

Mary Ruth Care Services Limited

Mary Ruth Care

Inspection report

Room 7 C/o BcB Trading Limited
185 Sheffield Road
Barnsley
South Yorkshire
S70 4DE

Tel: 01142610851

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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

Mary Ruth Care is a domiciliary care agency registered to provide personal care. The agency provides support with personal care, domestic tasks and companionship. The agency office is based in Barnsley. Support is currently provided to people living in their own homes in the Norton area of Sheffield. At the time of this inspection eight people were receiving support and four care workers were employed.

There was a manager at the service 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.

Mary Ruth Care was registered with CQC in June 2016. The registered manager told us the service started supporting people in July 2018. This was the service's first inspection.

People spoke very positively about the support provided to them. They told us they felt safe and their support workers were respectful and kind. People told us they received a consistent and reliable service that met their needs. People said support was provided from staff they knew.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with could explain the procedures to follow should an allegation of abuse be made.

Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Mary Ruth Care.

People were supported to maintain a healthy diet, which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their support workers or the registered manager if they had any worries or concerns and they would be listened to.

Quality assurance systems were in operation to monitor the service.

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. Staff were aware of their responsibilities in keeping people safe. The staff recruitment procedures in place promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support.

People had consented to the support provided by Mary Ruth Care.

Is the service caring?

Good ●

The service was caring.

People told us their care workers were caring and kind.

People were treated with dignity and felt respected.

Staff knew the people they supported well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained relevant details and were reviewed and updated as required.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was well-led.

People said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff, so they had access to important information.

Good ●

Mary Ruth Care

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 December 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager would be present in the office. The inspection was carried out by one adult social care inspector.

At the time of this inspection, eight people were receiving support and four care workers were employed. The registered manager and the field manager also undertook some care visits to people's homes.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We did not request the Provider Information Return (PIR), which is normally completed by the registered provider before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 3 December 2018, we met with the field manager and visited three people who received support at their homes to ask their opinions of the service and to check their care files and medicines records. We telephoned four relatives of people receiving support to obtain their views.

On 4 December 2018, we visited the service's office to speak with the registered manager and review a range

of records. These included care records for three people, three staff training, support and employment records and other records relating to the management of the domiciliary care agency. We telephoned three care workers and spoke with them about their roles and responsibilities, and experience of working for Mary Ruth Care.

Is the service safe?

Our findings

People receiving support said they felt safe with their support workers. Comments included, "Of course I am safe," "I have no worries at all. I feel safe with all of them [care workers]" and "I am safe. They [care workers] are like my family."

Relatives of people receiving support also felt their family member was safe with their care workers. Comments included "The staff are on the ball, I know [name of family member] is safe with them" and "They [care workers] are fantastic. I've no worries at all about [family member's] safety."

The registered manager was very clear of their responsibility to report safeguarding incidents as required and in line with safe procedures.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The registered manager informed us that, at the time of this inspection, one person was occasionally supported with shopping, which meant staff handled small amounts of money for them. We found the person's relative provided a small amount of money for staff to provide essentials, such as bread and milk, if the person needed them. Staff would provide receipts and the field manager would check the receipts and complete a financial transaction record on a weekly basis to audit spending. We saw the financial transaction records for the month of November 2018. These were fully completed and showed safe procedures were adhered to. We recommend financial transaction records are undertaken at the time of shopping to strengthen the safe procedures followed. The field manager and registered manager gave assurances that this would be undertaken.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy.

People spoke positively about the support they got with their medicines. Comments included, "They [care workers] always give me my tablets. I would be lost without them" and "They [care workers] always make sure I take my tablets. It's better that way so I don't forget. I have never missed any."

The three people's care records checked at their home, and the one care record checked at the office base, held clear detail of the support required with medicines. The three people visited at their home had support with medicines. We checked their Medicines Administration record (MAR) and the medicines held at the home and found all details corresponded. The MARs had been fully completed. We found systems were in place to monitor safe medicines administration. Each month completed MAR were returned to the office and audited for gaps and errors. We checked three MARs held at the office and found all had been fully completed. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines and had been observed to make sure they were competent. The training records checked showed all staff had undertaken medicines training. We saw records showing the registered manager had observed all staff administering medicines to check they were competent. This showed safe procedures were promoted.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, eight people received a service and four care workers were employed. The field manager and occasionally the registered manager also undertook support visits to people's homes. Staff told us they had regular schedules and at present most calls were carried out by two staff. People receiving support told us staff stayed for the agreed length of time. This showed sufficient levels of staff were provided to meet people's identified support needs.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support did not have any concerns about infection control. They confirmed care workers always used gloves and other appropriate protective wear. Staff said they were supplied with enough protective wear to follow infection control procedures.

Is the service effective?

Our findings

People told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "The staff are fantastic. You can rely on them. They always come when they should and do everything that is asked of them" and "They've [care workers] have never missed a visit. I know all my carers and its usually the same two or three, but I know them all. They are all very good."

Staff told us they were provided with a regular schedule of visits, so they got to know the people they were supporting. Staff said most of time they worked in pairs alongside another support worker. Staff said their schedule allowed for travel time between visits, so they did not run late. Staff confirmed they had been introduced to the person using the service before they started supporting them.

Stakeholders we contacted prior to the inspection had no concerns about Mary Ruth Care.

