

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 is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats. It provides a service to older people, younger adults, people living with dementia and people with physical disabilities. Not everyone using Mahogany Care receives the regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating. Where they do receive the regulated activity 'personal care', we also take into account any wider social care provided. At the time of the inspection the service was providing personal care and support to two people.

The service had a registered manager as required. 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 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

At our last inspection, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

People received support that was safe. Staff were knowledgeable in how to safeguard and protect people. People were supported with medicines and received them safely when they were required. Risks to people were assessed and actions taken to minimise risks without restricting their freedom. A robust recruitment procedure was in place to ensure as far as possible only suitable staff were employed. Appropriate personal protective equipment was supplied and used to prevent the spread of infection.

People continued to receive effective support from staff who were trained and had the necessary skills to fulfil their role. Staff were well supported by the registered manager and had an appraisal of their work annually. People were supported with maintaining a balanced diet and adequate hydration when this was part of their care plan. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring. Relatives told us people thought staff were kind and patient and they had formed trusting relationships with them. People's privacy and dignity were protected; relatives told us staff treated people with respect. People and when appropriate relatives were fully involved in making decisions about their care. Staff encouraged people to maintain as much independence as possible.

The service remained responsive to people's individual needs. Staff knew people very well and paid attention to finding out about their personal preferences. This enabled care and support to be focused to achieve people's desired outcomes. Individual care plans were person-centred; they considered the diverse needs of each person, taking into account any protected characteristics. The service provided flexible support, embracing people's individual wishes. People and their relatives knew how to raise concerns or make a complaint; they felt confident they would be listened to if concerns were raised. The service was working to the accessible information standard.

The service was well-led, with strong leadership from the registered manager. Records were relevant, complete and reviewed regularly to reflect current information. The registered manager promoted an open, empowering, person-centred culture. The values of the service were embedded in the way the service was led. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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.

This was a comprehensive inspection which took place on 15 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is often out of the office supporting people and staff. We therefore needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and feedback from a relative of a person using the service. There had been no notifications since the previous inspection. A notification is information about important events which the service is required to tell us about by law.

We reviewed the 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.

During the inspection we spoke with the relatives of the two people who used the service as they were both unable to speak with us themselves. We also spoke with the registered manager and one community professional. We looked at records relating to the management of the service including the support plans and associated records relating to the two people who received a service. We checked records related to managing medicines and reviewed the file of the one care staff member employed. We also reviewed the communication diary and audits. Following the inspection, we received feedback from the member of care staff.

Is the service safe?

Our findings

Although people using the service were unable to comment themselves on the care they received from Mahogany Care - Holyport, relatives were confident their family members were safe. One told us, "I'm sure she's safe." They attributed their family member being able to remain in their home safely to the insight and professionalism of the registered manager. Another relative said, "Absolutely safe, I have no worries about that." They went on to praise the registered manager for being available at any time and responding whenever they were required. Relatives said any concerns were always addressed and they felt the staff worked with them to ensure their family members were protected from harm.

Staff knew their responsibilities with regards to reporting concerns to safeguard the people they supported. They were able to describe types of abuse and signs which may indicate a person had suffered abuse. There had been no safeguarding issues raised since the previous inspection.

Risks relating to people and the care they required were assessed. These included risks associated with people's health, nutrition, mobility and medicines. Assessments also considered people's social situation and recognised the risk of isolation. Plans to manage and mitigate identified risks were in place and reviewed regularly. People's care plans contained guidance for staff to help minimise risk without restricting people or their independence. People's home environment was assessed to identify safety risks to both people and the staff visiting them. Staff told us they always had up to date information. They said daily communication between them, the person and their family was effective and ensured they were always made aware of any changes.

Care was provided by the registered manager and one other care staff which was sufficient to safely manage the care needs of people using the service. The registered manager stated further care packages would only be offered if additional staff were recruited. Safe recruitment procedures were followed when new staff were employed. Although no new staff had been employed since the previous inspection we saw from older records the required checks and information had been sought before staff commenced work. The registered manager valued the views of people regarding the staff who worked with them and involved them in the recruitment process. They told us how they took candidates to meet people and observed how they interacted as well as people's reactions. When they were able to people gave their opinion on potential new staff, assisting the registered manager to recruit staff they were comfortable with.

