Maiden Care Services Limited

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Inspection report

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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

This inspection was carried out on 28 February 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission on 13 May 2016.

Maiden Care Services Limited provides personal care for people living in their own homes. At the time of the inspection three people were receiving a service from them.

The service had a manager who was 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. In this instance the registered manager was also the provider.

We found that further development was needed for their medicines records to allow effective auditing and recruitment processes to ensure they were meeting current requirements.

People told us they felt safe and their individual risks were assessed and managed. There were sufficient staff to meet people's needs who were trained and supervised appropriately.

People's consent was sought before care was offered and the registered manager and staff were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People were treated with dignity and respect and were involved in planning and reviewing their care. Their confidentiality was promoted as records were held securely.

People received personalised care that met their needs and their care plans gave clear guidance for staff. There was effective communication between colleagues and the management team to help ensure staff had up to date information.

People were supported with interests and social interaction and this was adapted when their needs changed. There had been no complaints to review but people knew who to speak with if they had a complaint.

People knew the registered manager and said the service was well run. Staff were also positive about the registered manager. There were systems in place to monitor the quality of the service. These were being developed further to support an increase in people who used the service when needed.

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 told us they felt safe.

Individual risks were assessed and managed.

People were supported by sufficient staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supervised.

People's consent was sought before care was offered.

People were supported to eat and drink where needed.

Health professionals were contacted on people's behalf if needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in planning and reviewing their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People's care plans gave clear guidance for staff and there was effective communication between them.

People were supported with interests and social interaction.

There had been no complaints to review but people knew who to speak with if they had a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Further development was needed for their medicines records to allow effective auditing and recruitment processes were brought in line with current requirements.

People knew the registered manager and said the service was well run.

Staff were positive about the registered manager.

There were systems in place to monitor the quality of the service.

Maiden Care Services 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection.

During the inspection we spoke with two people who used the service, one relative, three staff members, the training and development manager and the registered manager. We received information from health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said when asked if they feel safe using the service, "Absolutely." Staff knew how to recognise and report abuse. One staff member said, "I understand that safeguarding vulnerable adults from abuse is my responsibility and everyone else's." We saw that staff had received training in relation to people's safety and identifying potential abuse. The registered manager had a good understanding of how to respond to any concerns about people's welfare. We noted that following a person starting to use the service that they had raised and reported the appropriate concerns about the person's welfare.

Individual risks were assessed and managed. Each person had a full assessment undertaken which identified areas of risk. For example, in relation to mobility, skin integrity and environmental issues. These were well documented with management plans communicated to the person, their relative if appropriate, and staff who supported them. Staff were aware of people's individual risks and familiar with the plans to reduce the possibility of harm occurring. People told us that they felt staff worked safely. One person told us that they felt safe when staff were transferred them using the hoist. They said, "I sit very comfortably."

People were supported by sufficient numbers of staff. People told us that they always felt staff were available and always were there when they needed them. One person said, "They're always on time." Another person said that said that care workers ensured they had the call bell if they needed assistance and were quick to respond if they used it to call them. Cover was available for live in staff to take their breaks and for emergency leave in the event of them needing time off. Calls were monitored by the management team and when live in staff returned from their break, the management team called them to ensure they were back in the person's home. Where a staff member was to arrive at a person's home at set times, the registered manager spot checked this by being at the person's home ahead of the visit time to ensure the staff members arrived when planned. One staff member said, "Management checks that I am where I am supposed to be at the correct time." Staff told us they felt there were enough of them to carry out their duties and meet people's needs.

The service followed a recruitment process that helped to ensure staff were fit to work in a care setting. We saw that application forms were completed, references were sought, staff identities were checked and there was a criminal records check undertaken ahead of staff starting work. There was also proof of previous qualifications received. However, we also found that employment history was only completed for the past 10 years and not since leaving school as required. We also found that references were not always verified or from a previous employer and at times were a character reference from an upstanding member of the community. We discussed this with the registered manager who told us that at times they had found it impossible to obtain these references as the service had closed. We saw some instances where the files documented attempts of obtaining the appropriate references. We discussed the need to document all attempts of obtaining these references and where possible, it was beneficial to seek a reference from a care provider if the prospective employee had previously worked for one. The registered manager told us that they would immediately update their systems to address this and as there were only five employees and only one file that we viewed that was affected, they were confident that this would be promptly resolved.

