

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

Mackley Homecare Limited

Mackley House, Oakley Road, Bromley, BR2
8HG

Tel: 02082892817

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2014

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Management of medicines | ✓ | Met this standard |
| Records | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mackley Home Care Limited |
| Registered Manager | Mrs. Avril Schorfield |
| Overview of the service | <p>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. In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.</p> |
| 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 announced 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 4 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with were happy with the care they received from the agency. People told us the carers mostly arrived on time, were reliable and delivered appropriate care. One person told us "the carer has been coming to me for a long time and knows exactly what I like and is always pleasant and respectful." Another person said "they were very happy, the staff are kind and caring and very good".

We found that the care was planned and delivered in a way that met people's needs. Risk assessments and care plans were individualised and reflected people's needs. The provider sought people's consent and agreement before a care package was started. Staff were aware of safeguarding procedures and knew how to raise concerns. Staff received medication training via an eLearning programme in order to support people to take their medication. Records were adequately maintained and following our visit are now stored securely.

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

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff told us that following the initial assessment, the care plan was agreed and people that were self-funded signed a contract consenting to the agency providing care. People we spoke with confirmed that they had agreed to their care plan and their agreement set out the amount of time and number of daily visits required. People we spoke with told us they were asked for consent before staff started to help them with personal care. For example, one person said "they always ask me how I am and if it's okay to help wash me, I'm never rushed". All the files we looked at contained signed agreement and recorded details of how staff could gain access to the property using a key safe.

We spoke with staff who told us how they ensured they respected people's wishes and gained their consent verbally prior to supporting people with care. Staff told us they usually worked with the same clients and were familiar with and understood people's individual needs but always checked what care they were providing at each visit. All the staff we spoke with were clear that if a person did not consent to care they would not carry out that aspect of care and would tell the office manager.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Initial assessments of the people's needs were carried out by senior staff and a care plan developed with people using the service. In the sample of records we reviewed we found that the care plans outlined people's needs. For example, care plans identified the person's needs such as help with washing, dressing and mobility. People we spoke with told us they found the support provided very good and reliable. Most people we spoke to had used the service for a long time. We found care plans were reviewed and updated regularly and where any changes were noted care plans were amended to reflect people's current needs. Spot checks were carried out regularly by a member of the management team and discussed with the carer and the person receiving the care. People we spoke with confirmed this. We reviewed five care plans and staff records which contained evidence of spot checks had been carried out.

Care and treatment was always planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments were carried out on issues such as the home environment, mobility and general health. One risk assessment identified the person was at risk of falling due to poor eyesight. The risk assessment identified the need for carers to ensure that the home was free of hazards and that walking aids were close to hand to reduce the risk of the person falling. Staff we spoke with confirmed that they were able to carry out the necessary care for people and worked regularly with the same people whenever possible. Staff told us that they could call the office for support or to query anything if they needed assistance or support.

There were arrangements in place to deal with foreseeable emergencies. Staff were all aware of the action to take in the event of a medical emergency or if a person had suffered a fall or became unwell. The provider operated an on-call system outside of the office hours for clients to contact and gain advice should they need to do so. Records confirmed that all staff had undertaken first aid training to ensure that people's initial safety could be maintained.

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 provider trained staff in the safeguarding of vulnerable adults (SOVA) and all the staff we spoke with told us they were up to date with this training. We saw that all staff had completed the eLearning training at the frequency required by the provider. People we spoke with told us they felt safe with the care staff who visited them.

The provider had safeguarding vulnerable adults and whistle blowing policies in place which had been updated in April 2013 which provided information on how to recognise abuse and reporting concerns. Staff we spoke with were all aware of what constituted abuse and to report abuse to the office manager within the agency. We found that the provider's policy contained contact numbers of agencies such as the Care Quality Commission, police and local authority to whom reports could be made. The policy also referred to the Mental Capacity Act (2005) (MCA) and how staff could assess people's capacity. However, this had not been finalised at the time of our inspection and therefore could not be assessed. The provider may wish to note that some of the information used as a resource for staff to refer to such as 'Protecting Vulnerable Adults' produced by the local authority was dated 2004 and may need to be updated.

The provider's whistle blowing policy dated 12 June 2013 and contained contact numbers of external agencies such as the police and raising public concerns at work.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. The provider had a medication policy and carried out medication training for care staff responsible for supporting people to take their medication to people living in their own home. Staff told us that people were all administered their own medication and that they prompted people to ensure they took all their tablets. The medicine management policy was dated 16 May 2013 and staff had received training on the administration of medication. The training consisted of eLearning and a written test. Spot checks were carried out to ensure that staff were following the policy and training guidelines. The manager told us that training for staff and competency assessment was currently being reviewed to ensure that staff had the appropriate knowledge. However, as the changes and training programme had not been finalised at the time of our inspection this could not be assessed. The provider submitted a training matrix which stated that all staff had received medication training in 2013. The document submitted indicated that the training would be updated in 2016, although the manager told us that this was also under review and consideration being given to annual updates.

Staff told us that they ensured that the correct daily dose was taken by the people they were supporting and raised any concerns with the office staff or family members. This ensured that people remained safe and took the appropriate medication.

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

Staff records and other records relevant to the management of the services were accurate and fit for purpose. There were policies in place relating to the Data Protection Act (1998), and confidentiality. Staff we spoke with told us that the policies were accessible for them either via the main office to refer to if they needed to and that they were given a handbook when they started which contained the policies. Staff records we viewed demonstrated that all staff had received supervision meetings on a regular three basis. The manager told us that this was carried out as part of the spot checks completed. Staff we spoke with told us that care plans and risk assessments were kept securely in people's homes.

The care plans and risk assessments were legible, signed and dated and the daily progress notes were also clearly written. The agency kept an electronic record of all communications between staff and clients. All the office staff had their own passwords and log in identification to ensure that only people working at the office could gain access to confidential information.

The agency was managed from a residential house and the manager told us that people's archived files were stored in the garage. Following discussion with the manager at the inspection and due to the sensitivity of the information held immediate action was taken to ensure that files were stored appropriately. The provider confirmed to us after the visit that all archived files were now stored securely. However, as this was done after our inspection we could not assess it as part of this visit.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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