

Mackley Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

.This announced inspection took place on 9 November 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the registered manager would be available. At the last inspection, on 4 February 2014, the service was meeting all the legal requirements that we inspected.

Mackley Home Care Limited is a domiciliary care service providing personal care and support for people living in their own homes in the Bromley area. At the time of this inspection there were approximately 25 people using the service.

There was a registered manager in post; 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. At the time of this inspection the operations manager was in the process of applying to job share with the current registered manager.

People received their medicines when they should and staff had received training on the safe administration of medicines. However we found some aspects of the medicines policies and procedures required updating to include current guidance for staff. We have therefore made a recommendation about some aspects of the safe management of medicines. We will check the progress on this at our next inspection.

People told us they felt safe from harm and well cared for by the service. Care workers had received training on safeguarding adults, so they knew the signs of possible abuse. There were suitable arrangements to deal with a range of emergencies if needed. Possible risks to people were identified and guidance was in place to reduce risk.

People said their care workers were caring and kind, and, that some of them went out of their way to support them. People had the same care worker or small group of care workers, who they said knew their needs and preferences well. People said they were involved in decisions about their care and they were treated with respect and dignity at all times.

People commented that their care workers were reliable and were rarely late. There were enough care workers and office staff to meet people's needs and the provider followed safe recruitment policies. Staff received suitable training and support to carry out their roles. People were asked for their consent before care was provided and staff were aware of their responsibilities under the Mental Capacity Act (2005). People's dietary needs were met, where they needed support to manage this. The service worked with health professionals, when necessary, to ensure people's changing health needs were addressed.

People had an assessed and written plan of care available in their homes; these were up to date and people told us they reflected their needs and individuality. People said they were involved in reviewing the plans and that any changes were updated in the care plan. There was a complaints procedure and people knew

how to raise a complaint.

People and their relatives told us the service was efficient and provided consistently good care. It was a small service with a stable management team, who, were involved in direct care delivery and therefore had frequent contact with people. They were therefore familiar with people's needs and able to directly monitor the quality of the service. There were robust communication systems about people's needs and staff felt well supported in their roles. People told us they were asked for their views about the service and felt listened to and that the service considered any improvements that could be made.

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 safe.

There were systems in place to safely manage the administration of medicines, where this was required. However best practice guidance was not always available and we have made a recommendation in relation to the safe management of medicines.

People told us they felt safe using the service. Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert.

Risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with any emergencies should they arise.

There were adequate numbers of staff employed and safe recruitment processes were in place.

Requires Improvement ●

Is the service effective?

The service was effective.

People told us their consent was sought before they received care. Staff understood the requirements of the Mental Capacity Act (2005) Code of Practice and acted in line with this.

Care workers received training in line with the provider's guidance. They told us they were supported in their roles. There was a suitable induction for new staff which included a period of shadowing.

Where needed people were supported with their nutritional needs. People's health needs were monitored and they were referred to relevant health professionals, when this was appropriate.

Good ●

Is the service caring?

The service was caring.

Good ●

People told us the care workers were kind, and considerate and knew them well.

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected.

Is the service responsive?

Good ●

The service was responsive.

People had a plan of their care and support that addressed their individual needs. People said they received the right kind of care and support to meet their needs and care workers were attentive to any required changes.

People and their relatives told us they felt their views were listened to and issues were addressed. They knew how to make a complaint but said they had not needed to do so.

Is the service well-led?

Good ●

The service was well led.

People told us they felt their views were sought about their care and the service was efficient and well managed. There was an effective communication system to ensure staff were aware of any changes.

Staff told us the service was well organised and that they felt supported.

The managers and office staff were directly involved in the delivery of care and told us they found this an effective way to monitor the quality of the service and act on ways to make improvements. Other checks were completed to ensure people got their care as planned.

Mackley Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service which included any enquiries and notifications. A notification is information about important events that the provider is required to send us by law. We asked the local authority commissioners for their views about the service.

