

Majestical Care Ltd

JKs Majestical Care Limited

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

The inspection took place on 4 December 2018 and was announced to ensure staff we needed to speak with were available.

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats in the community. The service currently provides a service to two people.

There was a registered manager in place. 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.

The service has been the subject of an ongoing large-scale safeguarding enquiry conducted by the local authority. The Care Quality Commission and the local authority have both received concerns about the care and safety of people using the service.

Recruitment procedures were not robust and did not always ensure that staff were safe to work with people who receive care. There was no evidence that staff had received training in safeguarding people and there had been one incident the service should have referred to the local authority safeguarding team, but this had not been done. Staff supported people to take their medicines but there were gaps in the records which meant it could not be evidenced that people had taken their medicines as prescribed. The registered manager completed risk assessments which covered the environmental risks for where people lived, as well as moving and handling and the use of equipment, however, one risk assessment did not identify a health risk to the person or give information on how to manage the associated risks for them safely.

There was not a suitable staff training programme in place to ensure staff's training was up to date, consistent and designed to meet people's needs. There was not an effective system of support for staff, such as an induction to their role, regular supervision or an annual appraisal.

There was not a clear vision or credible strategy to deliver high-quality care and support. The governance framework did not ensure that staff's responsibilities were clear. The governance of the service had not resulted in improvements being made for people.

The registered manager ensured there were sufficient numbers of staff to support people's needs. There were systems in place to protect people from the risk of infection. Where incidents had occurred, lessons were learnt by the registered manager and staff. The registered manager visited people at hospital or at home to assess their needs before they agreed to provide people with a service. Staff supported people with preparation of both their meals and shopping, where necessary. People were supported to access healthcare professionals when necessary. The registered manager and staff had worked together with healthcare professionals which meant people received treatment and support which met their needs.

People felt they were supported by caring staff. People were supported by staff who ensured people made their own choices. Staff were mindful of people's privacy and dignity. People received personalised care that was responsive to their needs. The service had supported people with end of life care. The provider had a complaints procedure in place and people had a copy in their care plan. The registered manager sought feedback from people using the service, which was positive.

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.

The service has been the subject of an ongoing large-scale safeguarding enquiry, conducted by the local authority.

Staff recruitment procedures were not robust and did not always ensure that staff were safe to work with people.

There was no evidence that staff had received training in safeguarding and there had been one incident which the service should have referred to the local authority safeguarding team, but this had not been done.

Staff supported people to take their medicines but there were gaps in the recording which meant it could not be evidenced that people had taken their medicines.

Risk assessments did not address how all risks identified to people were to be managed for their safety.

The registered manager ensured there were sufficient numbers of staff to support people's needs.

There were systems in place to protect people from the risk of infection.

Where incidents had occurred, lessons were learnt by the registered manager and staff.

Requires Improvement 

Is the service effective?

The service was not always effective.

There was not a suitable training programme in place to ensure staff training was up to date, consistent and designed to meet people's needs.

There was not an effective system of support for staff, such as an induction, supervision and appraisal.

People's needs were assessed to ensure the service could meet

Requires Improvement 

them.

Staff supported people with the preparation of meals and supported them to access healthcare professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People felt they were supported by caring staff.

People were supported by staff who ensured people made their own choices.

Staff were mindful of people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

The service had supported people with end of life care.

The provider had a complaints procedure in place and people had a copy in their care plan.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The governance framework did not ensure that staff responsibilities were clear.

The governance of the service had not resulted in improvements being made for people.

There was not a clear vision and credible strategy to deliver high-quality care and support.

The registered manager sought feedback from people using the service.

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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 local authority safeguarding team had been conducting a large-scale enquiry due to concerns raised around the care and welfare of people using the service.

This inspection took place on 4 December 2018 and was announced. We gave the service two working days' notice of the inspection site visit because it is small service which is managed from a home address. The inspection was undertaken by an inspector and an inspection manager. Before the inspection, we reviewed the information we held about the service, such as information held in our records. We did not ask the provider to complete a Provider Information Return before the inspection. 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, we looked at these areas during the inspection.

We visited the location on 4 December 2018 to meet the registered manager, speak with two staff and to review care records for both people using the service. We spoke to both people who used the service on 11 December 2018.

We reviewed records which included care plans and associated records such as people's medicine charts and looked at records relating to staff recruitment for five staff.

At our last inspection, we rated the service 'Good'. However, the key question of "Is the service effective" was rated as 'Requires Improvement' because there was lack of suitable staff training.

