
• There were signed consents in some care and support plans. Consent was regarding sharing information with other professionals, but not specifically to receive care and support from C & S Makenston Special Care Service.
• One capacity assessment had been completed and the person had been assessed as having capacity to

receive care and treatment but this had not been completed correctly or comprehensively. This was discussed with the provider at the time of the inspection.

• The provider told us no-one using the service lacked the capacity to consent to receiving their care. However, it was not clear from care records if people had capacity or not to consent to receive care from the service. For example, one person (who has capacity) had given verbal permission for their daughter to be involved in decision making at all times, but this was not recorded.

• According to the staff training matrix, staff had received specific training in the MCA.

• We recommend the service continues to seek professional guidance in applying the MCA to practice and improve recording and documentation.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care.

● People said the staff were caring. We saw compliment letters and cards with comments including, "I have always been treated how I would treat another person", "I can talk to them when something upsets me, they are very good" and "I can't thank you enough for everything you are doing for me."
• One relative wrote, "all of the staff I have met are diligent, helpful, polite, fun, honest and friendly. They demonstrate a kindness towards the client and their family and friends." Another said the staff, "help [my relative] with emotional needs, laughing and exchanging stories of old, comforting when upset."
• We received very good feedback from one relative, comments included, "I am very happy with the service provided. I am confident my mum is well cared for and it was a huge relief to me when Makenston took over my mums care package giving her consistency, and care of a very high level."
• The provider was very keen to provide 'continuity of care' from regular staff to support people. People and their relatives told us this happened and people got to know and trust their regular carer. A relative told us, "I like that my mum has the same carers for all her visits."
• One person wrote that the staff were very understanding and supportive about their mental health and disability which had helped to bring back some of their confidence.
• Care and support plans were written in a person centred way, focussing on what was important for the person and how best to support them. For example, 'Continues to attend church we all try to accommodate her religious and cultural needs going in early at 8am, to get her ready for church'.
• Daily recordings were written using respectful language and detailed people's well being as well as their physical condition. For example, 'Remains strong in spirit and always prays before meals, enjoys the company of [her famiy] and is attending a [family] wedding'.

Respecting and promoting people's privacy, dignity and independence

● Care and support plans were written in a person centred way and detailed people's abilities and support to maintain their independence. For example, in one person's plan it stated and in their daily records it said, '[person] washed up and I put away' and 'requested ham and cheese toasties for lunch which [person] made by himself with my supervision'.
• People were treated with respect and dignity. Comments from people and their relatives included, "The whole team treat my mum and our family, and my mums home with respect and dignity", "You can't really say anything bad about this care company, they are all very helpful and I would recommend them to anyone" and "My carers are fantastic and are always there to help me and have a laugh."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● At the last inspection in June 2018 we found that care plans were not always person centred. This was a breach of Regulation 9, Person centred care. At this inspection we found that the required improvements had been made and the service was no longer in breach of Regulation 9 in this area.
• People's care plans had their preferred names, their likes and preferences with regards to food and drink and times of support received. Such as, '[person's preferred name] likes to have a bath three times a week sometimes in the morning sometimes in the evening', [person's preferred name] likes porridge and a cup of tea or coffee with two sugars for breakfast, unless he states otherwise' and '[person] likes her last visit to be between 9-10pm.
• The service took guidance from the tissue viability and community nurses to provide individualised care for one person in order to maintain their skin health. Changes to the methods of care used or the treatment were documented. For example, when the person required support with more regular re-positioning.
• Where able, people were encouraged to maintain their independence. For example one care plan stated, 'Encourage [person] to perform self care and have autonomy, to promote independence and sense of control.'
• Care plans contained 'social history' details of people's interests and leisure activities.

Improving care quality in response to complaints or concerns

● The provider told us that no complaints had been received.
• People had a copy of the complaints procedure detailing how to make a complaint in their care plans.
• The service had a complaints policy in place but no overarching system to monitor the progress of complaints should the need arise.