We visited the office for the service; we spoke with the registered manager, the operations manager and the field supervisor. We looked at five support plans and four staff files as well as records related to the running of the service such as daily notes, medicines records and policies and procedures. We spoke by phone with four people who use the service and four relatives to ask them for their views and experiences of the service. We also spoke with three care workers on the phone about their roles and how the organisation supported them to do their work.

Is the service safe?

Our findings

Most people who used the service managed their own medicines. However, where people were supported with their medicines, we saw there were arrangements to ensure this was done safely. People and their relatives told us they were supported to have their medicines as prescribed by health professionals?. One person remarked; "There are no problems there it all works very well." Care plans detailed people's health needs and the medicines they were prescribed so that if there was an emergency, care workers would be able to inform the emergency services about their prescribed medicines. Where people were supported with their medicines we saw medicines administration records (MAR) were completed to evidence people received their medicines as prescribed.

Care workers and office staff were aware of what to do if there was a medicines error. However, the provider's medicines policies were not up to date and did not reflect current guidance and best practice. Care workers received training on the administration of medicines to support them in their roles but no recorded competency assessments were completed to ensure they understood their training, in line with best practice. Medicines administration records were returned to the office on a regular basis. The field supervisor told us they were checked for any errors or omission but these checks were not recorded to identify any themes or learning. The registered manager told us they would ensure that these checks were routinely recorded in future to evidence their completion. These issues did not impact on people's care but required improvement to ensure consistent safe medicines management.

We recommend that the provider refers to best practice and current guidance in relation to the safe management and administration of medicines.

People and their relatives told us they felt safe and well looked after. One person told us, "Absolutely, It's a good service I feel very safe." A relative said, "We have been pleased. It is safe, and reliable."

Staff had completed adult safeguarding training and understood their responsibilities and what might indicate a safeguarding concern. They were aware of the provider's whistle blowing policy and what to do if they felt they needed to use this. There had been no safeguarding alerts raised in respect of the service in the last year. The registered manager knew how to raise a safeguarding alert if needed.

Risks to people were identified and guidance was provided to staff to reduce the likelihood of these occurring; for example health risks or difficulties mobilising. If someone needed additional support to mobilise a manual handling risk assessment was completed. The registered manager told us risk assessments were reviewed regularly, for example, after a hospital stay. This ensured the plans reflected people's current needs and that care workers had relevant guidance in meeting people's needs safely. Care workers demonstrated a good understanding of the possible risks to people while they delivered care.

There were arrangements to manage any risks in relation to emergencies. One person described how their care worker had called emergency services, when they had found them on the floor after a fall, and, looked after them and waited with them until the ambulance arrived. A relative described how staff had acted

quickly to call emergency services appropriately when their family member was ill. People had a phone number they could use at any time to contact the service. They told us there was always someone who would respond. Staff told us that there was always someone available for advice in any emergency at all times. Care workers had an identity badge so that everyone would know they were from the service.

Checks were made for any environmental risks including fire risks and staff knew people's needs very well and were aware of who needed to be prioritised in any emergency. Care workers received first aid and health and safety training and told us they knew what to do in an emergency.

People told us their care worker was reliable and consistent and that they stayed for the full length of the call. One person said, "You can set your watch by [my care worker.]" Another person said, "They stay longer sometimes. If I need it. I am not rushed at all." People and their relatives told us they had the same care worker most of the time and that the manager or field supervisor would step in if their care worker was unavailable. One person told us, "I have the manager or office staff when [my care worker] is not able to come. It works well as they know me and I know them." Care workers all told us they had sufficient time to travel between calls and that there were enough of them to provide care and support to people using the service. They said they did not have to rush people to complete the support needed. One care worker said, "Mackley do not over load you and I have plenty of time to do my work."

Appropriate recruitment checks were conducted before staff started work for the service. Staff files contained a completed application form with a full employment history, evidence confirming references had been obtained, proof of identity checked and criminal record checks carried out for each staff member.

Is the service effective?

Our findings

People told us they thought care workers were knowledgeable and knew what they were doing. One person told us, "They are good at their job and know what they are doing." A relative said, "They do go off and have regular training."