Is the service safe?

Our findings

The service has been the subject of an ongoing large-scale safeguarding enquiry, conducted by the local authority. The Care Quality Commission and the local authority had received concerns about the care and safety of people who used the service.

Staff recruitment procedures were not robust and did not always ensure that staff were safe to work with people who received care. The provider had not assured themselves of staff's satisfactory conduct in previous roles where they had either worked in social care or with children. We found there were no records of Disclosure and Barring Service (DBS) checks in place for new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our previous inspection we had found some staff had appropriate recruitment checks, including DBS checks, in place, but they were not available during this inspection. The registered manager told us the checks were there but could not be found. The next day, a staff member told us they would be sent to us. Copies of DBS checks for the registered manager and three staff were provided, via the local authority, a week after our inspection. The provider also sent records to show that DBS checks had now been applied for, for the two newest staff but there was still no record of a DBS check or application for one staff member. This meant that three staff had been working without a DBS check being completed so the provider could not be assured that all staff were suitable to work with people.

The registered manager told us the recruitment files had been destroyed earlier in the year. The registered manager had put together new recruitment files for all but one of the staff, but they were not complete. There was not a full employment history. Proof of identity, including a recent photograph is required as part of a robust recruitment procedure. Staff files did not include their photographs. There was evidence of proof of identity on file, but one file showed a birth certificate had been seen in October 2018, but a copy had not been kept on the staff member's file.

The lack of a safe and effective recruitment procedure was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us staff had received training in safeguarding but there were no records to confirm this. The registered manager told us they were aware of the different types of abuse and knew how to use the local authority safeguarding referral system. However, we became aware of an incident regarding the fitting of a new hoist (by a third party), which had put one person's safety at risk, but the registered manager had not raised this as a safeguarding concern. Staff had dealt with the situation themselves instead of seeking professional advice.

Staff supported people to take their medicines. We looked at the medication administration records for both people using the service, for the first three and a half days of December. These records are used to record when people have taken their medicines or topical creams have been applied. For one person, there

were two gaps at teatime on one day (including one topical cream) and four gaps for tablets the next day. For the second person there was one gap in the recording for a medicine which was legally classed as a controlled drug. When we brought this to the attention of the registered manager they thought the medicines would have been given but not signed for as they had not been alerted to any tablets left in the packaging.

For one person, there was not a care plan to show staff where topical creams should be applied. This is often detailed through the use of a drawing, usually known as a 'body map'. One person had a body map in their care plan, but the other person did not. This meant staff who may not know the person or their individual needs, may not know where to apply the creams. We raised this with staff and they produced a blank form for the care plan but did not complete it with any detail.

Staff told us the registered manager checked staff competence regarding the administration of medicines and topical creams when new staff start work for the service. The registered manager confirmed they kept records of these assessments. They gave us the record for one staff member, which confirmed they had been assessed as competent in this area. However, there were no records for any other staff who administered medicines to evidence their competence.

The registered manager completed risk assessments which covered the risks for people's home environment, as well as their moving and handling risks and the use of any equipment. Risk assessments had been updated recently. However, for one person the risk assessment did not cover any risks associated with their diabetes. There was no guidance to staff on recognising the signs and symptoms of high and low blood sugar levels and what actions to take if detected. A staff member told us that the person had experienced a related incident and staff had made a referral to the GP.

The registered manager ensured there were sufficient numbers of staff to support people's needs. The registered manager employed six staff who supported two people and records showed they received four visits a day, around the same time each day. The registered manager told us that previously when new referrals were made to the service, they would look to see if they had staff available in the geographical area and whether the times staff were available would suit them. The registered manager was aware that timing was particularly important when people were diabetic.

One person told us that staff arrived on time and if they were slightly late it was due to traffic. They also confirmed that staff spent the full amount of time with them which had been agreed and that they felt safe with staff.

There were systems in place to protect people from the risk of infection. The registered manager and staff told us that protective clothing such as disposable gloves and aprons were placed in people's homes. Staff explained how they changed the gloves and aprons between different tasks to reduce the risk of cross-infection. Staff also explained the process they used to ensure the commodes were kept clean.

Where incidents had occurred, lessons were learnt by the registered manager and staff. The registered manager gave us an example of an incident which had occurred with a staff member. Following the incident, the registered manager said they ensured they were more aware of what staff were doing, all staff had been given a uniform policy and signed to say they had received it.

