

Majesty Healthcare Ltd

# Majesty Healthcare Limited

## Inspection report

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Date of inspection visit:  
15 March 2017

Date of publication:  
01 June 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

The inspection of Harrogate took place on 15 March 2017 and was announced. This was the first inspection of the service following its registration in April 2016.

Harrogate is registered to provide personal care and support to people living in their own homes in Harrogate town and the surrounding area. The service also operates as a business agency supplying care staff to registered care homes. This inspection focused on the regulated activity of personal care that is registered with the Care Quality Commission (CQC). At the time of this inspection the service was providing a personal care service to one person.

There was a registered manager. 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 registered manager was also the sole director of the registered provider, which is Majesty Healthcare Ltd.

Feedback from the person who received care was positive and the registered manager who provided the majority of their care was described as caring and knowledgeable with regard to their care needs and preferences.

Improvements were required to ensure that there was a clear audit trail regarding management processes. These processes were at an early stage of development and did not ensure that all reasonable actions were taken to minimise risks to people using the service. For example; staff recruitment, medicines management and staff support and development. Accurate staffing records were not maintained making it difficult to check whether criminal record checks and appropriate references were in place. This did not ensure people's safety.

Not all incidents had been reported to the CQC as the law requires. We have dealt with this issue outside the inspection process.

While care plans and risk assessments were in place these had not always been set up by the agency and arrangements were not in place to keep these under constant review and to ensure staff provided consistent, safe care.

There were few recorded governance systems in place, and we identified shortfalls in the service, which the registered manager had not recognised or addressed. We have made recommendations about medicines, and staff training and development, including the use of the Mental Capacity Act 2005.

While the size and activity of the service at this inspection was acknowledged it was a concern to find that so many systems and safety procedures were not in place and fit for purpose one year after registration.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

The provider had not followed safe recruitment processes. This placed people at potential risk of harm from unsuitable staff.

Risk assessment and care planning processes were adequate, but these needed to be kept under review to ensure staff provided consistent, safe care.

We have made a recommendation in relation to the recording of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Arrangements for the on-going support and development of staff including thorough induction and training had not been established. We have made recommendations in this area, including the use of the Mental Capacity Act 2015.

The registered manager provided the majority of care delivery hours and had adequate skills for their care roles and responsibilities.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Because the registered manager usually attended to people, this helped positive relationships to develop. The person who received care and support said they felt well cared for.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

The registered manager was knowledgeable and knew people well. Care plans and risk assessments were in place. However not all of these had been developed by the registered manager and systems to keep these under regular review had not been

**Requires Improvement** ●

established. This meant people's changing needs may not be recognised and met.

A complaints policy was in place. No complaints had been received since the service's registration so it was not possible to comment on the effectiveness of this aspect of the service.

### **Is the service well-led?**

The service was not well-led.

Effective management systems were not in place to ensure people were safeguarded and their wellbeing was promoted.

Quality auditing systems had not been introduced or implemented since registration.

Records relating to the running of the service were not accurately maintained.

The provider failed to promptly notify us of a disruption to the agency's business, which potentially prevented us from monitoring the service effectively.

**Inadequate** 

# Majesty Healthcare Limited

## 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.

The inspection was prompted in part by concerns raised with us, which indicated potential concerns about the management of the agency and recruitment practice. This inspection examined those risks.

This inspection took place on 15 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

The inspection team consisted of two adult social care inspectors.

Before the inspection the provider was asked to complete 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 the information we held about the service including notifications about any incidents. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We asked commissioners from the local authority for their views of the service provided.

We spoke with the registered manager and looked at recruitment files for four staff and management records relating to the running of the agency. We reviewed the records for the one person who received care and spoke to the person about the care they received. We looked at the provider's website.

# Is the service safe?

## Our findings

Before we inspected we received information, which raised concerns about whether appropriate recruitment checks were undertaken and the registered provider was therefore not taking reasonable steps to ensure people's safety.

