

Majesty Healthcare Ltd

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Inspection report

Windsor House
Suite 5.12 Cornwall Road
Harrogate
North Yorkshire
HG1 2PW

Tel: 01423203924

Website: www.majestyhealthcare.co.uk

Date of inspection visit:

30 January 2019

05 February 2019

22 February 2019

Date of publication:

15 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: The service supports people with personal care needs in their own home. Two people were receiving a care and support service when we inspected.

People's experience of using this service: The registered manager displayed a commitment to providing high quality person-centred care. However, they had not implemented effective management systems to achieve this. People told us they liked the registered manager but they felt their service was not always as reliable as they would like.

Despite some improvements management systems were not yet fully established or working effectively. The registered manager could not demonstrate the service was being managed with sufficient skill to consistently safeguard people and promote their wellbeing.

Risks had been mitigated to some extent because the registered manager also provided care hours. However, arrangements regarding the sale and transfer of the ownership and management of the service (which happened during our inspection) were poorly managed. This left people without a care service at very little notice and placed people at potential risk of harm.

The new owner had informed CQC of their intention to be the nominated individual and registered manager. They had updated the organisation's website but they were not displaying their CQC rating as legally required. They informed us they were not intending to provide a care service until they had recruited and trained staff appropriately.

We found breaches of the Care Quality Commission (Regulations) 2009 Regulation 18 (2)(g) and the Health and Social Care Act 2008 (Regulated Activities) 2014 (Regulation 20A). These related to a failure to keep CQC notified about significant events and to display their rating.

We are following this up with the new owner outside the inspection process.

Rating at last inspection: Requires improvement (report published August 2018). Following the last inspection, we asked the registered manager to complete an action plan to show what they would do and by when to improve to at least Good. At this inspection we found they had failed to demonstrate sufficient improvement in their systems. The service remains rated Requires Improvement for the third consecutive time.

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

Follow up: We will meet with the new owner following this report being published to understand their plans for the service and how they will make changes to ensure the service improves their rating to at least Good. We will continue to monitor intelligence we receive about the service until we return to visit in line with 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.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Majesty Healthcare 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: One inspector carried out this inspection.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of our inspection the service had a manager registered with the Care Quality Commission (CQC). The registered manager was also sole director of Majesty Healthcare Ltd and the nominated individual. They were legally responsible for how the service was run and for the quality and safety of the care provided. We have referred to this person as the registered manager.

The registered manager informed CQC of a change of ownership of Majesty Healthcare Ltd on 22 February 2019. The new owner subsequently informed CQC of their intention to be the nominated individual and manager of the service. Applications regarding these changes are in progress.

Notice of inspection: We gave the service five days' notice of the inspection visit. This is because it is small and the registered manager also provided most of the care. We needed to give them time to arrange appropriate care and support for people who used the service.

Inspection site visit activity started on 30 January 2019 and ended on 22 February 2019. We visited the office location to see the registered manager and review care records and policies and procedures.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us 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 reviewed the information we held about the service, such as notifications we had received from the

registered manager. A notification is information about important events which the service is required to send us by law. We sought written feedback from the local authority contract monitoring team. We used this information to plan the inspection.

During the inspection we spoke with one person who used the service, the registered manager, a member of the local authority contracts and monitoring team and a team manager in the local authority health and adult services team.

We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, medicine records, two staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

We spoke with the new owner and advised them to complete the relevant forms for nominated individual and registered manager with CQC. We asked them to update their website and requested they display their rating awarded at the last inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

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

- Staff had not received training on safeguarding issues in a domestic setting such as coercive and controlling behaviour or self-neglect.
- The registered manager understood the principles of safeguarding and when concerns needed to be raised.
- Staff had completed training in how to report safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk assessments and practice to protect people's health and welfare were not fully established.
- Care plans did not contain sufficient explanation on the control measures required to keep people safe.
- The registered manager knew people very well and could describe safety measures in place.
- The registered manager told us there had been no reportable accidents or incidents since the last inspection. They agreed to implement appropriate systems to ensure any future accidents and incidents were recorded and analysed.
- Health and safety checks, as well as regular maintenance, helped to maintain the safety of the person's home environment and equipment.

Staffing and recruitment.

- The recruitment process had improved. The registered manager provided most of the care hours, together with a small team of care staff. Recruitment checks for staff were now being undertaken more systematically.
- One person reported timekeeping had not improved. The registered manager agreed this continued to be a problem. They agreed to look at how they could rectify this issue.
- The registered manager informed us they were no longer supplying staff into care homes and hospitals. We have referred to this in more detail in well led.

