

Keymen Associates Limited

Mayday Homecare Bureau

Inspection report

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Date of inspection visit:
17 July 2019
18 July 2019

Date of publication:
23 August 2019

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

About the service

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, learning disabilities or dementia. The provider has two domiciliary care agencies within their registration. The service's office is based in Bolton, and support is provided to people in surrounding areas. At the time of the inspection it was providing a service to 508 people who were receiving personal care.

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "Mayday are an excellent company. The carers are exemplary with good manners. I would recommend them for sure."

Medicines systems were organised and people were receiving their medicines when they should. The service was following safe protocols for the administration of medicines.

People told us staff were kind, courteous and sensitive. One person said, "The carers are very helpful, friendly and caring. Always treat me with kindness."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Most people felt the carers arrived on time to deliver their care, and if the carer was delayed people were informed of this. A relative commented, "The care company are very good. Generally, they [carers] are on time, they can be a bit late sometimes, but we accept that. They ring us and let us know". However, some people told us they were not always informed if their care visit was going to be later than planned. We fed this back to the registered manager, who told us this will be addressed with the teams

The service was well led. Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

Governance and quality assurance systems used provided effective oversight and monitoring of the service.

Staff spoke positively about how the service was managed and one staff member told us, "We are happy working here, we are like a family. We have a lot of support from [Name of registered manager], they are here every day."

The service met the characteristics of Good in all areas.

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

Rating at last inspection (and update)

The last rating for this service was good (published 9 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mayday Homecare Bureau

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the site inspection and conducted home visits. Three inspectors carried out phone calls to people to ask about their experience of the care provided.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2019 and ended on 24 July 2019. We visited the office location on the first and second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We carried out home visits and spoke with five people who used the service about their experience of the care provided. We spoke with 12 members of staff including the registered manager, divisional managers, care co-ordinators, medication managers and carers.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to speak to people and their relatives on the phone about the experience of the care provided. We spoke with 36 people and 9 relatives. We also spoke with one professional who worked with the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and the supervision matrix.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People remained protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "Yes, I feel safe with them." Another person commented, "I trust the carers."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. One member of staff told us, "I would report any issues to the line manager or if I was concerned about the line manager I would go to another manager, or the local authority."

Assessing risk, safety monitoring and management; preventing and controlling infection; using medicines safely

- People's care needs were risk assessed and their risk assessments were person-centred. Staff knew how to support people safely whilst respecting their freedom.
- Staff training records showed staff had received training in the control and prevention of infection. Staff told us personal protective equipment (PPE) was available to them. One staff member commented, "PPE is always readily available, including gloves, aprons and hand gel. We come and stock up."
- Medicines support was managed safely for individual people according to their needs. The provider had also appointed two medication managers to oversee the day to day tasks associated with managing medicines. One person told us, "They carers give me my tablets on time." Another person said, "The carers give me my tablets and document [what I have taken]."
- We saw the service carried out medicine audits, where they identified and responded to any follow up actions. The service also had a medicines audit carried out by the local authority and they had responded to the actions and recommendations.

Staffing and recruitment

- Recruitment checks continued to be robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "I have regular carers and I have not had any missed visits."

Learning lessons when things go wrong

- Accidents and incidents were minimal and were recorded. Lessons were identified and discussed with staff. Processes were in place to analyse and identify any trends.
- Evidence was available to show that when something had gone wrong the managers responded appropriately and learning was shared with the team. For example, when the service could not meet a

person's need, the local authority were contacted to arrange a re-assessment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff continued to receive an induction before they started to provide care work, they received training and regular supervisions and spot checks to ensure they were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. One person said, "I feel the carers are trained, they know what to do. I feel safe with them." A staff member commented, "The induction was really helpful, it gave me the confidence to do the job."

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

- Staff worked in collaboration with people, their relatives and professionals involved in people's care. Records including medication administration records (MARs) were provided to support people's hospital admissions.
- Most people felt the carers arrived on time to deliver their care, and if the carer was delayed people were informed of this. However, some people told us they were not always informed if their care visit was going to be later than planned. We fed this back to the registered manager, who told us this will be addressed with the teams. We will follow this up at the next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed annually or when people's needs changed.
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to commissioned care packages when people required additional support.

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

- Some people independently managed their food and nutrition or had support from their relatives. Where people did require support, the level of support was agreed and documented in their care plan. One person told us, "The carers are exemplary. They help me with my meals and write down the food I've eaten. They keep an eye on my food stocks as I am diabetic."

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.

- Staff continued to receive training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "It's about assessing someone's capacity and ability to do things. I always seek consent."
- People's care records showed capacity assessments were undertaken and best interest meetings took place with people, their families and professionals. Best interest decisions were recorded clearly and decision specific.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "I always ask questions all the time [to give choice]. I ask what they [people] want to wear, what they want to eat, etc."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "I get choices and options, the carers always ask me what I want first as I don't want the same thing every day."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind and caring. One person said, "The carers are champions. They are great, very kind and caring." A relative added, "The carers are very good, they have a good relationship with my wife, I can hear them giggling and chatting whilst they are helping her."
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member said, "We have had service users with different backgrounds. We treat people exactly the same and ensure their needs are met."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. A staff member said, "I encourage independence. If somebody [people] wants to wash themselves, I just assist them. Sometimes it is about being there to give them [people] the confidence. I never assume, and I communicate with them as much as possible." A person told us, "[Name of carer] always maintains my independence and encourages me. I need that, it is very good."
- People's right to privacy and dignity was respected. One person told us, "They always maintain my privacy and dignity, I am conformable with them."
- The service had dignity champions. Champions have specific skills and knowledge in an area of practice and be able to support other members of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- Assessments and care plans had been completed which reflected people's needs, wishes and preferences. Cultural and religious preferences had been recorded.
- The service does not routinely provide end of life care, there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received some training and would be able to provide personal care alongside community based health professionals should people wish to remain at home.
- Where end of life care was identified prior to people starting with the service, the managers would meet healthcare professionals to discuss how best to support the person. People had the option to disclose and record their end of life wishes as part of their care planning.

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with were aware of how to make a complaint. One person said, "I have no complaints, they [carers] are great, I have high regards for them. I know how to complain if I needed to."
- We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy. A professional who worked with the service told us, "We have minimal complaints from service users or social workers [regarding the service]. Mayday work well with the quality assurance team."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective governance systems ensured the registered manager had clear oversight of the service. Audit systems were in place to monitor and maintain a high standard of care for people. Regular audits of people's care plans, medicine records and daily communication records took place.
- Staff we spoke with felt valued and supported by the management teams. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "We are happy working here. We are like a family." Another staff member commented, "[Name of divisional managers] are both fantastic. The door is always open, we have regular meetings and management would look into any problems."

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

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- At this inspection we saw that the rating from our last inspection was displayed in the building and on the provider's website.

Working in partnership with others; continuous learning and improving care

- The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, they worked in partnership with Manchester metropolitan police and adopted the 'herbert' protocol for people who used the service. This protocol is for people who may be at risk of becoming lost when out alone in their community.
- We saw the local authority quality team had conducted a recent audit of the service and saw the registered manager had acted upon the recommendations made to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was promoted, and people told us the staff knew them well and responded to their needs in a person-centred way. One person said, "I have excellent carers who know me well and know how to care for me." A relative told us, "The carers have a good relationship and get on well with [Name of person], the carers know them well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service and staff were happy in their role. One staff member wrote, "They [the service] provide good training to do the job well." A relative wrote, "We are very pleased with the standard of carer, the quality of staff and the overall service."