End of life care and support

● The service had supported people with end of life care. We saw an end of life care plan for one person which covered areas such as dehydration and difficulty with swallowing. Instructions for staff were 'keep [person's] lips and mouth moist and offer a drink at every visit' and 'if [person] is no longer able to swallow tablets, inform their GP who will decide if medicine will be given in a different form (to prevent aspiration)'.
• Instructions regarding resuscitation were kept at the front of the person's file and all staff supporting this person were made aware of their wishes to be respected.
• End of life care planning and training were discussed at a team meeting to increase knowledge and improve practice.

• The service liaised closely with the person's GP and community nurses and the local hospice for guidance and collaborative working practices.

Requires Improvement

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

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

●The provider was fully aware of the duty of candour and their responsibilities to report concerns and be open and transparent.
• The provider was committed to providing good quality person centred care and had made improvements to their care planning and recording. However, further improvements were required in relation to risk management and medicines recording.
• Feedback from people and their relatives was very positive and the staff provided caring and respectful support to people with complex needs.

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

• The provider had copies of their last report and rating on display in the office and a copy of the summary in every person's care plan. However this was not displayed on their website, nor was there a link to the CQC website for people to access information about the service.
• This was a breach of Regulation 20A, Requirements as to display of performance assessments.
• At the last inspection in June 2018 we found the provider had no systematic audits of quality monitoring in place to monitor the service. They had also failed to address this issue since the previous inspection. The provider did not keep up to date with what was required of them to meet legal regulations. This was a breach of Regulation 17, Good governance.
• At this inspection we found that some improvements in this area had been made, but further work was required. Medicines audits were in place but had not identified areas which required attention, for example missed signatures, PRN protocols and the documentation of the application of prescribed creams. Care planning audits were in place but they had not been carried out correctly. The audits identified people's needs and not what was required to improve the accuracy of the care plans themselves.
• This was a continued breach of Regulation 17, Good governance.
• At the last inspection in June 2018 we found the provider did not maintain accurate, complete and detailed records in respect of each person using the service and records relating to the employment of staff and the overall management of the regulated activity. This was a breach of Regulation 17, Good governance.
• At this inspection we found that the required improvements had been partially met as audits had not

identified shortfalls in medicines administration or the monitoring of risk. This was a continued breach of Regulation 17, Good governance.
• At the last inspection in June 2018 we found that the provider had not submitted Notifications to the CQC as required. This was a breach of Regulation 18, Notification of other incidents.
• At this inspection we found the required improvements had been made and the service was no longer in breach of Regulation 18.
• The providers action plan dated 03/12/18 stated that the breach in Regulation 17, Good governance was 'achieved and ongoing'. At this inspection, we found that they continued to be in breach of this Regulation. The provider needed to make further improvements to their knowledge and governance, particularly in the area of the Regulations and processes to ensure they were compliant.

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

●Care plans evidenced that people and their relatives were involved in the care planning process.
• Care plans had evidence of people's equality characteristics in relation to mental health and physical disabilities and religious preferences. The provider told us one person's first language was not English. They had developed a system of pictures and words pinned up on the person's wall to assist them with communication and learning.
• However, the service required further improvements in relation to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
• People, their relatives and staff were given the opportunity to feedback on a range of service provision areas. Most feedback we saw and read was positive and complimentary.

Continuous learning and improving care; Working in partnership with others

● The service is working closely with Wiltshire Council commissioners and quality assurance team to support their action plans to improve.
• The service had improved their training of staff and were in the process of embarking upon a new training schedule for 2019.
• The service had made some improvements in areas which were highlighted as 'requires improvement' since the last inspection, but further work was required.
• The service had regular staff meetings to reflect on their work and learn from areas of improvement and good practice.
• The service worked closely with health and social care professionals and had attended service manager meetings.

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 did not have comprehensive and systematic audits of quality monitoring in place to monitor the whole service. The provider did not keep up to date with what was required of them to meet legal regulations. Audits in place had not been carried out correctly and had not identified shortfalls.