People told us that they received their medicines in a way that suited them and as they needed them. One person said, "They give it to me when I need it and how I need it." We saw that staff received training and competency assessments. We also found that medicines were audited monthly or at each change of live in staff. A recent audit had identified a gap in entries on a medicine record and one medicine, although given correctly, had been signed on the wrong time. As a result staff had had this addressed in supervision and a daily reconciliation was introduced for all medicines.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and supervised. People told us that they felt staff were skilled and knowledgeable. One person told us, "Very skilled." A relative told us, "They are skilled and absolutely fit the bill [training and development manager] is scrupulous and makes sure of it."

The training and development manager who delivered training and supported the registered manager in monitoring the standard of care and effectiveness of staff training was well known to people. One person said, "There is nothing [training and development manager] doesn't know so she is a very good person to have behind you."

We saw staff completed an induction when they started work with the service and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and infection control. Staff competency was tested during spot checks and during supervision meetings. Further training needs or developmental opportunities were discussed during staff supervision. Staff told us they felt trained and supported for their role. One staff member said, "I do feel supported always and can ask for help at any time should I need it." Another staff member said, "We have enough training and updates, had induction, all mandatory training as well as shadow shifts on starting, we have regular meetings and supervision, we always feel very supported."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People's consent was sought before care was offered. We saw that this consent to holding information and allowing staff access to this information had been documented, in addition, consent to receiving a service was recorded. One person said, "They ask you." Staff had a clear understanding of their role in relation to capacity and consent. One staff member told us, "I should not assume that a service user has no mental capacity, if I am worried about a service user's decision I should always report it to the Registered Manager or Senior Carer." The registered manager had a good understanding of when additional support may be required if a person's ability to make decisions reduced. They were also familiar with the need for family members to have legal authority if they were making decisions on a person's behalf. They were currently seeking a copy of documentation to confirm this.

People were supported to eat and drink where needed. One person told us that staff prepared food of their choice in a way in which they preferred it. They went on to tell us that assisted them appropriately. Staff knew how to help ensure people ate and drink well. One staff member told us, "[Person] eats and drinks well on [their] own, just need to be well positioned in bed with the food and cutlery on a tray."

Health professionals were contacted on people's behalf if needed. A relative told us that they shared this responsibility with staff and they were kept informed. We saw from the communication book that any contact with health professionals was noted, changes recorded and following up required was logged.

Good

Is the service caring?

Our findings

People were treated with dignity and respect by staff. One person said, "They're all really good, kind and courteous." They went on to say, "They listen, they give me time to answer and if they don't understand they ask me to repeat it. They're not patronising which some people can be." Another person told us, "I've got some wonderful carers. They are friendly people." A relative told us, "They are very careful and sensitive to [person's] needs."

People also told us that their privacy was respected. One person told us that staff were good at ensuring their privacy and dignity was respected and that they always closed the curtains when they was had personal care.

People were involved in planning and reviewing their care. One person told us, "When there's a new carer (staff member), they come and meet me so we can talk about what I need and they get to know me and my (pet)." Another person told us that staff were introduced to them before they started providing care, they said, "They introduce them but you can't be sure you will get on with them until they have been here a few days or a week." The person told us that there was one staff member they did not get on with and they did not have them again after they expressed their preferences about having female staff only. The person told us, "I've never had a male carer since then." A relative told us that there were robust handovers between staff and needs were well communicated. We saw that plans included detailed information about life choices and preferences.

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People were supported by staff who knew them well. Staff were able to tell us about people's needs and how they needed to support them. This included their preferences and choices. Staff described individualised daily routines for the people they supported.

Confidentiality was promoted. We noted that records at the office were held securely. We were also told that records in people's homes were stored out of communal rooms and made inaccessible in case the person had visitors who were not allowed access.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us, "They do anything you need." Another person told us, "They learn very quickly" about how they preferred their care to be provided. A relative told us, "They make sure [person] is comfortable, well looked after and has everything [they] need."

People's care plans gave clear guidance for staff and there was effective communication between them. They detailed what type of support people needed and how this should be delivered. When a staff member changed, there was a full documented handover which included the person, the staff member finishing their shift and the staff member starting the shift along with a member of the management team. This included reading the care plans and ensuring they were clear on how the person liked things done. One person told us, "Before a new carer comes in I meet them, I also need to see how they get on with my [pet]."