People received their medicines safely and at the time they required them. The registered manager worked closely with the GP and local pharmacist to support people with ordering, collecting and reviewing medicines. Staff confirmed they were provided with and used personal protective equipment to prevent the spread of infection.

Accidents and incidents were recorded in the communication diary and in people's evaluation notes. The registered manager kept a record in which they reflected and reviewed each incident and drew lessons to be learnt to improve and avoid a recurrence. We noted several sources of information needed to be reviewed in order to follow an incident to an outcome. We discussed this with the registered manager who agreed they

would introduce a robust system to capture all the information in one place.

Is the service effective?

Our findings

People's needs were thoroughly assessed prior to them receiving a service. The information obtained during assessment included personal likes and preferences, social interests, cultural and spiritual wishes as well as their medical, physical and emotional needs. People and when appropriate their family and other professionals were involved in the assessment. People's desired outcomes were discussed with them and a care plan developed to meet their wishes. Care plans were wholly focused on the individual. The guidance and information available in the care plans was sufficiently detailed to help ensure staff provided effective support for people in the way they preferred.

The registered manager provided support to the one member of care staff. Due to the size and nature of the service they had very regular contact with each other and therefore one to one formal supervision meetings were not held frequently. Individual performance was discussed annually at an appraisal and the registered manager regularly worked alongside the care staff to observe and assess skills and practice.

New staff were provided with induction to the service and the registered manager had systems in place to ensure training for staff new to care work followed the care certificate standards. Since the previous inspection the registered manager had successfully completed a level five qualification in leadership. They told us they kept their knowledge and skills refreshed and up to date through use of a number of different resources. These included the internet, associate membership of the Royal College of Physicians and the registered manager network. Both staff undertook other training which varied from face to face and practical training to eLearning.

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 found the service was working to the requirements of the MCA. People's consent was sought and people's decisions were respected. Where people had appointed an attorney to assist in making decisions the registered manager had verified this was legally in place. However, they had not recorded this; following discussion they undertook to do this in future.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection. No applications had been necessary at the time of the inspection.

Staff provided support with eating and drinking if this was part of the planned care. The registered manager was committed to supporting people with healthy nutrition. They spent time with people finding out what they liked to eat, shopped and cooked to meet their individual tastes using fresh ingredients. If there were concerns regarding people's nutritional intake, this was monitored and advice sought. Staff had a good understanding of the need for maintaining hydration and monitored people's fluid consumption,

encouraging additional fluids when necessary.

People were supported with their health and well-being needs. People were assisted to make and attend medical appointments when necessary. The registered manager worked closely with health professionals and arranged domiciliary visits for such things as eye screening and podiatry.

Is the service caring?

Our findings

Relatives commented on the supportive and caring relationships they and their family members had developed with the staff at Mahogany Care - Holyport. For example, "It's been a great help for me and such a relief, we've become friends" and " [The registered manager] puts her clients' welfare at the heart of what she and her team do." Another relative had written to give feedback and said, "They are very caring and professional and communicate with the family on a regular basis."

People were valued and treated with kindness, dignity and respect. The registered manager was dedicated and committed to providing support that was person-centred and expected the same of the care staff. People were supported to be as independent as possible; the registered manager believed in assisting people to continue to feel they were able to do things for themselves. For example, they had incorporated simple exercises into daily routines to help people maintain strength and mobility. This helped them continue to do things they may otherwise be unable to do.

Staff were sensitive and compassionate. A relative told us their family member was, "Always respected." They went on to comment on how privacy and dignity were very important to their family member and told us how staff understood and observed this.

The registered manager believed strongly that continuity of support and flexibility in approach were key to providing the best possible service to people. They told us, "Every aspect of care is based on the principle of what people want at that time." We found the service accommodated people's changing needs and worked flexibly with people and their relatives to ensure people received the care they wanted, when they wanted it.

