

MKF Homecare Limited

MKF Homecare

Inspection report

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15 August 2017
18 August 2017

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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? | Requires Improvement ● |

Summary of findings

Overall summary

The office inspection took place on 10, August 2017. On the 15 we contacted staff to get feedback and on the 18 August 2017 we contacted people, and relatives to obtain feedback about the service they received. This was the first inspection since the service was registered on 07/01/2016. MKF Homecare is a domiciliary care service that provides care and support to people in their own homes.

At the time of our inspection, MKF Homecare were providing support to 9 people. There were four staff working at the service and this included the registered manager, a director who was a family member and an office administrator who was also a family member.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Potential risks to people's health and well-being were identified by staff. However staff were not always aware of how to manage the risks effectively to help keep people safe. The registered manager had arranged further training to address this. Risk assessments were of a tick box nature and were not personalised and provided little information to help inform staff.

Staff had received training in how to safeguard people from potential abuse. The registered manager had arranged further face to face safeguarding training to help improve staff knowledge and after which staff competency would be checked.

People told us that they were involved with their care planning and had discussed this with staff. People were asked for their consent before staff supported them.

People and their relatives told us that they felt their family members were kept safe and raised no concerns when asked about their safety. People and their relatives gave positive feedback about the service they received by the service. Staff developed appropriate positive and caring relationships with the people they supported and their families. Staff were knowledgeable about people's preferred routines and delivered care that was individualised to the person they were supporting.

Recruitment processes were in place to help ensure that staff employed at the service were of a good character and suitable to meet people's needs safely. There were sufficient numbers of staff available to meet people's individual needs. However this did include the registered manager working full time to cover care visits

People were prompted and assisted to take their medicines. However staff had not received training during their employment at the service but had previous experience in administering medicines. The registered manager had arranged this training following the inspection.

Staff supported people to maintain their health and well-being where this was required.

People told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. People's personal information was stored securely and confidentiality was maintained.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the manager would take appropriate action to address any concerns they raised.

People were asked to provide feedback about the service they received regularly. However this was not always recorded and this was an area that required improvement.

People and their relatives were positive about the management of the service and the staff who worked at the service. The registered manager had not implemented a quality assurance system but was aware of the need to do this and was in the process of doing this at the time of our inspection.

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 potential abuse as staff were aware of the process for reporting concerns.

People were protected as the provider had followed safe and effective recruitment practices to help ensure that all staff were of good character to do their jobs.

One person was being supported to take their medicines.

Sufficient numbers of staff were available to meet people's individual needs, however this did include the registered manager working full time to deliver care.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been inducted to the service and had regular training and support to enable them to do their jobs effectively.

Consent was obtained by staff before care was provided.

People were assisted with a healthy balanced diets where required.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring

People were cared for by staff who were caring and compassionate, knew them well and were familiar with their needs.

People were involved in the planning, and reviews of the care and support provided.

People's privacy and dignity was respected and maintained.

Peoples personal information was stored securely.

Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their choices and individual circumstances.

Information was provided to staff enabled them to provide person centred care and support.

People and their relatives knew how to raise concerns but no complaints had been received.

Good ●

Is the service well-led?

The service was not consistently well led.

There were insufficient quality assurance systems in place to monitor the service effectively.

People, staff and relatives were all positive about the service.

Staff understood their roles and responsibilities and felt supported by the manager.□

Requires Improvement ●

MKF Homecare

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 was planned to check 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 over three days, 10, 15 and 18 August 2017 and was carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before the inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection process we spoke with two people who used the service, two relatives, three staff, and the registered manager. We looked at three care plans, one employment files and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

People told us they felt safe having their care provided by staff from MKF Homecare. We found that staff were aware of the procedure for reporting concerns in relation to suspected abuse. For example two staff members told us "If I suspected any kind of abuse I would report it to my manager. This was line with the companies Safeguarding policy.

The third staff member was less clear about their responsibilities. We discussed this with the registered manager who told us that staff had recently completed online safeguarding training. The registered manager also arranged for all staff to attend face to face safeguarding following our inspection where staff competencies and understanding would be tested.

Due to the size and nature of the service staff had a good knowledge of the risks to people and to staff when providing care. However, we found that risk assessments were not always personalised or detailed enough to instruct staff how to care for people safely. The registered manager agreed that going forward risk assessment reviews would be documented more robustly.

