

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Mackley Homecare Limited

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6HE

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✗	Enforcement action taken
Records	✓	Met this standard

Details about this location

Registered Provider	Mackley Home Care Limited
Registered Manager	Mrs. Avril Schorfield
Overview of the service	Mackley Home Care is a domiciliary care service providing support for people living in their own homes. The providers office is in Keston near Bromley in Kent.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 December 2012, talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with told us that they were very happy with the service provided and that staff were reliable. People said that staff were polite, courteous and caring. A relative told us they were happy with the service.

We found that care plans had been re written and reviewed on a regular basis and information was clearly documented. Staff were not supported to deliver care and treatment safely and to an appropriate standard because mandatory training had not been completed at the frequency stipulated within the providers policies.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have taken enforcement action against Mackley Homecare Limited to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At our inspection on the 19 September 2011, we found that people choices were not documented. Following our report the provider submitted an action plan to review all documentation relating to the recording of people's likes and dislikes which was to be completed immediately.

People expressed their views and were involved in making decisions about their care and treatment. People we spoke with told us that care staff asked about their preferences regarding how they would like to be addressed and where they wanted their personal care to be delivered. They said they felt involved in the decisions around their care and frequent reviews of their care were undertaken. Records showed that people's preferences had been documented in some cases. For example we found that care plans recorded preference to the time of calls being made by carers and their food choices.

People who used the service understood the treatment choices available to them and were given supporting information regarding their care. Prior to agreeing to use the service staff told us that people were sent a brochure about the provider and the services available. For example people were given information regarding the costs of the care they required following the home assessment and discussion regarding the support that was needed. The majority of the ten files we looked at contained copies of people's care plans and risk assessment. Staff told us that duplicate care plans were kept in people's homes to enable carers to deliver the appropriate care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The majority of care plans we looked at included information about individual's needs. We saw that there evidence of evaluation of the majority of care plans and some spot checks were carried out to ensure that carers were delivering the appropriate standard of care. Care plans also referred to the involvement of other healthcare professionals such as liaison with district nursing teams. Risk assessments had also been completed and included the home environment and the risk of falls.

There were arrangements in place to deal with foreseeable emergencies. Staff we spoke with told us that they had access to the office staff during between 0800-1800 hours and there was always a member of staff on call should they need advice or assistance. Staff said they felt supported and knew how to report any concerns to the manager to ensure people's safety was maintained. We were provided with copies of memo's sent to all staff reminding them on how to contact the office out of hours should they need to do so.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The staff we spoke with told us that they were able to access updates on the safeguarding of vulnerable adults (SOVA), however training records confirmed that very few staff had completed SOVA training. The nominated individual told us that they had recently reviewed the training for all staff and the majority of training including SOVA would be completed via an e-learning programme. The training policy confirmed that SOVA would be completed every two years, however, it was not considered as mandatory by the provider.

Staff we spoke with said they would report any suspected abuse to the manager or the local authority safeguarding team and that they were aware of how to access the safeguarding and whistle blowing policy. Staff told us that they felt confident in their ability to recognise and report any issues. The nominated individual told us as the lead for safeguarding for the agency and a place had been confirmed for training as the lead had been confirmed for the 26 February 2013.

The manager told us that all new staff had Criminal Records Bureau (CRB) checks and references were in place prior to staff starting work with the agency, this ensured that only suitable people were employed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff were not supported to deliver care and treatment safely and to an appropriate standard because mandatory training had not been completed at the frequency stipulated within the providers policies.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our inspection on the 19 September 2011, we found that the numbers of staff that had completed the mandatory training were very low. Following the inspection the provider submitted an action plan stating that mandatory training would be provided for all staff and that this would be completed immediately.

At the follow up inspection completed on the 07 December 2012, we found that the majority of staff had not completed mandatory training as stated in the action plan. The nominated individual told us that there had been significant changes in the management structure which had impacted on the training programme which was currently under review. The current training policy identifies Health and Safety, first aid, food hygiene and moving and handling as mandatory, and stipulated that these should be repeated every three years with the exception of moving and handling which requires an annual update.

We reviewed the training records for twenty two members of staff and found that twelve staff had completed manual handling training and Health & safety training and sixteen staff had completed first aid and food hygiene training. Although safeguarding of vulnerable adults (SOVA) training was not identified as mandatory by the provider, the policy stated that staff should complete the training every two years and we found that two members of staff had completed SOVA training. The nominated individual confirmed that she was undertaking SOVA training as the lead on 26 February 2013.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People who received care from the agency had a care plan in place. The manager told us that care plans are stored within the office and a copy of the care plan is retained by people using the service. All records were stored securely in the main office in locked cabinets. The care plans we looked at contained suitable information like people's choices and preferences regarding their care.

People's personal records included medical histories and where appropriate a signed agreement by either the person using the service or their relative. Records we reviewed were accurate and fit for purpose. The records had information on various aspects of care and the majority had been reviewed and updated regularly. People's needs were recorded and reviewed appropriately. The care plans also contained information regarding the involvement with other health care professionals such as GP's and district nurses to ensure that relevant information could be shared to provide continuity of care.

Staff we spoke with told us that care plans were also kept in people's homes and as well as a daily visit record. Spot checks were carried out by the manager to ensure that staff were documenting the care provided appropriately and this was confirmed by people we spoke with who used the service.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 28 February 2013	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
	Supporting workers
	How the regulation was not being met: Staff were not supported to deliver care and treatment safely and to an appropriate standard because mandatory training had not been completed at the frequency stipulated within the providers policies. The provider is not compliant with Regulation 23-(1)(a)

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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