

Mary Personal Care Ltd

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Inspection report

38 Magpie Close
London
E7 9DE

Date of inspection visit:
17 February 2023
21 February 2023
24 March 2023
20 April 2023

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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?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Mary Personal Care Ltd is a domiciliary care service providing personal care to people who live in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there was 1 person receiving personal care as part of a sub-contractual arrangement.

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

Right support

People were supported by staff who knew them well and who promoted their independence.

People were fully involved in making decisions about the support they received.

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.

Right Care

People received warm and compassionate support and developed trusting relationships with staff. We have made a recommendation about recording staff supervision. Support was personalised and promoted people's individuality and human rights. Care plans reflected people's care needs. Staff were trained and understood how to support people to stay safe from harm or abuse.

Right culture

The ethos, values, attitudes and behaviours of managers and staff ensured people led confident, inclusive and empowered lives. Staff promoted equality and diversity when supporting people.

There were systems in place to monitor the quality of the services provided and a culture of improvement was embedded in the service.

People and staff had opportunities to give feedback about the service and contribute their ideas for improvement. They felt listened to and were confident that any issues would be resolved in the right way.

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 requires improvement (published 28 January 2020) as the provider was in breach of Section 33 of the Health and Social Care Act 2008. The service did not have a registered manager and had not taken action to recruit one. At this inspection we found the provider was no longer in breach of Section 33

Why we inspected

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

Follow up

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?

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.

Mary Personal Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2023 and ended on 20 April 2023. We visited the location's office on 15 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a care worker. We reviewed 2 staff recruitment files and policies and procedures. We spoke to 2 relatives about people's experience of using the service. We also viewed 2 people's care records, including care plans, risk assessments and daily notes. We reviewed training records for staff. We also reviewed quality assurance documents in relation to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely and protected from the risk of harm or abuse.
- Staff received training about how to keep people safe and there were up to date policies and information available to support them. The provider's policies and procedures provided staff with guidance on what action to take should they witness or suspect abuse.
- The registered manager and staff understood their responsibilities to keep people safe and how to recognise and report any concerns of abuse.
- Comments from relatives included, "Yes [feel relative is safe], we wouldn't use them [service] otherwise." Another relative said, "She [Registered manager] is the best that we had, [relative] would smile at her, she was so gentle."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and assessed. Support plans were in place to minimise potential risk of harm.
- Staff knew people well and were able to recognise when they needed extra support to minimise the risk of injury due to a fall. For example, one person's risk assessment stated, '[Staff] to ensure access to is clear of hazard obstruction. Clear access should be maintained, and Zimmer frame should be kept within reach.'
- Risks assessments covered areas such as bathing, moving and handling, pressure care, falls and the environment.

Staffing and recruitment

- Recruitment was safe and staffing levels met people's needs.
- The registered manager told us they worked with another care agency as part of a sub contractual arrangement. The registered manager along with staff employed by the service worked with the lead agency who had overall responsibility for the care. This was confirmed by a relative who told us they were happy with the level of care provided by the registered manager and their staff.
- The registered manager told us staffing levels were determined at the needs assessment stage, this considered people's level of independence and whether they required 1 or 2 staff members to safely deliver care.
- The provider had recruitment procedures in place and carried out the necessary checks. This included, right to work in the UK, obtaining previous work references and DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The registered manager was made aware of the need to ensure all prior documentation, such as right to work checks, were kept for auditing purposes.

Using medicines safely

- Systems and processes were in place to manage medicines safely. At the time of our inspection no one using the service was being supported with their medicines.
- Staff completed medicines training and there was a procedure in place to assess staff competency, should they provide medicines support in the future.
- The registered manager was clear about their responsibility in ensuring medicines were managed safely. This included auditing for any possible medicines errors and more importantly asking the person if they were alright with the way their medicines were being administered.

Preventing and controlling infection

- There was an up-to-date infection prevention and control (IPC) policy in place. The policy referred to current national guidance and best practice.
- Staff received training and followed good IPC practice. Records and staff confirmed this.
- Relatives told us staff wore appropriate personal protective equipment when providing personal care.

Learning lessons when things go wrong

- Systems were in place for responding to and acting on incidents, this includes lessons learnt when things go wrong.
- The registered manager had an incident and accident policy and procedure in place, this provided guidance for staff on what to do should there be an incident.
- The registered manager told us, "It is important to reassess and draw up a care plan and know how to manage it [situation] we learn from experience. As a manager I would investigate further."
- Staff knew the process for reporting and responding to incidents. A staff member told us, "I would let my manager know, immediately call emergency services and remove anything that can cause injury. Make sure everything is documented."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role, including an induction.
- Staff training including various topics, this included medicines awareness, moving and handling, person centred care, dementia care, equality diversity and human rights, fire safety, managing people who express distress or agitation, and diet and nutrition. Records and staff confirmed this.
- A staff member told us they received regular supervision and felt supported by the registered manager. The registered manager also received external supervision which they told us, helped them to improve the quality of the service. Records of staff supervision were not kept.