Is the service effective?

Our findings

At our inspection in April 2015 we identified that staff had not received adequate training. We made a requirement notice and the provider sent us an action plan which stated they would ensure staff received the necessary training. At our last inspection in June 2016, we found there had been progress, but staff had not completed all the necessary training, such as moving and handling people. The registered manager informed us at the time that moving and handling training for all staff was being booked with an external training provider.

During this inspection we found the provider still did not have a suitable training programme in place to ensure training was up to date, consistent and designed to meet people's needs. The provider's training records did not effectively demonstrate what training individual staff had completed and when. Some staff had completed some training, but it was not easy to evidence who had done what training and when. The registered manager told us the training was all "up together" and that they knew what training was due and when because they "went through" each staff member's file. However, the files did not contain sufficient information for the registered manager to know what training was out of date. The registered manager told us staff had completed training online, but the records provided showed that although online training had been booked, most staff had not started the training, and a few had completed about a third of the training.

The registered manager told us there was some staff training they considered mandatory. They listed: infection control; mental health; moving and handling; safeguarding; food hygiene; medicines and the control of substances hazardous to health. However, records showed that staff had not completed all the training considered mandatory and new staff had not completed any training. The registered manager also said that it was expected that mandatory training would be refreshed annually. Staff had not had refresher training. This meant people could be at risk through being supported by staff who may not have adequate training to meet their needs.

Providers must ensure that they have an induction programme that prepares staff for their role. Staff files did not contain any evidence of an induction process. The induction process for staff who are new to care should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles. The registered manager told us staff had the workbooks at home and that they were supposed to see the books every "couple of weeks" but that they had "not nagged them" so had not seen the books regularly.

The registered manager told us they undertook supervision sessions with their staff, usually every six weeks and that these were recorded. However, when we asked for records, the registered manager found a record of one supervision for one staff member. The registered manager therefore was unable to find any other records to evidence that staff had been appropriately supervised.

The registered manager told us that they completed an annual appraisal of staff performance and that this was recorded. However, the records were not available to view.

The lack of an effective system to train, supervise and appraise staff practice was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager described how they visited people at hospital or at home to assess their needs before they agreed to provide people with a service. The registered manager had completed training in "Assessing needs" in 2017, to provide them with the required skills.

Staff supported people with both the preparation of meals and shopping, where necessary. Staff knew people's dietary preferences and said they gave them a choice of meal, depending on what they had at home.

People were supported to access healthcare professionals when necessary. For example, staff told us they had noticed a deterioration in one person's health and they contacted the GP, occupational therapist and community nurse to ensure they got the professional support they needed. One staff member had recognised that there was a problem with a piece of medical equipment one person used and supported them to attend a hospital out-patient appointment to rectify the problem.

The registered manager and staff had worked together with healthcare professionals which meant people received treatment and support which met their needs. For example, one person was assessed as needing equipment to support them at home and staff liaised with the relevant professionals.

Staff understood that people were able to make their own choices. Records showed that people had signed consent forms regarding the receipt of care and support from the service. Staff gave us examples of recent decisions people had made regarding their health. The registered manager told us that the people they supported had the mental capacity to make their own decisions. They were aware of the need to consult other professionals should decisions need to be made in people's best interests, for example, if people were living with dementia.

Is the service caring?

Our findings

People felt they were supported by caring staff. One person told us, "I'm quite happy with [the service], they've been very helpful, always willing to help." Staff spoke about how they supported people with their care and support needs, spoke about people in a caring way and were concerned about people's health and wellbeing.

People were supported by staff who ensured people made their own choices. Staff told us that people made everyday choices including what to wear, what to eat, how to spend their time. One person confirmed this, saying they made their own choices. The registered manager told us that when they undertook the initial assessment before people received a service from the agency, they always asked them what they wanted from the agency. The registered manager said if they could not meet people's needs they would not accept the care package.

Staff were mindful of people's privacy and dignity. Staff told us how they respected people's privacy and dignity when they supported them with personal care, such as closing doors and curtains. Staff told us they were mindful of cross-gender care and that people could choose whether to accept support with personal care from staff of the opposite gender. One staff member explained how they respected people's privacy when supporting them to open letters addressed to them. One person was not able to physically open the envelope, so staff opened the envelope, pulled a corner of the letter out and moved away, and gave the person privacy to read their letter.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us, "[Staff] meet my needs, they go out of their way to help and be kind to me."