Care workers told us that they had received plenty of training to enable them to carry out their roles. One care worker told us, "We get plenty of training; we always get reminders when it needs renewing." Another care worker said, "They are good about training here." Care workers told us they received regular supervision in the community through meetings with the field supervisor. They said the office staff and manager were very supportive and they could call into the office at any time if they needed advice.

Care workers records confirmed that training was provided on a range of topics the provider considered essential, such as safeguarding adults, mental capacity, first aid and medicines administration. The registered manager told us that they would always ensure that staff had any necessary training to meet people's needs. There had not been any new staff at the service for some time, but, we saw that previously new staff had been provided with an induction period of shadowing and training before they started work. The office manager told us they were looking to use the Care Certificate; a nationally recognised programme for care workers new to health and social care, when they took on any new staff.

People's rights to make decisions were respected. People told us that the care workers asked their permission before they supported them. Care workers showed awareness of the importance of gaining consent from people and gave examples to demonstrate how they did this when we spoke with them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had been made to the Court of Protection as required and were being met.

Care Workers had received training on the Mental Capacity Act 2005 (MCA). They discussed with us how they supported people to make their own choices and decisions and manage their lives as far as possible. Care workers demonstrated that they understood that people's capacity to make some decisions could vary depending on how they felt. Staff understood the need to assess people's capacity to make specific decisions and, that, where they observed deterioration in people's capacity to make a decision they may need to speak to relatives and or health professionals to act in their best interests.

People told us their nutritional needs were met where this was part of their planned programme of support. They said they were asked about their preferences and were not rushed to eat. Care workers had received

training on food safety and were aware of safe food handling practices. Care plans included guidance for staff about people's nutritional requirements, and any allergies. Where people were not able to communicate there was guidance about their likes and dislikes. Care workers told us any concerns about people's eating patterns would be documented and they would notify the office, who, where needed, speak with relatives or health professionals to ensure the changes were communicated.

The service worked with health professionals to ensure people's health needs were met. People's healthcare needs were discussed when they joined the service and these were included in their care plan to inform staff about their needs. Care records contained details of how to contact relevant healthcare professionals and their involvement in people's care, for example, information from the GP, or district nurse. Care workers told us they would notify the office if they noticed people's health needs changed.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided and had good relationships with the care workers and office staff. People told us they liked having the same familiar care worker who knew them well and understood their needs. One person told us, "It's really absolutely wonderful. The [care worker] is great." Another person said, "My carer knows me well and they are so kind and helpful." A third person commented, "We have a nice chat, when they are here, I am very well looked after." A relative told us, "I think (my family member) is very happy with their care." People and their relatives commented that the care workers would sometimes help with additional things such as collecting prescription or other tasks. One person said, "[Care worker] is very good, she will help me out with extra things when I need it and come early if I have a hospital appointment."

People and their relatives said that their care workers had supported them for some time and that they were confident they understood their needs and preferences. Care workers told us they knew people well and could describe their needs and personalities; this helped them deliver more personalised care. For example one care worker told us how they were able to encourage someone with their personal care through a range of different approaches.

People and their relatives told us their dignity and privacy was respected. One person said, "They do think about my dignity and speak to me respectfully." Care workers described to us how they tried to preserve people's dignity during personal care, through shutting their doors and closing curtains and leaving people to manage those aspects of personal care they could do for themselves. They were aware of the importance of confidentiality with regard to any information about the people they supported.

People were involved in making decisions about their care for example about their routine, or food preferences. People and their family carers told us staff consulted them about their care and support needs. People and their relatives, where appropriate, told us they were involved in drawing up the plan for their care. Care plans did not always evidence people's involvement but people told us their needs and preferences had been discussed and that they were regularly asked if they wanted any changes made by care workers and the office staff. People were provided with information about the service before they started with them in the form of a guide which was available to them in their homes.

Consideration was given to people's disability, gender, race, religion and beliefs and how to support them effectively as part of their care. For example there was guidance for staff about people's communication preferences if they experienced sensory impairment. People's preferences about their care were recorded so that any unfamiliar staff would have a clear picture of how to deliver care.

