Mahogany Care Limited

Mahogany Care - Holyport

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?	Good

Summary of findings

Overall summary

Mahogany Care – Holyport provides both personal and nursing care in people's own homes. The office of the service is located in a residential area of Holyport, not far from Maidenhead in Berkshire. The service is bespoke and unique due to the size and the nature of the care. At the time of the inspection, there were two people who used the service.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The location was last inspected under the Health and Social Care Act (Regulated Activities) Regulations 2010. On 20 December 2013 we found one outcome; "records" was not compliant. We had also found at the previous inspection of the service on 18 April 2013 that the same outcome was not compliant. The provider had submitted an action plan to us after the prior inspections to document how they would improve their process of record-keeping. Since these inspections, the regulations have been changed. However at this inspection, we have found that the failure to comply with the "records" outcome has been resolved and is therefore compliant.

People received safe care from the service. The staff knew what abuse was, how to safeguard people in the event of suspected abuse and what organisations needed to be contacts. People had risk assessments, care plans and regular evaluation of their care to ensure their safety. Staffing deployment was satisfactory as the registered manager and one support worker provided the personal and nursing care to two people. People were assisted with medicines out of pre-packaged blister packs from the local pharmacy. The registered manager had a good working relationship with the local pharmacist and ensured that medication dispensed was correct.

The service was effective in the care it provided to people. The registered manager and support worker attended necessary training to ensure they could provide the best personal and nursing care for people. The support worker received regular supervision with the registered manager and was able to set and achieve their own employment goals. Recruitment and selection of any staff member was robust and ensured safety for people who used the service. Consent was always gained from people before care was commenced and people's right to refuse care was respected.

We found the support worker and registered manager were kind and generous. A relative and person who used the service agreed when we spoke with them, and supported the findings from our inspection. The staff told us they respected people's privacy and dignity, and ensured that life in their homes was as close as possible to being independent. People were able to say how they liked their care, and the service would accommodate their requests.

The service was responsive to people's needs. People and relatives had the ability to share their compliments, concerns and complaints in an open and transparent manner by communicating directly with the staff. One person and one relative we spoke with had no concerns about the service, and we had received examples of positive feedback from the general public.

The person who used the service and a relative commented that the service was well-led. They felt that the support worker and registered manager took time to listen and would often make an extra effort for them. The registered manager provided nursing and personal care, and so was known to both people who used the service. We found that the management conducted a range checks to assess the standard of care. This included auditing care documentation to ensure safety, accuracy and opportunity for improvements, if 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 were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them.

Staff were recruited in a way that offered protection to people using the service.

People were supported by staff to safely take their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who were skilled and appropriately trained and supported by management.

People had access to regular medical intervention and were supported to eat and drink sufficient amounts to maintain wellbeing.

People were supported to make their own choices and decisions.

Is the service caring?

Good

The service was caring.

People were supported with kindness and compassion.

People's privacy and dignity was respected.

People's choices were respected and promoted by staff.

Is the service responsive?

Good

The service was responsive.

People's individual needs were responded to and people received care which was appropriate to their personalised requirements.

People felt confident to raise concerns and the provider listened when suggestions for improvement were made.

Is the service well-led?

Good

The service was well led.

People were aware of the management structure and had a say in their support.

Quality monitoring audits were in place to ensure people received an effective service.

Mahogany Care - Holyport

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.

The inspection was undertaken by one inspector, took place on 5 March 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, and one support worker. We spoke with one person who used the service and one relative. We did not visit people's homes as part of this inspection.

We looked at two records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at one personnel file and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

One person and one relative we spoke with agreed that the service was safe. They told us that the care provided was safe and that they had no concerns about the safety when either personal or nursing care was provided.

Both of the staff we spoke with knew what safeguarding meant and how to prevent, identify and report abuse. The registered manager showed us the safeguarding policy of the service, which was last updated in 2016. When we asked what type of abuse could occur to people, both staff told us that there were different types of abuse and potential signs or warnings that abuse may have occurred. Both staff knew what neglectful care was and emphasised that they would not want people who used their service to be neglected. The service had the contact details for the local authority safeguarding team.

A number of assessments were completed before and after people received care. This included a full nursing pre-assessment where people's health, social situation and requested care and visits was discussed. The assessment process sometimes included people's relatives. The number of calls received by the person was also agreed at the first meeting with the provider. Assessment tools documented risks for the person's care and how the risks could be reduced. For example, we saw completed environmental risk assessments, medication safety assessments and falls or mobility risk assessments. We found the assessments for people's risks were suitable for the service and appropriately captured people's individual needs.

