

Malachi Care Services Ltd

Malachi Care Services

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Malachi Care Services is a domiciliary care agency providing support for people in their own homes. Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene, eating and administration of medicines. Where they do we also consider any wider social care provided. The service was supporting around 40 people at the time of the inspection.

People's experience of using this service and what we found

Governance arrangements within the service required improvement. The provider did not have adequate systems in place to ensure care was monitored effectively and to drive improvement. The registered manager said they would implement improvements to governance but before the inspection they had failed to recognise improvements were required.

People using the service and their relatives reported a mixed picture in relation to care. Overall they said they liked the care staff and the management team, but felt communication could be improved; some relatives told us they had implemented their own communication books to improve this.

People gave us negative feedback about food provision. They described the meals staff made as very basic and said staff have limited skills, with some not knowing how to operate kitchen equipment.

We have made a recommendation the provider reviews staff skills and knowledge around nutrition and hydration.

Risk was not always safely managed as records in relation to this were not sufficiently detailed. After the inspection the registered manager told us they were implementing improvements to this and gave examples of work they had already carried out.

We have made a recommendation the provider carries out work to review and identify risks.

Medicines and infection control procedures were appropriately followed, with staff receiving training in these areas.

People's relatives said staff were respectful and kind, although they said continuity of staffing had diminished in recent months.

Staff told us they enjoyed working for the provider and described them as supportive. They told us they received good quality training and felt it equipped them to carry out their roles effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us in November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Malachi Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 21st September 2022 and ended on 3rd October 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual, one person using the service, nine people's relatives or friends and ten staff.

We reviewed a range of records. This included six people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant 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.

Assessing risk, safety monitoring and management

- There were risk assessments in people's care records, however they lacked detail and were not sufficient to ensure people's safety. For example, one person's care records indicated they required a hoist for transferring from their bed, but notes stated they refused to use the hoist. There was no further information about how the person should be supported to transfer.
- We identified one person was at risk due to substance misuse, but there was no risk assessment in relation to this. There were also no risk assessments relating to people's properties so that staff knew how to care for people safely in their homes. The registered manager told us they had implemented a programme of work to address this.

We recommend the provider reviews people's risk assessments to ensure they identify and manage all the risks that people may be vulnerable to or present.

Using medicines safely

- The provider ensured all staff were trained in medicines management when they started work.
- There were suitable records in place to ensure medicines were managed safely.
- Staff told us they felt knowledgeable about managing medicines, and said their competency was regularly checked by managers within the service.
- People's relatives reported that usually medication was safely managed by staff.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe when receiving care, and told us they had no concerns in this regard.
- Staff knew the procedures for reporting any concerns they had and records showed they had received training relating to safeguarding.
- Where there had been a safeguarding incident, the provider had made the appropriate referrals, as legally required.

Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff confirmed this.
- Personal protective equipment (PPE) was available for staff to use and they told us supplies were plentiful. When managers carried out spot checks of care visits, the use of PPE was monitored to ensure care was

provided safely.

- People using the service told us staff always used PPE when providing care.

Staffing and recruitment

- We were not assured that staff had been safely recruited.
- Staff files showed that the provider had not obtained a full record of their work history before commencing work.
- References lacked detail, and in one staff member's file the references were blank. The registered manager assured us they would review this.

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following untoward incidents.

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found the provider had records in place for obtaining people's consent, although the records we checked were not correctly completed; people had signed them but their choices in relation to consent were not recorded. The registered manager assured us they were addressing this by the end of the inspection.
- The registered manager understood their responsibilities in relation to consent and capacity, but told us they had failed to correctly check people's consent records.
- People's relatives told us staff checked people consented their care before carrying out care tasks. Staff confirmed this was the case.

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

- There were details in some care file showing people's needs in relation to nutrition and hydration had been assessed, but this was not in all files.
- People's care records lacked detail about people's preferences where staff were required to support them with food and drink; some daily notes showed people were being supported with meals by the staff but did not record what meals were given. The registered manager told us they would address this.
- People told us they didn't think staff were well-trained in relation to food and drink. For example, one person told us staff did not know how to use kitchen equipment and couldn't cook.
- Some people's relatives told us the food provided was limited. One told us: They [the care staff] do basic things – mainly cereals, toast at a push. No real choice – previous care agency used to offer choice of bacon sandwich, fried egg, scrambled egg. They [the care staff] don't go out of their way to do more.