At the inspection we found recruitment policies and procedures were in place however these were not being followed in practice. We identified gaps in each of the four files we checked, including a lack of appropriate references, ID, and criminal record (DBS) checks. Proof of people's right to work in the United Kingdom had not been established. These checks are meant to support employers to make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable. This meant that we could not be confident people were appropriately safeguarded.

The service's records were confusing and it was difficult to ascertain from the registered manager the exact number of people who had been employed since they opened. The start dates on three staff records we saw showed that staff had started work for the service between April and September 2016. These did not demonstrate safe recruitment checks were carried out at the time of recruitment. It was not clear from the records we reviewed if these staff had delivered a regulated activity since they were recruited.

The registered manager explained that they currently provided the majority of care hours and said they would rectify any shortfalls. They explained that recruitment checks had not been completed in the past because staff had either worked in a voluntary capacity, were related to them or had yet to start work.

The above evidence demonstrates a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Risks assessments were not consistently recorded in care plans. However, the registered manager was very aware of safety issues for the person who they currently provided with a service and could give good examples of how they delivered safe care. They were able to demonstrate that people's mobility and hoisting arrangements had been agreed in consultation with the occupational therapist and physiotherapist to keep the person safe. This information had not been transferred into the person's care plan developed by the service.

The provider's Statement of Purpose submitted as part of their registration in April 2016 stated that the service provided care and support for a wide range of illness and disability. The registered manager felt there was potential for the business to increase on this basis. We discussed the need to develop a system for on-going risk assessments on for example; falls, skin integrity, nutrition, environment and medicines to reflect the higher risks posed to people living with complex care needs, which the registered manager told us they aimed to support in the future.

During our inspection we found that the level of support that people received was not accurately documented. This meant that we could not be confident care and treatment was provided in a safe way. For

example, medicines administration records (MARs) were not in place, which could result in an increased potential for medicine errors. The provider's medicines policy informed us that medicines risk assessment would be undertaken and that MARs would be used where anyone was supported to take medicines. The medicines policy was not being followed in practice. The registered manager explained they presently only administered small amounts of an analgesic to one person. They agreed to document this in future.

We recommend the registered provider reviews advice and guidance from a reputable source regarding the management of medicines.



# Is the service effective?

## Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We found the service to be working within the principles of the MCA but that further work was required to fully embed it. A policy on the MCA was in place. However the registered manager was not clear what actions they would be taking to ensure that the MCA was implemented.

The registered manager understood the importance of consent and supporting people to make their own decisions. They said that the person they supported had capacity. However, they did not fully understand what they would need to do if they supported a person who lacked capacity in future. Records did not clearly evidence that people's mental capacity to consent to care had been considered or that appropriate steps had been taken to ensure valid powers of attorney were in place.

We recommended that the provider review and implement best practice guidelines relating to The Mental Capacity Act (2005).

We reviewed the registered provider's induction and training programme. In their PIR the registered manager told us that they would ensure staff were qualified to carry out their roles. They stated that staff would be encouraged to seek advice from the manager and ask for training courses available. The registered manager was not sure how the training they provided aligned to the Care Certificate in order for staff to fulfil their roles effectively. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in their daily working life. It sets out the expected learning outcomes, competencies and standards of care.

We saw evidence that the registered manager and a care worker had received recent, relevant training either during their employment or with a previous employer. Examples included food and nutrition, safeguarding, medicines, infection prevention and control and manual handling. For new staff, the registered manager told us that a training day was booked for 11 April 2017. However the registered manager had not put a system in place to ensure each staff member had the skills and knowledge to fulfil their roles and responsibilities.

We recommended that the service finds out more about training for staff, based on current best practice.

## Is the service caring?

### Our findings

In their PIR the registered manager told us that staff treated people with compassion, kindness dignity and respect at all times. They said all staff would receive training on privacy and dignity over the next 12 months.

The registered manager provided the majority of care hours and was knowledgeable about the person's individual care needs and preferences. They demonstrated that they understood the importance of treating people with respect and maintaining people's privacy and dignity. Examples given included not interrupting when a person had a visitor and leaving people to take telephone calls in private. During the inspection we observed the registered manager spoke with warmth about the people they supported.