Each person had a care plan which was kept in their home. The care plan contained sufficient detail for a staff member not familiar with people's needs to be able to give care and support to meet their needs. Staff told us how they supported people with their personal care on a daily basis. A social care professional said that one person's skin care was important, as their skin could break down. The staff had kept the person's skin healthy which minimised other risks to their health.

Records showed that staff always completed the required number of visits each day and that the time of the visits was generally the same time each day. Where people were assessed as needing the support of two staff, they worked in pairs so that the staff team was consistent and there were not any delays whilst staff waited for colleagues.

The provider had a complaints procedure in place and people had a copy in their care plan. Where a complaint had been made the registered manager had investigated and responded to the complainant in writing. We asked one person if they knew what to do if they were unhappy with the service and they said they would contact the registered manager or another [named] staff member.

The service had supported people with end of life care. The registered manager and two staff had completed training in end of life care and understood how care and support could change during this time. For example, people may stop eating and drinking, so staff would concentrate on mouth care instead of nutrition and hydration. Care plans were written after meetings between healthcare professionals and the service. Records showed that the registered manager had consulted people about their end of life wishes. The staff were also clear that they knew people's wishes regarding whether they should be resuscitated in the case of an emergency.

Is the service well-led?

Our findings

There was not a clear vision and credible strategy to deliver high-quality care and support. The registered manager told us they had been unwell. They said they had undertaken some management tasks, such as dealing with paperwork, but that a senior staff member was running the service on a daily basis. The inspection was to be conducted by the senior staff member, but the registered manager lived on the premises and did participate in the inspection. The registered manager had not notified us regarding their absence and therefore they were still the registered manager and in charge of the service.

The governance framework did not ensure staff responsibilities were clear. It was unclear who was responsible for what and when. The staff member who managed the service when the registered manager was unwell, was themselves without management support and oversight. The registered manager did not have access to any professional support or supervision.

The governance of the service had not resulted in improvements being made for people. At previous inspections we raised concerns about the lack of suitable training and training continues to be a concern following this inspection. We also found further areas of concern which had not been identified through self-monitoring or auditing processes.

The registered manager undertook two audits, one of medicines administration records (MARs) and one of care plans. The MARs had been audited monthly from July to November 2018. We cross referenced the audit which consistently showed no concerns and that there were 'no gaps,' with people's MAR records for this period. However, one MAR for October 2018 did have one gap. There were no gaps in November's records, but for proportionality we asked to see the other relevant MARs. They could not be found.

The lack of effective systems and processes to ensure good governance of the provision of care was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the service offered was, "Very personal, like family." The registered manager ensured that people were offered the opportunity to give feedback and be involved in their care. The annual questionnaire had been sent recently to people using the service. One had been returned so far and we saw that the responses were positive. People could also give feedback by contacting staff or the registered manager. There were handover books kept in people's homes which staff used to record information such as when domestic chores had been done.

Staff meetings were held, and newsletters were sent to staff. This meant staff were kept up to date with any changes and work-related issues.

The registered manager and a senior staff member undertook 'spot checks' of staff. They visited people at home when staff were supporting them and monitored their performance or worked with other staff to monitor how they worked. Staff were expected to conform to a suitable dress code and wear disposable protective clothing. Records showed that these visits happened, and that staff were dressed appropriately.

The registered manager had purchased a support package covering policies and procedures, employment legislation and human resources. They told us they could contact the external organisation with any queries. The registered manager had not sent us any notifications which they are required to send us by law, but we did not identify any incidents during the inspection which we should have been notified of.

The registered manager said they audited the care plans on a monthly basis. If any changes were needed, they would update the care plans at that point, or sooner if necessary. For example, they looked for any changes in mobility.

The provider had been working with the local authority safeguarding process, attending meetings when they could do so. On the day of the inspection we asked for contact details for any healthcare professionals who the agency worked with and had regular contact with. It was agreed that a list would be sent to us the next day so that we could approach them for feedback about the service. A list was not provided so we have been unable to ask healthcare professionals for their views.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system of governance to ensure good quality assurance.

The enforcement action we took:

Conditions were placed on the provider's registration certificate.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was not an effective recruitment process in place to ensure staff were suitable to work with people receiving care and support.

The enforcement action we took:

Conditions were placed on the provider's registration certificate.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have an effective system in place to ensure staff were trained appropriately for their role.

The enforcement action we took:

Conditions were placed on the provider's registration certificate.