We recommend the provider seeks a reputable source in relation to recording and maintaining staff supervision records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they began using the service. The needs assessment was detailed and covered various areas of need, such as, medical conditions, mobility, communication, spiritual needs and nutrition and hydration.
- Assessments formed the basis of personalised care plans which reflected people's preferences and choices for care.
- People and those who were important to them were fully involved in assessments and planning and reviewing care plans.

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

- People were supported by staff to meet their nutritional and hydration needs.
- A relative told us care staff supported their relative with meal preparation and encouraged them to eat meals prepared by the family. The relative also told us care staff also learnt how to cook culturally appropriate food that their family member enjoyed.

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

- People had access to healthcare professionals to meet their health needs.
- The registered manager told us staff worked closely with the district nurse to support a person who is diabetic. This was recorded in their care plan.

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 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.

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 had received training and understood the importance of asking people for their consent before providing care. A staff member commented on the importance of asking people if they are ready for care, they told us, "If [person] not ready... you ask are you ready to have a shower?"
- Where people lacked capacity to make decisions about their care and treatment, appropriate legal arrangements were in place. This was confirmed by a relative.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated extremely well by staff who treated them with dignity and respect. Relatives' comments included, "[Registered manager] took care of [family member] very well she is so, so caring. I highly recommend her," and "[Registered manager] has a very good nature."
- People were encouraged to maintain their independence and staff respected their privacy. This was confirmed by relatives who provided examples, such as allowing people to do as much as they can for themselves during personal care. Records confirmed this.
- Staff completed training in equalities, inclusion and diversity and were aware of how to support people's diverse needs.

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

- People and relatives were involved in planning their care. This was confirmed by relatives who told us the service involved them in reviews about their family member's care.
- Care plans reflected people's voice and demonstrated their involvement in planning their care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider's statement of purpose sets out their aim to ensure people are supported to take control of their lives and move towards greater independence. People's care plans reflected this aim in a personalised way.
- People were supported to maintain relationships that were important to them. A relative told us they were involved and happy with the care provided by the service to their family member.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the accessible information standards and importance of adapting communication according to people's needs.
- Care plans recorded people's communication needs, including hearing and speech capabilities.
- At the time of the inspection no-one receiving a regulated activity had specific communication needs. Staff and a relative told us the person was able to communicate their care needs to staff.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and available and provided guidance on how to report a complaint. Relatives were happy with the service and did not raise any issues or concerns.
- People knew how to raise concerns and complaints.
- Staff understood their responsibility to report and record any concerns or complaints received by the service. The registered manager understood their responsibility to investigate and respond to concerns and complaints in a timely manner and in line with the provider's policy.
- No formal complaints had been received by the service since their registration.

End of life care and support

- The provider had an end-of-life care policy that detailed information around support they would provide to people on end-of-life care, staff's role in pain management and providing emotional support. Records showed staff received training in end-of-life care.
- People's end of life wishes were respected and discussed with their family members.

- A relative spoke highly of the care provided by the registered manager and staff to their loved one, they told us, "All carers are like [registered manager] she did it from her heart not for money."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to take appropriate steps to recruit a registered manager. This was a breach of Section 33 of the Health and Social Care Act 2008 (failing to comply with the conditions of your registration).

Enough improvement had been made at this inspection and the provider was no longer in breach of Section 33.

- The provider had applied and been accepted as registered manager.
- Systems and processes were in place to monitor the quality and performance of the service. The registered manager carried out spot checks and telephone monitoring. Records confirmed this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were passionate about providing personalised support which focused on delivering good outcomes for people.
- Relatives spoke highly about how the service was managed and the support they received. A relative said, "I can only commend the service [registered manager] provides, she is very tentative and cares, you can tell it's about the people not about the money. She goes above beyond often staying longer than she should."
- Staff were positive about the way the service was managed and the support provided by them. A staff member told us, "[Registered manager] is a good listener, she is ready to share opinion and listen to opinion. She always checks on her staff she cares for her staff."
- The registered manager regularly sought feedback from people, those who were important to them and staff by way of spot checks, meetings, and care plan reviews

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

- The registered manager had a clear understanding of their responsibilities under the duty of candour and demonstrated an open and honest approach throughout the inspection. They commented, "Being open and transparent if something has gone wrong. Discuss with family and report to CQC. If serious involve the

local authority and police, it's about admitting your mistakes."

- Staff were clear about their roles and responsibilities and felt supported in their work. A staff member told us, "We're in contact, from a work perspective [registered manager] does what is required to do and does it well."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with external support agencies such as healthcare professionals, so people received effective and holistic support.
- The registered manager kept up to date with national guidance and best practice to ensure people received high quality support.