

Malkuwth Home Care Limited

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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

This inspection took place on 24 and 27 July 2017. It was an announced visit to the service.

This was the service's first inspection since registration.

Malkuwth Home Care Limited provides care to people in their own homes. Six people were receiving care at the time of our inspection, in the High Wycombe area.

The service had 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.

We received positive feedback about the service. Comments from people included "I can't fault them," "You can sit back and relax" and "Continuity of care has been incredibly reassuring." A relative told us "Carers do an incredible job. Without them (family member) would have gone into care." Another relative said "It's more of a devotion than it is a job, that's the kind of people they are."

People were protected from the risk of abuse. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions.

There were sufficient staff to meet people's needs. The service used thorough recruitment processes to select staff, to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. They kept their training updated to make sure they supported people safely.

Care plans had been written for each person to record the support they required. These had been kept up to date to reflect changes in people's needs.

There had not been any complaints about the service. People knew how to raise any concerns if they needed to.

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 supported this practice.

The service was managed well. The provider regularly checked the quality of care at the service through home visits to people, spot checks and audits. Records were maintained to a good standard and staff had

access to policies and procedures to guide their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify and minimise areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training.

People told us they received care and support from familiar, consistent care and support workers.

The service worked within the principles of the Mental Capacity Act 2005 to ensure people who made decisions on behalf of those who lacked capacity had the legal authority to do so.

Is the service caring?

Good ●

The service was caring.

People told us their care workers were kind and caring. Relatives also commented on the caring nature of staff.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had an experienced registered manager to provide effective leadership and support.

There were clear visions and values at the service which staff promoted in how they supported people.

The provider monitored the service to make sure it met people's needs safely and effectively.

Good ●

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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 inspection took place on 24 and 27 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in to assist with the inspection.

The inspection was carried out by one inspector.

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. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, for example, the local authority and a healthcare worker. We also contacted three people's relatives after the inspection, to ask them about standards of care at the service.

Surveys were sent to people who used the service and staff prior to the inspection. Emails were also sent to staff once we had announced our intention to visit. We have used any feedback to help inform our judgements about the service.

We spoke with the registered manager and the finance and technical manager. We checked some of the required records. These included four people's care plans, three people's medicines records, three staff

recruitment files and three staff training and development files. Other records we sampled included quality assurance documents, policies and procedures and minutes of staff meetings.

Is the service safe?

Our findings

People who completed surveys told us they felt safe from abuse and harm from their care and support workers.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff who completed surveys told us they knew what to do if they suspected anyone was being abused or was at risk of harm. They also told us they considered people were safe from abuse and harm from the staff who supported them.

Staff promoted safety in people's homes. Care plans included information about checking doors and windows before care workers left and reminding people to lock their back doors. We saw staff reminded people to make sure any assistive technology devices were used. For example, wearing pendant alarms in case they fell or other emergencies happened. People's home environments had been assessed for any risks from electrical, gas and trip hazards, for example. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately if emergency situations arose.

People were kept safe from the risk of harm during the delivery of their care. Risk assessments had been written to identify any potential risks and reduce the likelihood of people experiencing harm. We saw risk assessments had been written for supporting people with areas such as moving and handling, reducing the risk of falls, use of bed rails and management of their medicines. Where risks were identified, measures were put in place to ensure people were supported safely.

There were enough staff to support people. Staffing rotas were maintained. Where people required two staff to support them, the service ensured two were allocated. People told us care workers arrived on time and stayed for the agreed length of time. A relative told us "It's rare they're late for visits."

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Recruitment files contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Care workers were instructed to report any concerns, accidents or incidents to the registered manager. The registered manager told us there had not been any accidents involving people who used the service.

Is the service effective?

Our findings

People told us they received effective care. They said they received care and support from familiar, consistent care and support workers. Relatives comments included "Continuity of care has been incredibly reassuring," "It's been the same people all the way through" and "They're regular ones (care workers) going in each day."

People considered care and support workers had the skills and knowledge to provide the support they needed. They told us care workers completed all of the tasks that they should do during each visit. People said the support and care they received helped them to be as independent as they could be. One relative told us "Without them, (family member) would have gone into care."

Staff who completed surveys told us they were told about the needs, choices and preferences of the people they provided care and support to. Staff told us their work and travel schedule meant they were able to arrive on time and stay for the agreed length of time. They said the time allowed for each visit meant they were able to complete all of the care and support required for each person.

People received their care from staff who had been appropriately supported. Staff said they completed an induction which prepared them fully for their role before they worked unsupervised. The induction included input on safeguarding, the role of the care worker, policies and procedures, confidentiality and emergency aid. Staff received training on moving and handling and the use of lifting equipment. New care workers shadowed more experienced staff to begin with and were assessed on their performance. The registered manager told us all staff were in the process of completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences. We saw a wide range of courses had been completed by staff. For example, infection prevention, safe handling of medicines, equality and diversity and awareness of mental health, learning disabilities and dementia. Training had been kept to date to ensure skills were refreshed.

Staff said they received regular supervision and an appraisal which enhanced their skills and learning. We saw records which showed regular supervision took place to discuss ways of working and meeting people's needs effectively. Spot checks were also carried out regularly to ensure staff applied their learning sufficiently.

Staff communicated effectively about people's needs. Relevant information was documented in daily notes as well as using an electronic system. Relatives told us they were kept informed about their family members' care and any changes in their needs.

People's nutrition and hydration needs were recorded in their care plans. There were prompts to note any allergies, likes and dislikes and preferences regarding meal preparation. A relative told us "They make sure

(name of person) has eaten and drunk throughout the day. Carers will make a meal when they need to."