We spoke with the one person who was currently using the service. They told us they felt staff listened to them and supported them to make decisions about their care and support. They confirmed that staff treated them with compassion, dignity and respect and said they were always polite and respectful when completing care tasks. The registered manager understood the importance of promoting people's independence by ensuring people had choice and control over how their needs were met. This demonstrated that people were supported to be involved in making decisions about their care and support.

## Is the service responsive?

### Our findings

One person who used the service confirmed that the registered manager knew them well and was responsive to their needs. The person we spoke with confirmed they were happy with the care and support provided to them. They told us that they received an individualised service which met their needs in the way they wanted it to. The registered manager was able to describe in detail the care they provided and they told us that the person was at the centre of the service provided and they directed their own care. The person confirmed this was the case.

Care files were stored at the agency office and these provided an adequate overview of the support provided to meet people's individual needs. We saw the care files contained a copy of the care plan and risk assessment relating to the person's care and support needs. For example, because they were at high risk of developing pressure area damage a special mattress was used on their bed. We found that some of the care plans being followed had not been developed by the registered manager. The registered manager had not kept care plans and risk assessments under regular review to ensure they remained relevant and up to date. This meant that new staff may not have had relevant information in order to provide personalised care in a consistent way.

In addition to the care plans and risk assessments the registered manager completed a daily record of the care and support they provided.

The registered manager told us they were flexible and wherever possible they covered shifts at short notice to provide a flexible service and continuity of care.

There was a complaints policy in place however the registered manager told us there had been no complaints since registration. The person we spoke with confirmed they were consulted and involved in the care they received and to make sure no changes were needed to their package of care.

## Is the service well-led?

### Our findings

The provider was registered to provide care and support to people living in their own homes in April 2016. In addition, the agency also operated as a business agency placing care staff into registered care homes. This inspection only focused on the elements of the service that are covered by the service's registration with CQC.

At the time of our inspection there was a registered manager in post. The registered manager was also the sole director of the registered provider, which is Majesty Healthcare Ltd. We were concerned that the registered manager did not fully understand the rules governing the different aspects of the business they were operating. For example, we saw the contract used for the business agency referred to their registration with CQC as evidence of the quality of the service they provided. This was inappropriate because CQC does not hold the responsibility for the registration or the monitoring of employment agencies or business agencies. We contacted the Employment Agency Standards Inspectorate who agreed to contact the registered manager and advise them on the rules and regulations they needed to follow when running an employment or business agency.

We noted that the registered provider was advertising to be able to provide a wide range of specialised staff and services on their website that they would not presently be in a position to provide. This is misleading to the public.

The provider's Statement of Purpose and information provided in the PIR was similarly confusing because it referred to a level of service that they would not currently be able to provide. The service had purchased a set of policies and procedures however very little planning had gone into the introduction or implementation of them to ensure robust management systems. The areas we saw were not effectively used. For example; appropriate recruitment checks had not been undertaken on staff recruited in line with the recruitment policy. The registered manager who was also the nominated individual and sole director of the company had placed people at potential risk of harm because of this failure. Records relating to the management of the agency were poorly maintained and confusing. For example, it was difficult to ascertain the precise number of staff employed and their exact role.

The evidence above amount to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

The service was providing only a limited number of care hours per week. The registered manager told us they were providing the majority of these hours on a day to day basis. When we spoke to the person in receipt of a care service they spoke positively about the care they received. The registered manager told us that they had been unable to provide a service for a while over the winter time. They had not informed us of this at the time, and this potentially prevented us from monitoring the service effectively. We discussed this with the registered manager who explained the personal circumstances around this. They told us that the person using the service had been able to make alternative arrangements and the person concerned confirmed this when we spoke with them.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. This will be dealt with outside of the inspection process.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established effective management systems to maintain quality and safety.</p> <p>Records relating to the management of the regulated activity were not maintained in such a way to make them readily accessible and available for inspection.</p> <p>Regulation 17 (1)(2)(a)(b)(d)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider was not following robust recruitment processes. This placed people at risk of harm from unsuitable staff.</p> <p>Regulation 19 (1)(2)(3)</p>