We have made a recommendation the provider assesses staff skills and knowledge around nutrition and hydration, and implements further training where required.

Staff support: induction, training, skills and experience

- Staff told us they received a good level of induction, and said their training had been relevant to their roles.
- The registered manager told us some staff had undertaken training in 14 topics, including safeguarding, moving and handling, infection control and mental capacity in a three-day period. They assured us they checked staff's competency following this training.
- People using the service and their relatives weren't always confident that staff were adequately trained. One said: "I think that they need more training and they need to be more proactive." Another said: "They [the provider] wouldn't be my first choice – I don't think that they are experienced or trained enough."

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

- Initial assessments of people's needs lacked detail and did not always set out the specific care people needed.
- The registered manager told us they monitored care to ensure it was in line with current guidance, although they did not keep records to evidence this. They told us they would change this.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked in an integrated way with external healthcare providers where required.
- External healthcare providers' information and assessments had been incorporated into people's care plans.
- Information was shared with other agencies if people needed to access other services, such as hospitals.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked with other agencies where required to ensure people received good care.
- Care records showed where external professionals were involved in people's care, their guidance was followed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were not always sure whether they had been involved in making decisions about their care, and records evidencing whether people had been involved were limited.
- People's views were sought via surveys, although the provider had not developed an action plan based on people's feedback.

Ensuring people are well treated and supported; equality and diversity

- People using the service, and their relatives, told us staff treated them well. One described the staff as "lovely, very friendly, very respectful of [my relative.]" Another said: "[My relative] tells them how she wants things done and how to she likes it done."
- Staff had received training in equality and diversity before they started work.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they carried out care tasks in a way that was respectful and upheld people's privacy and dignity.
- When managers carried out monitoring of care visits, by way of spot checks, the registered manager told us they looked at whether staff were treating people respectfully and with dignity.
- People and their relatives said staff treated them with respect. One said "They respect his wishes about his care – they will check with [my relative] about his care and they will talk to me about it. They take a partnership approach to... care. They encourage [my relative's] independence."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a policy in place to ensure compliance with the AIS.
- The registered manager told us that currently no one using the service required information in alternate format, but described how they were familiar with the requirement and had provided this information when required in the past.
- People told us they did not feel staff communicated well with them, with several raising concerns about communication barriers. The registered manager told us they would meet with people and their relatives to improve communication.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff told us they knew people's needs well, and told us providing care in a person-centred way was important to them.
- The registered manager told us people were involved in designing their care package to meet their needs, but some of the people we spoke with did not feel this had been the case.
- Each care plan we looked at held only limited information about people's preferences. The registered manager assured us they had begun work to improve this.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear.
- People using the service and their relatives told us they would feel confident to complain if they needed to. One person's relative said: "There have been a few hiccups but we have talked through them and resolved them." Another said: "We feel confident to speak to [Registered Manger] to talk about little niggles about care."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We asked the provider to complete a Provider Information Return before the inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. They did not return this.
- In June 2022 the provider told CQC they would implement a system to monitor the duration of people's care visits. At the time of the inspection they had not implemented it, meaning they were not routinely assessing whether people were receiving the care they required.
- We checked care notes, and found they contained errors and omissions. For example, two people's notes suggested staff were not carrying out required tasks; another person's care plan indicated staff were recording duplicate notes for each care visit. The registered manager told us these notes had been audited but the audit had failed to identify these shortfalls.
- We checked whether the provider had ensured people's consent to their care had been obtained. The registered manager provided us with copies of consent forms, but they had not been correctly completed. The registered manager told us they had checked these forms but had failed to identify they were not fit for purpose. They assured us they would address this.

Governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People we spoke with told us their care mostly met their needs and said they were enabled to achieve the outcomes they wanted.
- Staff told us the culture was supportive, telling us they worked in strong and effective teams.
- The registered manager told us they understood their responsibilities under the duty of candour, and people's relatives described the registered manager as approachable and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Every staff member we contacted praised the support they received, with one describing Malachi Care

Services as the best organisation they had worked for.

- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care although people gave us a mixed picture of their experience of this; some relatives described how they had implemented note books so that relatives could be more involved with people's care.
- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. Regulation 17(1)(a)(b)(c)