There was a recruitment process in place with pre-employment checks had been completed including proof of identification and confirmation of their home address. We saw that all four staff working at the service had a disclosure and barring check completed (DBS) The checks that were in place were to help ensure potential staff were of sufficient good character to work with people. The registered manager confirmed recruitment files were in place for all staff and the process embedded for future recruitment.

During the inspection we spoke to the registered manager about how they ensured staff had the necessary skills and experience to support people to take their medicines safely. The registered manager told us that staff were not currently supporting anybody to take their medicines. They were just 'prompting' people. However one staff member had recently started to assist a person to take their medicines and the registered manager had arranged for all four staff to be trained in the safe administration of medicines. The staff member told us they recorded this in the daily log sheets. Following our feedback the registered manager had arranged for medicine administration log sheets to be completed.

People were cared for by sufficient numbers of staff and told us they received their visits at regular times. However the registered manger told us that this meant they were working full time to deliver care and this meant that other 'management' tasks were often not completed in a timely way. They told us they were planning to continue to recruit more staff in the future to ensure they were freed up to concentrate of managing the service.

Is the service effective?

Our findings

We found that staff had received a basic induction to the service when their employment commenced. There were only four staff working at the service and this included the registered manager, a director who was a family member and an office administrator who was also a family member. The registered manager told us that as they and another two family members who worked at the service they were aware of how to deliver care and had previously worked at another service where they had undergone training in a variety of topics.

The registered manager told us the recruitment and training officer was organising a structured induction programme for new staff and this was in progress at the time of our inspection. Staff were required to 'shadow' more experienced staff before they worked unsupervised to make sure they felt competent to work alone.

Staff had not received moving and handling training at the time of our inspection. However people were currently mobile and did not require assistance with this task. However the registered manager had arranged for staff to have this training within four weeks of our inspection. Staff confirmed that they had called an ambulance in the past when their service user had fallen. The registered manager had been made aware of the falls however a referral to the GP had not yet been done. But was being kept under review.

Staff told us they had received training in various topics during their previous employment and were all experienced care workers. In addition registered manager told us staff were being put forward to complete 10 standards aligned to the care certificate which included all the basic training the care staff required. We spoke with a staff member about their experience and they told us they had received training in safeguarding, moving and handling, health and safety, first aid, and medicine training.

We found that only the registered manager had received training in The Mental Capacity Act 2005 (MCA). The registered manager told us that none of the people they supported lacked capacity and so they had not completed capacity assessments. However when we spoke to staff one staff member told us that she had to remind and prompt a person because they had become forgetful. This may have indicated that a mental capacity assessment was required. Staff were due to have MCA training on 12 September 2017.

The Mental Capacity Act 2005 (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. All staff we spoke with told us they offered people choices and would respect their decision not to accept support. People had signed their care plans to agree their consent. People told us that staff always asked permission before they provided their care and support.

People were supported to eat and drink sufficient amounts to maintain their health. The registered manager told us they did not support many people with tasks such as meal preparation. However staff were aware of how to report or elevate any concerns around nutritional intake, or if a person was at risk of poor hydration.

Staff told us they always offered people a drink before leaving.

People were supported where required to access healthcare professional. However half of the people that were being supported lived with a family member who arranged hospital and GP and other health care appointments. One person told us "I don't need help to make the appointments at the moment but it is reassuring to know that if I do they {staff} can help me".

Is the service caring?

Our findings

People told us that the staff who supported them were kind and caring and told us they had consistency of care from a small team of care workers who they described as excellent.

People told us they were happy with the service, care and support they received. They told us staff were kind, caring and compassionate. They also spoke positively about the registered manager and told us how helpful they were whenever they had any dealings with them. One person said, "I could not wish for nicer care staff, they are so lovely and kind." One person told us "I always know who is coming and what time they are expected, and on the whole they arrive at about the right time"

A relative we spoke with told us "They are wonderful, not like previous companies we've had where you don't know if they are coming or not. We have the same girls all the time. They are respectful and treat [Name] in a dignified manner". Other people and their relatives told us staff were respectful and protected people`s privacy and dignity when offering care and support. One person told us "The [staff] make sure my dignity is respected when they support me with washing or a shower". One staff member told us, "We always make sure we close curtains and bedroom doors when we are helping people with personal care.

The Registered manager demonstrated that they knew people very well and they described in detail how they supported people. Staff too spoke in a caring way when describing how they supported a person. They told us "we work well as a team there are only four of us so we talk and catch up all the time, we know everything about the people we support".