People were supported with interests and social interaction. One person said, "Part of the call is to spend time chatting and the interaction too, they spend time talking to me." A relative told us before their relatives needs changed, "[Training and development manager] would bring [person] to London on the train so we could take [them] to a show, we are hoping to start this again when [they] are better." The registered manager and training and development manager told us that part of the live in care role was spending time supporting people with interests and social interaction. They told us this was adapted to suit people's changing needs. The training and development manager said, "[Person] used to read their paper but can't now so the carer reads it with them, [Person] has help writing letters, playing games and also preps some meals from their bed." They went on to say that they facilitate visitors for people too. People and staff confirmed this to be the case. One staff member said, "[Person] likes chatting and discussing current affairs, the war and watching [their] favourite TV programmes with me, i.e. wildlife, antiques, Eggheads, Countdown, The Chase as well as the news, reading and discussing articles in their magazine."

There had been no complaints to review but people knew who to speak with if they had a complaint. One person told us if they had any concerns they would call the office. They said, "They've told me anything I need, I just need to call them." They went on to say there was an issue with compatibility with a staff member and this was promptly resolved when they raised it with the registered manager. Another person told us, "I would ring [training and development manager] and say I'm not happy about this. [Name] is always there. Wherever she is she always manages to talk to you."

Requires Improvement

Is the service well-led?

Our findings

People knew the registered manager and said the service was well run. One person said, "I have had [training and development manager] on and off for [number] years and I wouldn't have anybody else because she has got brains and is particularly good at the job she does." They look after the care side of things. There is another lady in Stevenage who is the manager." We noted that the service provided support to people who lived some distance from the registered manager but lived close to where the training and development manager was based. One relative told us, "They do everything really well, they work hard." They went on to say, "I have great trust in [training and development manager] who oversees all the care for [relative]." They went on to say, "I am very happy with the management."

Staff were positive about the registered manager. One staff member said, "I can call my manager anytime and she comes whenever required." Another staff member told us, "I think the leadership, management and the overall running of the service is very good and they do share issues and updates to the practice."

There were systems in place to monitor the quality of the service. These were being developed further to support an increase in people who used the service when needed. Currently the registered manager sent out surveys to people who used the service which asked for their views, in addition they completed a recruitment file checklist, staff meetings, spot checks to review staff performance and a member of the management team attended reviews meetings where any actions or suggestions were recorded. One staff member said, "The manager checks my time and attendance, how I am recording and documenting, how I am providing the care, if I'm following care plan, if I am promoting independence, privacy and dignity, and the manager checks if the client has any issues or concerns with the service being provided." They went on to say, "I think overall Maiden Care provides a good service, I feel very supported and I think they always aim to provide the best care to their clients."

There were audits in the process of being implemented. These were to reviews areas such as staff training, care plans and staff files. However, the audits had not identified that a staff member had used the wrong code to record the person was in respite care, nor had it identified that handwritten entries were not countersigned which is good practice. In addition the quantity that was received by the service was not recorded on the medicine record or the carried forward amount from the previous month's record. This meant that audits of medicines could not always be effective as there was no quantity recorded to check against. We discussed this with the training and development manager who was responsible for medicines management and also the registered manager. They told us that the quantity was normally recorded in the person's notes in their home. However, we were unable to view these and they were not accessible during the audit that was being undertaken in the office at the time of the inspection visit. This was an area that required improvement to ensure that people's medicines could be effectively audited. We also found that audits of pre recruitment checks had not identified that some references had not been verified and that not all staff had a full employment history. This was an area that required improvement.

There was a communication book which included a record of any actions needed, for example, to contact a health professional or get equipment repaired, contact with people if they requested a change in times or

support and also lessons learned. Following a recent incident in relation to a poor transfer from a service into their care, the registered manager had implemented a new procedure for accepting a person discharging into their care. This included a member of their staff team taking a physical handover from the discharging service. We also noted that staff were informed of any changes or actions to be completed through handovers, supervisions, meetings and the communication book. One staff member said, "Management is quite democratic, our views, inputs and thoughts are always considered, they always share with us any issues concerning care."