People and where appropriate, their relatives were involved in making decisions about the care they received. Staff took time to listen to people and understand their preferences and wishes. Relatives told us they were kept informed and felt the staff worked with them to provide the best care for their family members. Staff understood people's communication needs and staff made adjustments when people had specific difficulties such as, poor sight or hearing. People's personal information was stored securely in the service's office in order to maintain confidentiality. People's records kept in their own homes were stored in accordance with their individual wishes.

Is the service responsive?

Our findings

The service provided individualised and responsive care to people who benefited from staff who recognised the importance of lifestyle preferences. The registered manager had a good understanding of the complexity of age and the limitations it can bring on people's preferences. They worked hard to ensure people were enabled to maintain routines which were specific to them and not time-measured. The registered manager explained how important it was to listen to people to understand their needs and adapt the service to respond to changes. For example, we were told about a person who had been in hospital and had struggled with the environment and being with others, as they were a very private person. Working with professionals and the person's family, they had enabled an early discharge which had assisted the person to make a good recovery. This person's relative told us, "The support [from the service] when [name] was in hospital was excellent."

The registered manager and care staff were aware of the risk of social isolation and worked flexibly in order to have as much contact as possible with the people using the service. As staff spent their working shift based at the housing complex where people lived, they would often call to see them in-between rostered visits to say "hello" to people. They also assisted people to attend social activities provided in the complex whenever they wished to, and supported relatives to take people out or organise celebratory events. Staff supported people with cultural and spiritual need. For example, watching songs of praise was particularly important for one person and records indicated staff ensured this was always available for them.

The registered manager was aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a cognitive or sensory loss can access and understand information. Care plans included guidance on how to provide information. For example, one person's care plan noted they had very poor vision; staff were guided to make sure they alerted the person to their presence by speaking and ensure things were explained or described so the person understood. The registered manager told us at other times they had provided information for people in large print, so they could read it easily.

People and their relatives were encouraged to give their views and feedback on the service. The registered manager provided most care visits, and therefore had regular opportunity to seek people's feedback. They told us they were confident people would raise issues if they were unhappy about anything. Relatives confirmed they felt they could raise concerns with the registered manager and felt they were listened to. We saw from the records how minor concerns were addressed immediately in order to bring about an effective solution. No formal written complaints had been received since the previous inspection.

People had the opportunity to say how they wished to be cared for at the end of their lives. The service had previously worked with a local palliative care team and other health professionals to provide appropriate end of life care for people. We saw compliments had been received from families thanking the staff for the care they provided at the time.

Is the service well-led?

Our findings

There was an open and empowering culture in the service that was very person-centred. The registered manager had clear values which were embedded into the way in which they worked. They led by example and had the same expectations of the care staff whose performance they monitored closely. The care staff felt supported by the registered manager.

The registered manager was extremely knowledgeable about the people the service provided care to, their families and the staff they employed. They told us they valued the relationships that had been built and felt this was how they had achieved positive outcomes for the people. The registered manager was enthusiastic and committed to providing care that reflected people's individual and diverse needs.

The registered manager sought up to date information on best practice via membership of appropriate organisations and associations as well as using relevant internet resources. They were keen to develop relationships with professionals and worked closely with other teams to gain positive outcomes for the people they cared for.

The registered manager understood when they needed to notify the Care Quality Commission of significant events, however, there had been no notifiable events since the previous inspection. Following the previous inspection a policy relating to the duty of candour requirement had been created. Although there had been no incidents that required the policy to be used, the registered manager had a good understanding of their responsibilities.

The quality of the service was monitored and audits identified shortfalls or areas for development. Examples included checks on care files, medicines and direct observation of practice. Areas of concern were addressed in order to improve the service and action was taken promptly to discuss any issues relating to practice. People's opinions were sought, analysed and acted upon. A central communication diary was used so that messages between the staff could be recorded. Phone calls or text messages were used should immediate communication be necessary to pass on important information. This ensured staff were always aware of the most current needs of people. Staff confirmed the methods of communication were very good.