

Magenta Domiciliary Care Services Ltd

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Inspection report

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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? | Good ● |

Summary of findings

Overall summary

Magenta Domiciliary Care services provides domiciliary care services. It provides support and personal care to a range of people living in their own houses in the community. At the time of our inspection three people were receiving personal care from the service.

At the last inspection in January 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff received safeguarding training so they knew how to recognise the signs of abuse and how to report any concerns. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting their personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

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 remains good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Magenta Domiciliary Care Services

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 checked 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.

This was an announced comprehensive inspection, which took place on 27 February and 1 March 2018 and was undertaken by one inspector. We gave the service 24 hours' notice of the inspection visit because we visited the office location of the service and needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in January 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke to two relatives of people who used the service, two support workers, and the registered manager.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints

Is the service safe?

Our findings

People received safe support from the service. One relative of a person told us, "We feel the staff all know what they are doing and [name] is supported safely."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I have never had to, but I would report concerns to the manager or the safeguarding team if I needed to." We saw that staff were trained in safeguarding procedures.

Risk assessments were detailed, individualised and up to date. They covered all the potential risks present for people and the environments they were receiving support in, including the home and community. Relatives and staff we spoke with were happy with the content and positive that they promoted safe support.

Staffing numbers were sufficient to meet people's needs. A relative said, "I have never had a missed call, and the staff are very consistent. It's very good." Staff told us they were able to support the same people consistently, and rotas we saw confirmed this.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

The service was not providing people support with any medicines, but systems were in place to make sure this was done accurately if required. Staff training in medication administration had taken place.

Staff had completed training in health and safety to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required. We saw that actions were taken to make any necessary improvements.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre assessments of people's needs were created by the registered manager before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment, and continued training took place to refresh knowledge keep up to date with standards. Staff completed the Care Certificate, which covers the basic standards required for care. Records confirmed that all training was kept up to date.

Staff supported people to eat and drink sufficient amounts. For example, one person's care plan outlined what foods a person preferred to eat, and that all food should be chopped up in to bite sized pieces to make it manageable for them. All staff had a good knowledge of the preferences and requirements people had with food and drink.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals such as occupational therapists and doctors. Detailed information regarding people's health requirements was kept by staff. We saw that the service had recently support someone through an emergency situation that meant they had to temporarily move from their home to respite services. It was evident that the registered manager had organised this support and worked effectively with other agencies to make sure the person's support was effective.

The Mental Capacity Act (MCA) 2005 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 make 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 when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Is the service caring?

Our findings

Positive and caring relationships were developed between staff and people. One relative told us, "They are like family. The care is fantastic and we couldn't hope for better. They are our heroes." A staff member told us, "We have the opportunity to build really good relationships with people and their family, because the system is very consistent. We see the same people." Staff knew people and their family members well and understood the best way to provide care for each person.

People were involved in their own care as much as they were able to be, and relatives were involved when required. One relative told us, "We are fully involved in everything, it is led by us. Regular reviews take place and we are in constant communication with the staff." One relative said, "[Name] will let the staff know if they don't like something. They know the little ways that he uses to communicate, and they listen." Information about advocacy services was available for those who required it.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. Relatives we spoke with confirmed that staff were respectful of people's dignity. Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans included each person's routines, preferences, likes and dislikes, for example, recording the type of milk a person uses for breakfast, and how they like their tea.

The registered manager told us that the service was kept small to enable a high quality, person centred and responsive service, that fully understood each person's needs. One relative told us, "The staff know how to help [name] shave. They have got a system going which makes him comfortable so they can get it done without any distress. They are excellent." Another relative said, "We have had the same carers for over five years, so they know everything. It's very easy having them here, and I feel comfortable with them in our house, which is very important to us."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the service was knowledgeable about accessible information and able to produce information in different ways if required to.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. A complaints recording system and complaints policy were in place which showed that information could be recorded in detail and actions formulated. No complaints had been made at the time of the inspection.

No end of life care was being delivered, but systems were in place to record people's wishes and provide this care if required.

Is the service well-led?

Our findings

A registered manager was 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.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "I love my job, its great working here. The support is excellent." Another staff member said, "It's a close team, we all work together well. Most of the staff have been here for years, which wouldn't be the case if the service was not good."

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. One relative said, "It's a very open service and easy to communicate with them. I can get hold of the registered manager whenever I need to. It's a small service which makes it feel very personal and good quality." The staff we spoke with all felt that they were able to input to the development of the service and the care that people received. One staff member said, "If I notice changes with someone, I can report it and I'm listened to."

Relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, senior staff and the provider were very approachable.

The registered manager conducted a monthly audit which checked all areas of the service to monitor quality and pick up any faults. We saw that this system was effective and any problems were identified and acted upon in a timely manner. Feedback was gained from people and relatives via a questionnaire, and results were analysed and acted upon by management .

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals. For example, the service supported people in the community to various locations including a day service for people with disabilities. This required working alongside staff from other agencies to ensure that a range of activities were made available for people's enjoyment.