

Mackley Home Care Limited

# Mackley Homecare Limited

## Inspection report

Bencewell Business Centre  
Oakley Road  
Bromley  
Kent  
BR2 8HG

Date of inspection visit:  
26 February 2019

Date of publication:  
03 April 2019

Tel: 02038928700

Website: [www.mackleyhomecare.co.uk](http://www.mackleyhomecare.co.uk)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Mackley Home Care Limited is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. It mainly provides a service to older adults. At this service two registered managers share the responsibilities as registered manager, one working on a full-time basis and the other part time. At the time of the inspection there were 15 people receiving personal care from the service.

People's experience of using this service:

- Some improvement was needed to ensure a recommendation we had made at the last inspection in relation to medicines management was fully acted on in a timely way.
  - The registered manager assessed and monitored the quality of service delivered through spot checks, monitoring visits and audits. However, the medicines audit required some improvement to ensure they were fully effective.
  - The registered managers worked together and communicated regularly. They understood their roles and responsibilities and their registration requirements.
  - People and their relatives' views about the service were sought and considered to make improvements.
  - The registered managers worked in partnership with the local authority and health and social care professionals to meet people's needs
- 
- People felt safe using the service and staff had a clear understanding of safeguarding procedures.
  - There were enough staff to meet the needs of people using the service. No new staff had been recruited but there was a system for safe recruitment practices to be followed.
  - Risks to people had been identified and assessed to ensure people's needs were safely met.
  - People were receiving their medicines as prescribed by health care professionals and staff understood how to reduce the risk of the spread of infections.
- 
- Assessments of people's care and support needs were carried out when they started to use the service.
  - Staff received training and support to meet people's needs.
  - People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
  - People were supported, where needed to maintain a balanced diet.
- 
- People told us staff were kind, caring and respected their dignity and privacy. They enjoyed having the same staff members to give them care and support.
  - People were consulted about their care and support needs.
- 
- People received personalised care from staff members who knew them well.
  - Staff received training on end of life care and end of life care and support could be provided to people

when required.

- People and their relatives knew how to make a complaint if they were unhappy with the service.

Rating at last inspection: Good (Report published on 13 December 2016).

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

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### 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 ●

# Mackley Homecare Limited

## 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:** This inspection was carried out by a single inspector.

**Service and service type:**

Mackley Homecare Limited is a domiciliary care agency and provides personal care and support to people living in their own homes. It mainly supports older people and people with a learning disability.

The service had two managers registered with the Care Quality Commission who shared the responsibility for managing the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One registered manager worked full time and the other part time.

**Notice of inspection:**

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure people using the service and the registered managers would be able to speak with us, either in person or on the telephone.

The inspection site visit took place on 26 February 2019 when we visited the office location to see the registered managers and office staff. We asked for permission from people and their relatives to speak with them about their experiences of using the service.

**What we did:**

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must tell us about, such as any serious injuries to people. We asked the local

authority who commissions the service for their views about it.

Due to technical issues the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

During the inspection, we visited two people using the service and a relative of a person who used the service. We spoke with both the registered managers and a staff member. We reviewed a range of records including four people's care and support plans and reviews, risk assessments and staff recruitment and training records. We also reviewed records used to manage the service, for example, policies and procedures and monitoring records. Following the inspection visit we spoke with two relatives and two staff members by phone.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection in November 2016 we had made a recommendation about the safe management of medicines as staff competencies were not carried out. We checked whether the service had followed our recommendation and found some action had been taken.
- Most people administered their own medicines but where staff supported people with this aspect of care medicines administration records had been completed and were returned to the office and checked for any gaps.
- Medicines competency checks were completed for those staff who currently administered medicines. The registered manager told us they were working to ensure this was rolled out to all staff.
- We saw the registered manager was introducing an improved medicines administration record at the time of the inspection that more accurately recorded what medicines were administered when.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt very safe using the service. One person told us "I feel perfectly safe. I am very happy with the service." A relative commented, "I have absolutely no worries about that at all."
- Staff received regular safeguarding refresher training and knew the signs to look for and what to do if they had any concerns.
- There had not been any safeguarding alerts since the last inspection but the registered managers understood their safeguarding responsibilities and how to raise a safeguarding alert with the local authority if required.

### Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks to people, for example in relation to health needs or moving and positioning, had been identified, assessed and there were risk management plans in place to reduce the risks. Where risks were identified there was appropriate guidance in place for staff to manage this risk. For example, for one person who was at risk due to smoking, we saw staff had guidance to reduce the likelihood of fire or injury.
- Risk assessments were reviewed at regular intervals or if people's circumstances changed. Staff told us the registered manager was prompt to review people's risk assessments and take action such as to order equipment or contact professionals if needed.
- Risks in relation to the environment were assessed and appropriate action taken if this was needed. For example, a referral to the fire service if there were any concerns about fire safety and an annual check was made of the smoke alarm.
- There was a system for the reporting of accidents and incidents, these were monitored by the registered manager to ensure that any actions needed were taken and that any areas for improvement were identified

and shared with the staff team.

#### Staffing and recruitment

- People told us that they had the same small staff team that provided their support and that they usually arrived as arranged in their care plan. One person said, "They are very professional, they are always on time and stay the full length of the call."
- There was no system to monitor calls electronically to check that support had been provided when needed. However, the registered managers told us they were in the process of considering which system to introduce soon. Currently, where people were vulnerable and unable to let the office know they had not received a call, staff texted after visits to confirm they had attended.
- There were staff members available to cover shortfalls or emergencies. The registered managers could cover in emergencies.
- There were no records or any reports of any missed visits and people confirmed that the staff were reliable. They said occasionally the office would ring to let the know if there had been an emergency and their call would be late.
- Staff told us there were enough of them to meet people's needs including during holiday periods.
- There had been no new staff since the last inspection but there was a procedure in place to carry out necessary checks on new staff to ensure they were suitable. Checks made on existing staff were in line with the regulations.

#### Preventing and controlling infection

- Staff had received training on the prevention of infection and knew procedures to follow to reduce the risk of infection. Personal protective equipment (PPE) was available as necessary, and they disposed of clinical waste appropriately.
- The registered manager told us they checked how staff followed infection control procedure during spot checks and quality monitoring checks.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Some people's needs were assessed by the local authority prior to them joining the service. These assessments were used to understand if the service could meet their needs.
- The registered manager conducted their own assessments for everyone using the service to ensure they could meet their needs and to draw up a suitable care plan. They involved people, and their families where appropriate, in the assessment process.
- Further information was gathered from health and social care professionals where needed.

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

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.

We checked whether the service was working within the principles of the MCA.

- Most people using the service had capacity to consent to their care and told us that staff checked with them before they delivered any support.
- Staff had received training on the MCA and understood what to do if they had doubts that someone they supported may lack capacity to make a decision.
- Best interest meetings were held with relevant health professionals and family members where people had been assessed as lacking the capacity to make a decision, for example, in relation to their medicines.

Staff support: induction, training, skills and experience

- Staff told us they had the right training and support to meet people's needs and received regular refresher training which we confirmed from records.
- No new staff had been employed since the last inspection but the registered manager told us that new staff would have an induction and they only employed staff experienced and trained in health and social care.
- Staff told us they received regular informal supervision and support although these were not recorded. We saw the registered manager had started to introduce more regular recorded supervisions and staff received an annual appraisal.

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

- Where people were supported to eat and drink we saw their needs and preferences were clearly recorded in their care plans along with any possible risks.
- A relative told us that staff were knowledgeable about any possible choking risks and understood their family member's dietary needs well. Staff knew they needed to report any concerns they may have about a person's eating and drinking to the registered manager.
- Where people were unable to mobilise safely we saw they were provided with plenty to drink within their reach.

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

- People's health needs were recorded in their care plans and any support required from staff in relation to this need. For example, staff were alerted where a person experienced periods of dizziness.
- The service worked effectively with health and social care professionals to support people's health needs by ensuring timely and flexible visits were made when people needed to attend health appointments.
- Staff told us that the registered manger followed up any health concerns they reported and communicated with people's families or professionals such as district nurses or GP's in relation to any health needs.