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff contacted healthcare professionals where necessary to ensure people received effective care. For example, occupational therapists for equipment and adaptations people may need as their needs changed. People's GPs were contacted where necessary, such as when someone complained of pain.

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 under the MCA. Where people are cared for at home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff told us they had training in and understood their responsibilities under the MCA. One of the care plans we read noted the person had legally appointed representatives to make decisions on their behalf. A copy of the Lasting Power of Attorney documents were included in the file. This meant the service had satisfied itself it knew and consulted the people who had legal authority to make decisions on the person's behalf.

Is the service caring?

Our findings

We received positive feedback from people about the caring nature of staff who supported them. People told us they were always introduced to care and support workers before they received care from them. They said they were happy with the care and support they received from the service. They told us they were treated with dignity and respect and that their care and support workers were caring and kind.

Relatives also spoke positively about care workers. One relative said care workers were "Tolerant and kind; they are caring." They added "They've been brilliant...honest, decent and caring." Another relative told us "It's absolute bliss. My (family member) thinks they're friends." They added "It's more of a devotion than it is a job, that's the kind of people they are." Other comments included "They're always pleasant and cheery," "(Names of care workers) have managed (name of person) particularly well when they get upset" and "We feel we trust them."

People were supported to make decisions about their care and support. For example, they were asked how they liked things done, they were involved in reviews of their care and had been asked to sign consent forms, where they were able to.

People said care workers engaged with them well. One person said they could joke with the care workers who supported them. A relative said "They are almost like family."

People's confidentiality was respected. None of the people we contacted had any concerns about how personal and confidential information was handled by the service. There was a policy on confidentiality to provide staff with appropriate guidance and training was undertaken on handling information, confidentiality and consent. Staff were reminded about confidentiality and use of social media in the staff handbook.

People were advised of local advocacy services in the service user handbook. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service promoted people's independence. People told us the service helped them to be as independent as they could be. Care plans were clear in informing care workers what people could manage for themselves so that people did not lose the ability to perform these tasks.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Detailed assessments had been carried out by the registered manager before people started to use the service. These provided information about the support people needed and formed the basis of their care plans. Each care plan contained information about the support people required for tasks such as washing and bathing, food and diet, taking their medicines, health and medical care. Information was also recorded about people's communication needs and any support they required. Important contacts were noted, such as doctors, next of kin and persons who had power of attorney, where applicable. People's choices and preferences about their care were noted and there was information about their personal histories, such as former employment, and their preferred form of address. This helped ensure people received personalised care that was tailored to their needs.

Care plans had been kept up to date to make sure they were appropriate to people's changing needs. A relative we spoke with said their family member's support had changed over time due to health conditions. They said "They have managed (family member's) changing needs well." Where necessary, health and social care professionals were involved. We read notes in people's care plans where the service had contacted occupational therapists, district nurses and other professionals where there had been changes to people's needs.

Care plans contained information about the pattern of care visits each person required. We saw the service was responsive to amending the timing of visits to suit people's individual requirements if they requested this. Equally, one relative told us "They're happy to leave things as they are and what works well for (name of person)."

People who provided feedback said they did not have any complaints about the service. "We've had no reason to complain about anything" was a typical comment made by the relatives we contacted. People said they knew how to make a complaint if they needed to. We saw this information was included in the service user handbook. It provided details of other agencies that a complaint could be made to, such as the local authority, CQC and local government ombudsman. The registered manager told us they had not received any complaints about people's care.

People told us they were involved in decision-making about their care and support needs. They said the service involved the people they chose in important decisions, where applicable. People and their relatives were involved in reviews of care provision and were asked for their views and comments.

Care workers responded appropriately when people had accidents. For example, an ambulance was called after someone had a fall. We saw records which showed staff had contacted the occupational therapist to see if they could provide advice to improve the person's mobility.

Is the service well-led?

Our findings

The service had an experienced registered manager. We received positive feedback about how they managed the service. One relative told us "(name of registered manager) is very helpful. Without them, we'd be in a much worse situation." They added "(name of registered manager) has really helped us over the years. I would use them for myself if I needed to." One relative said "We feel we know our (family member's) needs are being met." Another commented "We've never had to worry. I trust them" and "We've got peace of mind, they're honest and decent people."

People who completed surveys said they would recommend this service to another person. They said they knew who to contact in the service if they needed to. Relatives commented they could always contact someone at the office if they needed to.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. There were also staff meetings to discuss practice and improving ways of working. Notes of staff minutes showed care workers were reminded of various procedures and policies such as safeguarding, management of medicines and how to make complaints and compliments. Staff told us they would feel confident in raising any concerns or poor practice with their managers.

The service had a statement about its visions and values in a statement of purpose. This was included in the service user handbook. The aim was "To provide personal and practical care at a high standard to people in their own homes that will assist them to achieve and maintain their independence." The feedback we received from people and their relatives reflected this.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures in the office and on line. These provided staff with up to date guidance about a broad range of topics and had been kept up to date with changes to good practice and legislation.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about one incident and from this we were able to see appropriate action had been taken. They said there had not been any other occurrences that we needed to be notified about.

The provider regularly monitored quality of care at the service. For example, spot checks of care were carried out routinely. Audits were undertaken of daily notes and medicines records. The registered manager visited people regularly to make sure they were happy with their care and it met their needs. We saw surveys had been sent out by the service to staff and people who used the service in 2016. The results showed each person was satisfied with the care they received. Staff also provided positive feedback. This included that they felt listened to and they could approach their manager if they had a problem. Additional comments they made included "I feel privileged to be part of the team," and "There is a very good working relationship

between service users, co-workers and staff."

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. The service had a duty of candour policy in place in the event of any applicable incidents.