People and where appropriate their relatives, were involved in the development, and planning and reviews of the care and support they received. However reviews were not always recorded within the care plan records and the registered manager agreed that that would be done more formally as we could see from other documents such as quality assurance records that visits had been completed and people had been asked if there were any changes in their care that were required.

Care plans provided sufficient information to inform staff how to support people but these were being reviewed by the registered manager at the time of the inspection to make them more personalised. The personal profile was being developed to provide additional information about people's lives, likes, dislikes, and family involvement which enabled care staff to understand more about the person's life before they reached the stage in their lives when they required care. Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted people`s wishes.

Records were stored securely and staff understood the importance of respecting and maintaining people's confidential and personal information.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. The care and support plans in place for each person contained sufficient information to enable care staff to support people appropriately. We saw that people's care plans contained some information in relation to their background in order for care staff to have a better understanding of each person's needs and wishes.

We saw evidence that people's needs were assessed before the service commenced. People were asked about the times they preferred their visits to be provided and the service provided was flexible. The registered manager told us that if people needed to change the times of their visits for any reason they would as far as possible accommodate that request. A staff member also told us "If a service user was unwell, we would always stay with them until such time as they were ok and safe to be left".

One person told us "The care ladies that come to me all know what help I need". They went on to say I usually have the same two [name] and I think they are wonderful." The person went on to say "They know my routine which means I don't have to keep telling them what needs to be done". Staff were able to tell us about people's individual requirements and demonstrated they had got to know the people they supported very well and were able to quickly identify if the people were not their usual self and required some additional support.

The registered manager told us they were not currently taking on any new care packages until they had recruited more staff to enable them to fully meet people's needs in a flexible way.

The care plans were in the process of being reviewed to make them more personalised and provide care staff with additional detail to give staff some insight into people's background. Staff told us how they encouraged people to remain as independent as possible by supporting and encouraging them to do what they could for themselves. This helped people to retain their independence and have a reduced dependency on the care staff.

There was a complaints policy and procedure in place. However the registered manager told us they had not had any formal complaints. They told us that because they and the other director worked in the 'field' that people had opportunities to speak with them on a daily basis so any niggles were addressed immediately therefore they did not escalate to a formal complaint. People we spoke with told us they had not needed to make any complaints, but were aware that they could should the need arise.

Is the service well-led?

Our findings

The registered manager told us that they were aware that they needed to 'develop' office systems to make them more effective in managing the service. We found that there were some systems in place to monitor the service however these required further development and to be more consistent and regular to enable the registered manager to identify areas that required improvement. The lack of management oversight meant that the registered manager had not identified many of the issues we identified as part of our inspection.

We found improvements were required in respect of all records including staff recruitment files, training, staff meetings and supervision, reviews of peoples care and the overall governance of the service. The registered manager was very receptive to feedback and had joined a local care providers support association to get the support they required to enable them to make the required improvements.

People gave positive feedback about the service they received. One person told us "We couldn't ask for better staff, they are lovely all of them. It's because there are only a few of them and we know them well and they know us, I think we are lucky to have them". The registered manager told us "I want to provide a good service to people but have had problems with recruiting new care staff so have found myself delivering the care. I know we cannot continue like this because the paperwork needs to be done as well"

Staff told us the registered manager was 'Supportive and approachable' and was always ready to give practical help when required not only as a manger but also on a personal level. One staff member told us "The manager is out there working with us so is very aware of the problems we can encounter like traffic, road works and parking issues which can sometime put us under pressure".

The registered manager told us "We are a small team and it is a family run business so we all support each other at MFK Homecare. The registered manager demonstrated an open and inclusive approach to all aspects of the service and their main objective was to provide good quality care.

Staff told us they met regularly to discuss all aspects of the service although the records were not always kept of the discussions. Staff told us they felt consulted about the service delivery. Staff spoke with the registered manager on a daily basis and had opportunities to discuss the people they supported or any personal matters they wanted to discuss. Staff were clear on what their roles and responsibilities were.

The registered manager told us there was a system in place to provide 'Out of hours' contact for staff if they required support or guidance outside of the normal office hours. This was managed by the registered manager. Although they told us they had very few calls outside office hours. No records were kept.

The registered manager provided us with a detailed action plan which included how they intended to address the shortfalls we had identified. These included undertaking audits and obtaining feedback from people who used the service and staff. Spot checks were being completed in people's homes to check that staff provided a good quality service for example, timekeeping, that they followed the care plan and were kind and caring while supporting people. The registered manager also asked people during these visits if

they were happy with the service they received or if any changes were required.