

Mayrose Care Services Ltd

Mayrose Care Services

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

About the service:

Mayrose Care Services is a domiciliary care service that was providing personal care to one person living in their own home at the time of this inspection. CQC inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care or support provided.

People's experience of using this service:

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. People were supported by enough staff who had been safely recruited through a robust process. People's medicines were managed safely. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with staff.

The provider undertook assessments to make sure people's needs could be met by Mayrose Care Services. Care plans were developed from these assessments for people's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to help them to carry out their roles effectively. People told us they were confident in the care staff's ability to provide effective care.

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. People received consistent care from a small team of staff. People held a copy of their care plans and could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished. People told us they would be confident to raise any concerns with the management team and said they were satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People told us that the registered manager was always available and supportive.

Rating at last inspection:

This was the first inspection of this service since registering with the Care Quality Commission in April 2017.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Mayrose Care Services

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

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service provider was registered with the Care Quality Commission as both the provider and the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

We reviewed information we had received about the service from the provider and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with the provider and reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records and meeting minutes were reviewed.

After the inspection

We spoke with relatives of the people being cared for about their experience of the care provided. We also spoke with a member of the care staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse.
- Relatives told us they felt safe when staff provided their care. One relative said, "My [relative] is safe receiving support from Mayrose Care Services because they do what we have agreed and we are always in contact."
- Staff had received training in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health, safety and well-being and put measures in place to remove or reduce the risks. This included specific issues related to people's health and personal care.
- Risks to people's safety and well-being were regularly reviewed and any changes were updated on the care plan system and shared with the staff team.
- Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.
- A relative told us, "The staff know [my relative] well and so are aware of any changes in circumstances and take this into account."

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- The provider told us that newly recruited staff members would work alongside experienced staff members before starting work on their own.

Using medicines safely

- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area, although no one using the service required this kind of assistance.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- People told us staff used personal protective equipment properly and said staff worked cleanly and professionally.

Learning lessons when things go wrong

- The provider took appropriate measures to learn from things that went wrong and to share the outcome of this with the staff team. Any learning usually came from having regular contact with people and relatives and discussing how they experienced their care.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Mayrose Care Services.
- Care plans were developed from these assessments for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support they received which demonstrated that staff delivered appropriate care and support in line with best practice.
- A relative told us, "We have the same care staff coming to us and they understand [my relative's] needs very well."

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively.
- A staff member said, "The training is very good and is available in many different topics. For example, we have had training in moving and handling and safeguarding, as well as in more specialised health issues of people."
- The management team and staff confirmed that there was a programme of staff supervision.

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

- People's relatives normally were in control of meal preparation. However, care staff occasionally supported people with meals if relatives were busy.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- Staff and management worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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 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.
- People who used the service at this time had the capacity to make decisions about their care needs and wishes. The registered manager and provider advised that mental capacity assessments would be carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.
- Relatives confirmed that staff asked for their consent before they delivered any aspects of care.

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.

Good: 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

- Relatives told us the staff team were kind and caring.
- People received consistent care and support from a small team of staff. One relative told us, "Having the same staff helps maintain a smooth routine."

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

- Relatives told us they knew about their relatives' care plans and they could decide what care and support they needed.
- The provider told us that if people could not express their views and be involved in making decisions about their care their relatives and health and social care professionals would be involved.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their dignity and privacy.
- The provider told us care staff received training specifically around privacy and dignity.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received care and support as they wished.
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow.
- Care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs. A relative told us, "The communication is good and they come back to me with any information I need to know. I can contact them whenever I need to."

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People told us they would be confident to raise any concerns with the management team. A relative told us, "I have not had any concerns, but if I had I would know who to speak with."

End of life care and support

- People who used the service at the time of this inspection were not in receipt of end of life care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was committed to providing a high standard of care to the people they supported and told us that calls to people's homes were based on an hour's visit as standard.
- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- People, their relatives and staff members spoke highly of the provider and registered manager and told us that they were always available and supportive.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had established robust governance systems which enabled them to have an effective oversight of all aspects of the service. This included care plans, risk assessments and medicine records.
- The provider had developed systems to identify shortfalls and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in the service development and their views were continuously sought to enable the registered manager and provider to ensure they provided a safe and effective service that met people's needs.
- Staff were encouraged to share their views and to make suggestions to further develop the service.

Continuous learning and improving care

- The provider used information gathered from quality monitoring and feedback to improve the quality of care people received. The small number of service users meant that monitoring and feedback could be carried out directly and continuously with people.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.