The registered manager realised that the service had limits in terms of how many people it could support at one time. With one manager and one support worker, safety of people's care was important to ensure that their continuity of calls and care was maintained. The registered manager explained that more people could be taken on when there were additional support workers employed. The arrangement of one manager and one support worker was satisfactory at the time of the inspection. There was no evidence of missed calls by the service. The relative we spoke with stated that on occasions, the service provided additional calls to the person who received care. The relative told us this was because the service liked to make sure people were safe. The service needed to prepare a contingency plan if one staff member or the other was unable to make calls when required.

People were safely assisted with their medicines. The two staff we spoke with told us this mainly involved them taking the medicines from pre-prepared blister packs, and helping the person to take the tablets with a drink. The registered manager explained that where it was possible, the service promoted people to be independent with taking their medications. However, at the time of the inspection both people who used the service needed staff to manage their medicines administration. We looked at a selection of the medicines administration records. We found these were correctly completed and that there were no errors in the sample we viewed.

Good

Is the service effective?

Our findings

One relative we spoke with commented that the care from the service was effective. The relative stated: We worked together as a team to give my mum the best possible care". A person who used the service told us they were "Very happy" with the care and that the care was "Very good".

The service ensured that the two staff were knowledgeable and skilled about nursing and personal care. The two staff completed a combination of training pertaining to adult social care and their roles. This included education from online, face-to-face training by attending courses and formal courses including Diplomas in Health and Social Care. Both staff had undertaken or completed their formal qualifications to help them perform their roles effectively. We saw evidence that the support worker had also completed an appropriate induction programme. The provider had ensured that the learning for the support worker was in line with Skills for Care's 'Care Certificate'. As the registered manager was a registered nurse, they explained that their training was required to ensure they could continue to hold their nursing registration on an annual and three-yearly basis. The registered manager's training included self-reflection, ensuring nursing care was provided, conversation with other registered nurses and gathering of the documentation which supported their practice.

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. We checked whether the service was working within the principles of the MCA.

The service was working by the requirements set by the MCA. Consent was always gained for people's care. Both people who used the service at the time of the inspection had the capacity to consent and had signed consent forms. The consent forms included the information necessary about how to make an informed decision. This included things like what the care would be like, what benefits there was to the care and their right to refuse if they felt the need to. Both staff we spoke with stated they would respect people's right to refuse care, but at the time people were accepting personal and nursing care without refusing. The service had never applied to the Court of Protection for people who did not have the capacity to consent to care, but knew the process if they ever needed to.

The two people who used the service both received assistance with their nutrition and hydration. The staff completed tasks like shopping, cooking, feeding people, cleaning up after meals and storing food away. The registered manager told us the service respected people's choice for their meals and also ensured that people had a balanced diet. The staff understand what an appropriate volume of fluids older adults should have daily, and tried to encourage people to take regular drinks. All food and fluids consumed by people in the presence of staff was recorded and monitored.

People were supported by the service to attend all necessary medical appointments away from their own homes. Examples of good support to people related to healthcare included staff assistance with GP appointments, the podiatrist, a psychiatrist and the memory clinic nurse. Staff were committed to ensuring that where possible, people who used the service were not disadvantaged in gaining this care based on their limited ability or mobility issues.

Good

Is the service caring?

Our findings

In 2015 we received two comments about the service via our website. One person reported: "[The registered manager] and her staff really cared about my dad, they treated him with a high level of respect and dignity which really mattered to him in the final months of his illness. They all demonstrated exceptional kindness and compassion while ensuring that all his daily needs were met. The quality of the care delivered was of an extremely high standard and he was monitored closely for any changes in his condition". Another person who left feedback with us wrote: "The [registered manager] and her team at Mahogany looked after my father in the final two months of his life, allowing him to stay at home as he wished. They truly cared for my father and were ready to accommodate a sudden increase in care needs when his health deteriorated quickly. The team is small so he always knew his carers and judged them all to be reliable, sensible, trustworthy and kind. The [registered manager's] nursing background also enabled us to recognise and respond quickly to changes in his condition. In my view Mahogany provided a very high standard of care and I would gladly recommend them".

One person we spoke with as part this inspection told us that staff were "lovely" and "very nice". The one relative we spoke to about people's care also had positive comments about the service. They stated: "The service is terrific. They go over and above what is required".