Is the service responsive?

Our findings

People and their relatives told us they had an assessed plan of care to meet their needs. This was available in their homes for reference. We saw that a planned assessment of people's needs was conducted with people before they joined the service, to ensure the service could meet their needs. People's support and care needs were identified within their plan to help guide care workers. They included mobility needs, health needs, personal needs, cultural background and religion. The plans detailed what aspects of care people could manage for themselves and areas that they needed support with.

People and their relatives told us that the service was responsive to any changes in their needs. They told us care workers were flexible and would stay longer than the time allocated if this was required to meet their support needs. Care workers and office staff regularly checked if they were happy with the care plan. A relative told us, "Someone does check if we are happy with things." Care workers told us the office was very efficient about updating them with any changes to people's needs. One care worker told us, "The office is good like that; care plans are all up to date." They confirmed that the office staff were prompt to organise any equipment that might be needed or respond to any issues. One care worker said, "They are very good about making sure things happen when you call them." Where the local authority funded the care the service liaised with them about any identified changes in needs, for example, if they felt they might need a longer or shorter call to meet their needs.

People and their relatives said that care workers recorded the support given each time they visited. This helped maintain an accurate record of their care. One person said, "There is a plan in my house I have checked it and they do always write in it each time they come." People and their relatives told us the care plan was reviewed with them on a formal basis to check it met their needs, two people told us this was checked on a continual basis to ensure they were happy with the care and support given.

People and their relatives commented they had not needed to make a complaint but knew what to do if they needed to. One person said, "I would let the office know if I had a concern."

There was information for people on how to make a complaint in their care records. We saw that it referred to an out of date organisation title and we saw the operations manager was in the process of updating this information. The complaints policy detailed the steps that would be taken and the timescales to respond to the complaint. There had been no formal complaints since the last inspection.

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well organised and efficient. One person told us, "I never have any problems; the office are helpful." Another person commented, "I am very happy with them and I can be very outspoken if I needed to be. It all works well for me." A relative told us, "From our point of view it is well organised. We are very happy."

There was a registered manager in place who had been the registered manager for some time. They told us the service they shared the role of the day to day managing of the service with the operations manager who was in the process of applying to CQC to job share the role. They were both aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents.

Care workers told us they thought the service was well organised and that the managers wanted to provide good quality consistent care. They said the field supervisor regularly checked on their work. One care worker said, "The support is good. The manager is very approachable if you have any problems." Another care worker commented "It's a good service. That's why I work here. You get the time to give people the care they need." They commented there was good communication between the team of care workers and the office to ensure people received their care as planned and any changes were notified and recorded. One care worker told us, "The office is very good about keeping us informed."

Staff meetings were not routinely held; care workers told us that they felt no need for any meetings as a group because they were kept up to date by the office and had regular supervision and observation support visits. The office manager told us that staff who worked at the service were all experienced and worked with them for some time. If there was anything they needed to communicate to care workers they could do so by phone, text and email.

There were processes to monitor the quality of the service. People told us their views about the service were frequently asked for. The operations manager and office staff carried out care and support work for people on a regular basis. They told us they felt this meant they could directly quality assure the service by obtaining feedback from people who used the service and identify any problems, should they arise. The registered manager and operations manager described how they ensured the smooth running of the service through frequent discussions about people's needs. They demonstrated a commitment to provide consistent, safe, personalised care for people that used the service.

The field supervisor carried out observational visits and telephone monitoring to ensure people's views were regularly sought. The care plans and MAR charts were returned to the service at regular intervals to be checked to ensure that support was being provided as planned. The registered manager and operations manager told us they would immediately start to address the issues regarding medicines that we had identified with them at the inspection.

There had been a recent visit from the local authority commissioning service and we saw that where some issues had been identified there was an action plan to address these to improve the quality of the service

and work had been started on this. For example, more detailed fire risk assessments had been completed and a check to ensure that the records held at the office matched those at people's homes.