Using medicines safely.

- Medicines were stored, administered and recorded appropriately.
- People told us they felt the registered manager was spending too much time carrying out audits when they could be doing other tasks.

Preventing and controlling infection.

- Staff followed good infection control practices; the registered manager said they used aprons, gloves and hand sanitiser to help prevent the spread of infection.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's needs and care preferences were not fully assessed and agreed with them before care was provided. While not unsafe people expressed dissatisfaction in their feedback to us.
- The registered manager regularly reviewed and recorded people's care and support needs.

Staff support: induction, training, skills and experience.

- The registered manager could not be confident staff worked to a consistent standard and followed best practice.
- The registered manager was not regularly exploring staff understanding and learning to ensure they had the relevant skills and knowledge.
- Staff supervisions and routine observations of staff practice were not routinely undertaken. The registered manager explained this could be difficult as not everyone liked having their personal care tasks observed. This was confirmed in discussion with one person.

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

- People were supported to eat and drink enough; the registered manager had previously been commended for the quality of the food they provided.

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

- People had support from their own GP practices and other health and social care practitioners.
- Advice from professionals was acted upon and made sure people received effective care.

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

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 MCA 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. In domestic settings this is through application to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one lacked capacity. The registered manager was clear of the process to follow if they had concerns about a person's capacity.
- People signed to show they had consented to the support provided.

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 did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- While the registered manager spoke about people with compassion, kindness and respect the sale of the company was poorly managed. This decision and the way in which it was implemented resulted in people's care package being discontinued with immediate effect. We have discussed this in more detail in well led.
- The registered manager had failed to ensure people were treated with empathy, courtesy, respect and in a dignified way. People were not informed of new management arrangements in a timely way.
- People had not been involved in discussions and decisions about their care and support; they did not have any time to make alternative arrangements when their care package was discontinued.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support.

- Feedback from people indicated the registered manager was not always responsive to people's changing needs and preferences. Additional support was offered when requested but the registered manager had not always planned how they were going to deliver the increased service. This had led people to feeling dissatisfied with the level of service they received.
- The registered manager was aware of the requirement to present information to people in a way they could understand, as required by the accessible information standard. No one presently needed additional support to access information.
- Care plans contained person-centred information that focused on each individual. These had been reviewed to ensure they remained relevant and reflected the progress people were making.
- People received care from the registered manager who knew their life story and what was important to them.
- End of life support was not currently provided.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place however they had not always effectively addressed issues raised with them.
- People told us complaints or concerns had not been addressed appropriately. One person who was looking to change their care service said, "I like [Registered manager's name], but I can't rely on them to be on time if I have an appointment; it's very disappointing."

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager had not carried out their role with sufficient skill, knowledge and commitment. They had not given people reasonable notice of the imminent sale of the company, which took place in February 2019.
- People were not provided with sufficient information to enable them to make decisions about their future care and treatment; they did not have sufficient time to plan new care packages. Written contracts contained only limited information so they were uncertain about what to expect from the service, their rights and what they needed to do. We have discussed this with the local authority and will also be looking at this with the new owner outside the inspection process.
- The new owner told us they had not received a handover so they could meet people and assess their care needs before providing a service. The staff had left at the same time as the registered manager leaving them unable to provide care safely. People therefore received notice regarding the termination of their care package with immediate effect on the day of the sale. CQC were not informed about this until a person wrote to make a complaint about the provider.

The failure to notify CQC about an event that stops or may stop the provider from carrying on a regulated activity safely and properly was a breach of the Care Quality Commission (Regulations) 2009 Regulation 18 (2)(g). We are following this up with the new owner outside the inspection process.

- People were not provided with accurate information regarding the service. The rating is not currently being displayed on the provider's website as legally required. In addition, they were advertising to be able to provide a wide range of specialised staff and services on their website they would not presently be in a position to provide. This is misleading to the public. We have spoken with the new owner regarding this.

The failure to display their CQC rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The new owner demonstrated a commitment to provide person-centred, high-quality care. They have submitted appropriate notifications informing CQC of their new role as nominated individual and manager. They have informed us they are not presently providing a personal care service and said they are intending

to recruit and train staff properly before they provide any care.

Working in partnership with others.

- The service needs to develop links with the local community under its new ownership.