# 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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by the same regular staff members to ensure continuity and consistency.
- Everybody we spoke with was happy with the care and support received. One person commented, "I am really pleased, I am well cared for and the care staff really know me. It is a great service." A relative remarked, "I think it is absolutely outstanding the way they look after [my family member]. They have a very good relationship and understand them very well."
- Staff told us that one of the things they liked about working for this service was that they were not rushed to carry out support and encouraged to chat to people when they supported them.
- Staff had received training on equality and diversity and understood the need to respect people's diversity and to treat people as individuals.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed that they were given information about the service to explain how it worked.
- People told us that staff listened to their views and preferences about their care and support and followed their wishes.
- The registered manager carried out reviews of the care and support with people and their relatives to ensure people's needs and wishes were understood and met.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives all told us that staff treated them with respect and dignity. One person said, "Absolutely, they are respectful and polite. But you can also have a laugh."
- People told us they were encouraged to be as independent as possible and described how staff supported them to continue to do as much of their own personal care as they could.
- Staff were aware of the importance of maintaining people's dignity and not to disclose any information about people outside of the workplace.

## Is the service responsive?

### Our findings

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

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

- People told us their care was personalised to their individual needs. One person said, "I like having the same carer they know exactly how I like things done. They go above and beyond to help me."
- People had support plans that detailed the support they required and provided guidance for staff. People and their relatives told us they were involved in reviewing their plan of support.
- People's communication needs were identified and recorded in their care plans in line with the accessible information standard. This standard sets out the requirement to identify, record, flag, share and meet the information and communication support needs of people who use services. The registered managers told us they would ensure information was made available in whatever format people needed but currently no one using the service had an identified need.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint but had not needed to do so. One person said, "I have never needed to complain, there has never been any reason to."
- There was a system to log and record complaints and a policy with timescales to respond by as well as information about where you could go if you were not happy with the outcome. The registered managers told us there had not been any complaints since the last inspection.

End of life care and support

- At the time of our inspection, the service was not delivering end of life care.
- Staff had received training on end of life care and the registered manager told us that they would work with health professionals as needed to meet the needs and preferences of people at this stage of their lives.

# 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

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.

Continuous learning and improving care

- At our last inspection on 9 November 2016 we made a recommendation about the safe management of medicines, as the medicines policies and practices did not always reflect current guidance. At this inspection we saw changes had been introduced but some of these were only in the last few months, such as the medicines competencies and the new medicines administration records, MARs. The medicines policies had been reviewed but did not include guidance for staff on medicines errors. This was amended and sent to us following the inspection. However, recommendations had not been implemented in a timely way and this required improvement.
- The registered manager carried out spot checks of staff to ensure care was provided as planned. No issues had been identified during these checks. Audits were carried out to monitor the quality and safety of the care provided, for example medicines audits and audits of the daily care notes. However, the audit required some improvement to ensure it considered all aspects of medicines management were checked.
- We saw that where actions were identified during local authority monitoring visits these had been acted on. For example, a process to log and register any complaints had been set up as recommended and a staff meeting had been held.
- The registered managers told us one of them attended the local authority provider forum to help them stay up to date with any changes in practice and discuss and share information with providers. They said it had not always been possible to attend all meetings but they intended to do this in future.

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

- People and their relatives said the service was, "well run" and "well organised." The registered managers were clear about their roles and knew the people who used the service well. One registered manager was mainly responsible for the day to day running of the service but they communicated effectively and regularly. Staff were complimentary about both the registered managers and said they were approachable and responsive.
- The registered managers understood their responsibilities as registered managers and the requirement to notify CQC about specific events and display their inspection rating.
- Staff understood their roles and duties. Some staff had worked for the service for more than ten years and told us it was a well-run service. One staff member said, "The manager is on top of things. She would not let anyone get away with not doing a good job."

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

- It was clear the registered managers placed great importance on the quality of care people received using experienced trained consistent staff.
- Staff told us the registered managers worked to deliver a high-quality care service. One staff member said, "They are a small good family run agency, they are on top of training and giving a good service is really important to them."
- There were policies and procedures available for staff to support the effective management of the service and give guidance for staff to deliver responsive and safe care to people.

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

- People and their relatives told us their views about the service were requested in surveys and during monitoring visits.
- Feedback from surveys was considered for any ways to improve the service. We saw that a survey in June 2018 identified some issues with staff wearing personal protective equipment and this had been resolved in the survey in December 2018.

Working in partnership with others

- The service worked to develop good relationships with health and social care professionals. For example, we saw where joint visits were arranged to ensure people's needs were met effectively.
- Records showed there was active communication with a range of professionals to support and promote individual people's needs.