People had the opportunity to choose and have an opinion with regards to the care they received. The staff consulted people about their needs and recorded and respected their preferences. People were involved in their care planning and reviews, and we saw evidence of this in the two care files we viewed. An example we looked at was the particular way one person like to have their personal hygiene attended to. The record showed that the person had care delivered according to their preference, and the notes from the visit supported this. When we talked to staff members they could tell us about the people they supported. This reflected the information contained in the support plans and showed us they knew the people they supported.

We did not visit people in their homes as part of this inspection. However, we still found that people received personal care which was dignified and respectful. When we asked one person and one relative during telephone interviews whether privacy and dignity was respected by staff during visits, they told us they agreed. Confidentiality in documentation was maintained and records were stored away securely. The portable devices that staff carried with them during their visits had encryption and if lost or stolen, effectively protected people's confidential personal information. Paper based folders in people's homes contained a device that would indicate to the office whether the folder was inappropriately removed from the house, and action could be taken by the service.

Good

Is the service responsive?

Our findings

People who used the service had their personal needs and preferences taken into account before care commenced and throughout the provision of the package. People were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. One person had hearing and sight difficulties, and staff ensured during visits that the person knew they were present and could communicate with them. The support worker we spoke with explained that personalised care involved "Listening to the person, taking into consideration what they are saying and not assuming you know best". This demonstrated that there was respect for people's views.

We found the provider had a complaints system in place. No one had made any formal complaints to or about the service since the CQC registration on 9 September 2012. When we spoke with the support worker and registered manager, they knew how to informally and formally respond to complaints. They both told us they would gain as much detail about the allegation as they could and try to quickly implement a solution to ensure people, relatives and others were satisfied with the service. Where more serious concerns arose, staff told us they would undertake an investigation and keep the complainant informed. The registered manager told us they would take witness statements from the primary care giver if the complaint was not about themselves. Where a complaint might be about the registered manager, people were free to raise their complaint with the local authority and other public bodies, where appropriate. The registered manager told us that is a complaint occurred, after an investigation they would create and implement actions to prevent the complaint from recurring.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. The relative we spoke with commented on the nature of the registered manager: "A real perfectionist, which is to my mum's advantage". During our inspection, we found the registered manager open and honest and able to explain the service well.

The service had an operational model which placed people at the centre of care. The operational policy showed that the service took account of policies, changes in legislation, training and communication. When we inspected the service, we found evidence that the service's model was in practice, as people had received weekly and monthly reviews, and there were logs of communication specific to each person. As the registered manager delivered care in addition to running the service, we found they were fully informed about whether the operational model was having the necessary impact for people in their own homes. Where people's care deviated away from the principles of care set by the service, the registered manager would evaluate what could be undertaken to ensure the person's care had returned to the level of quality expected of them.

At the time of the inspection, the registered manager was completing a Level 5 Diploma of Health and Social Care. This is a nationally recognised qualification that enables managers to develop knowledge, skills and experience in being a leader within a service. We looked at feedback from the registered manager's training provider. The feedback provided was from both practical observation of the registered manager's delivery of care to people, as well as evidence of learning. The evidence showed that the registered manager demonstrated good leadership and management. An example in the document we looked at showed the registered manager's ability to take charge and think laterally. The registered manager had organised a wake for the family of a person who passed away naturally and had previously received care from the service. The family reported their gratefulness and that the registered manager had used their initiative when they were having difficulty coping emotionally. This demonstrated that the manager showed responsibility and remained accountable for their actions.

The registered manager conducted audits of the care delivered by the support worker. These were in line with the CQC's five 'key questions'. The registered manager told us they had redesigned their audits so they could ensure that the care that was checked fitted with current legislation and what providers needed to ensure was good care. There was a central communication log based in the service's office, so that messages between the two staff could be recorded if a telephone conversation had not occurred instead. This ensured that the continuity of care when either staff visit people in their homes was not disrupted and the quality of provision was maintained.

Since the last inspection, the provider had improved their creation, completion and management of records related to the service. These included people's care records, staff records, and records regarding the management of the service. We saw that redesign of the care documentation for people had ensured better details to be documented, increased awareness of risks for people and satisfactory inclusion of systems to prevent harm to people. The provider's previous effort in improving the records meant at the time of this inspection they had achieved compliance with the requirement to have suitable records.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with the requirements of the duty of candour to people and although did not have a policy at the time of the inspection. The two staff were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. We have asked the provider to create and implement a duty of candour policy.