People receiving support and their relatives told us care workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [care workers] couldn't do any better. They are smashing. They all know their job. There is never any wrong doing. It's all good" and "We are delighted with them. They do everything that is needed."

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, basic life support, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training in epilepsy awareness and equality, diversity and human rights. This meant all staff had appropriate skills and knowledge to support people.

Staff told us new staff shadowed a manager and other staff as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. These are important to ensure staff are supported in their role. The records showed care workers had been provided with regular supervision for development and support. All the staff spoken with said they received supervisions in the form of spot checks and staff meetings, and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported. The registered manager confirmed individual supervision meetings would be held to support the supervision process.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care plans checked held clear information on health and the staff actions required to support specific conditions.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. One person told us, "I get help with my meals and they [care workers] all know what I like to eat. They [care workers] see I get it."

Every person spoken with said they had good communication with the registered manager, field manager and their care workers. Comments included, "The manager phones us and always keeps in touch" and "I can talk to any of them [staff]. I can always ring them."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

People receiving support and their relatives made very positive comments about the care and the support they received from Mary Ruth Care. Comments included, "The staff are fantastic. Kind, caring people. I would wholeheartedly recommend this company," "The care is great. They look after the house as if it was their own. Even my friend said how good they are," "This is the third care company we've had. Mary Ruth is brilliant. They are all very caring. They have never let us down," "I can have a joke with them [care workers] but they are always respectful. I would box their ears if I wasn't (laughed)," "They [staff] would do anything to make me happy, and they do" and "Nothing is too much trouble for them. They are really on the ball. Lovely people."

People receiving support told us staff were always respectful and maintained their privacy. One person told us, "They are very respectful." Another person said, "They [care workers] always make sure my privacy is kept, they make sure my curtains are drawn even though I am not overlooked."

Relatives of people receiving support also told us they found care workers respectful. They told us, "All the staff have been polite, they have been very respectful" and "Staff are very respectful to both me and [named person receiving care]."

We found a service review was undertaken six weeks after support commenced. This involved the registered manager meeting with people receiving support, and their relatives, to discuss the support provided. We saw records of seven service reviews. All the reviews recorded positive findings. People had no suggestions when they were asked what the service could do better. Every person responded "yes" when asked if they were involved in decisions about their care, if they were given choice on decisions such as what to eat or what to wear and more, if they were aware how to raise concerns and free to express their views. Other comments from people receiving a service, and their relatives included, "Having experienced other care providers, Mary Ruth are fantastic. Couldn't be happier with them and it gives me peace of mind that [parent] is safe, well and looked after. Ten out of ten," "Mary Ruth are amazing. I have every confidence in the care they provide. Lovely, patient ladies who genuinely care for their clients" and "Just like to say that the care team are very professional and considerate and make [parent] as happy as can be under the circumstances."

People told us they were involved in writing their care plan and they told us someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by care workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their care workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people. This promoted people's privacy.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the registered manager and/ or the field manager had visited them in their home to discuss their care needs and agree their care plan before support was provided. People told us they had been consulted by the registered manager or field manager in subsequent reviews of their care plans. Comments included, "Yes, they [registered manager and field manager] both came to talk about what help I needed" and "We talked about it all. We agreed how many visits I needed each day and what carers would do, like help me get up and help with my tablets. Its worked out really well."

We checked three peoples care plans during visits to people's homes, and one further care plan during the office visit. We found the care plans seen contained information about the care and support identified as needed. They contained information on the persons culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes, dislikes, family contact and what was important to them. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate.

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time if they had any worries or concerns. People said, "I can speak to all of them [care workers], but I don't have any worries" and "If I had worries I would talk to {named field manager and registered manager}."

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

The registered manager informed us the service had not received any complaints.

Is the service well-led?

Our findings

The manager was registered with CQC. There was a clear management structure including a registered manager and field manager who had been in post since the service was registered.

Without exception, people using the service, their relatives and staff all spoke very highly of the registered manager and service.

People receiving support and their relatives told us they knew the registered manager and found them very supportive and approachable. Comments included, "She [Registered manager] is excellent. We have regular contact with her," "The manager rings me regularly and keeps me updated," "Both managers [registered manager and field manager] make sure things are right" and "The manager has been very good. She listens and always keeps in touch."

Staff were equally positive about the management of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Every member of staff said they felt valued by the registered manager. Their comments included, "The management are very hands on. They see us a lot out in the field. Its good because we can rely on them," "They [registered manager and field manager] are really supportive. They are really flexible and help with personal things as well as work. I love my job and will work for Mary Rose Care as long as they need me," "The managers lead by example, that's why things are good" and "It's fantastic. We all give 200 percent. We don't just provide support, we talk to people and get to know them."

All of the staff spoken with said they would be happy for a family member or friend to receive support from Mary Ruth Care.

Staff told us, and records showed, staff meetings were held to share information. All the staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system so any emergencies could be dealt with. Staff confirmed there was always someone available to give advice when needed.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager and field manager undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. We checked the spot checks undertaken at three people's homes and found positive comments from people receiving support had been recorded on the spot check forms. People confirmed the registered manager visited their home to observe staff and make sure they were doing a good job.

We saw policies and procedures were in place, which covered all aspects of the service. The policies had not been dated to make sure they were reviewed regularly. The registered manager gave assurances that all policies would be dated so that they could be reviewed on an annual basis. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.