

Maryland Care Agency Limited

Newham

Inspection report

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Date of inspection visit:
17 November 2016

Date of publication:
21 December 2016

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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on the 17 November 2016 and was announced. The previous inspection of this service took place in February 2013. At that time we found two breaches of regulations. This was because staff had not undertaken training about safeguarding adults and risk assessments were not in place about people who used the service. During this inspection we found the provider had made improvements in these areas and was now meeting the relevant regulations.

The service is registered to provide support with personal care to people who live in their own homes. At the time of our inspection only a small number of people were using the service.

The service had a registered manager in place. 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.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not sufficiently personalised around people's individual needs. You can see what action we told the provider to take at the back of the full version of this report.

The service had appropriate safeguarding procedures in place and staff were knowledgeable about their responsibilities with regard to safeguarding adults. Risk assessments were in place which included information about how to mitigate any risks people faced. There were enough staff working at the service to enable the service to meet people's assessed needs. Pre-employment checks were carried out on prospective staff. Medicines were administered in a safe manner.

Staff undertook an induction training programme on commencing work at the service and staff training was up to date. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. The service supported people to access healthcare professionals.

Relatives told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans had been signed by people or their relatives which showed they were developed with their involvement. People were supported to access the community in line with their choices and preferences. The service had a complaints procedure in place and people [or relatives where appropriate] knew how to make a complaint.

People [or their relatives where appropriate] and staff spoke positively of the management at the service.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used 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. Staff undertook training about safeguarding adults and appropriate safeguarding procedures were in place.

Risk assessments were in place which included information about how to mitigate risks people faced. The service did not use any form of physical restraint when working with people.

There were enough staff working at the service to meet people's needs in a safe manner. Checks were carried out on staff before they began working at the service including employment references and criminal records checks.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training to support them in their role and received regular one to one supervision.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

The service supported people with medical appointments.

Is the service caring?

Good ●

The service was caring. Relatives told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Although care plans were in place these did not always set out people's individual needs in

a sufficiently personalised manner.

The service supported people to access the community in line with their wishes.

The service had a complaints procedure in place and people and relatives were aware of how to make a complaint.

Is the service well-led?

The service was well-led. The service had a registered manager in place. People and staff spoke positively of the management at the service.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

Good ●

Newham

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 the 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. We contacted the host local authority to seek their views about the service.

During the inspection we spoke with the relatives of all people using the service. We spoke with two staff members. This included the registered manager and the one member of staff who was employed as a support worker. We looked at the care plans and risk assessments for all people using the service and we looked at the recruitment, training and supervision records for all staff employed by the service. We looked at quality assurance and monitoring systems and various policies and procedures, including the complaints and safeguarding adults procedures.

Is the service safe?

Our findings

Relatives told us they felt the service provided safe care and support. One relative said, "Definitely [person using the service] is safe."

At the previous inspection of this service we found that risk assessments were not in place for people using the service. During this inspection we found this issue had been addressed. Risk assessments were in place which were subject to regular review. The registered manager said, "Every three months I go and do risk assessments" and records confirmed this. The registered manager told us they initially carried out risk assessments when they first received a request to provide support to people. Talking of the most recent person to begin using the service the registered manager said, "I went to their house to do the assessment. I wanted to see the place, to see if it was safe." Risk assessments covered moving and handling, medicines and the physical environment. The risk assessment on the physical environment assessed what risks there were in people's homes, such as the adequacy of the lighting, poor wiring and uneven or slippery surfaces.

Risk assessments did not cover behaviours that challenged the service and the registered manager told us no one using the service exhibited behaviours that challenged the service and staff never had to use any form of physical restraint when working with people.

At the previous inspection we found that staff had not undertaken training about safeguarding adults. During this inspection we found this issue had been addressed. Staff told us and records confirmed that they had undertaken training in safeguarding adults. The registered manager and staff we spoke with were aware of their responsibility with regard to safeguarding allegations. The registered manager said, "I would report [safeguarding allegation] to them, to the Borough in which the person lived." A staff member said, "You have to report it immediately to the boss, and if they are not around to the police." The registered manager told us there had not been any safeguarding allegations since the previous inspection.

The service had a safeguarding adults' procedure in place which made clear their responsibility for reporting any allegations of abuse. There was also a whistle blowing policy which made clear staff had the right to whistle blow to outside agencies, such as the Care Quality Commission, if appropriate.

The service had a staff handbook which was given to staff. This included a staff code of conduct which made clear staff were not allowed to accept gifts from people or be a beneficiary of a will. The registered manager told us where staff spent money on behalf of people they had to maintain records of this which they then checked. Staff supervision records showed this was checked as part of the supervision process. The registered manager told us the family members of people then took the financial records and checked them. Relatives confirmed this was the case and told us they had not found any issues of concern with the financial records. Staff who spent the money told us they had to record everything they spent money on and get receipts for the registered manager and relatives to check. This meant the service had taken steps to reduce the risk of financial abuse occurring.

Staffing levels were determined by the local authority along with people using the service and their relatives.

Relatives we spoke with were satisfied with the level of support provided. One person received 24 hour support and this was maintained. When the main regular care staff was not available or on a break the registered manager provided support in their place.

The service had robust staff recruitment procedures in place. At the time of our inspection only one staff member was employed by the service. Staff told us and records confirmed that checks had been carried out on prospective staff before they began working with people. These checks included employment references, proof of identification and Disclosure and Barring Service (DBS) checks. A DBS check is to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults. A staff member said, "[Registered manager] did DBS. She also took photocopies of my passport and my bills [for proof of address]. I gave her references as well." This meant the service had taken steps to help ensure only suitable staff worked with people.

The service supported people to take medicines. Staff told us and records confirmed that staff had undertaken training about the safe administration of medicines. The service had a medicines policy and procedure in place which provided guidance to staff on the safe recording, administration, storing and disposal of medicines.

Medicines administration record (MAR) charts were used. The registered manager told us they checked these at the person's home to make sure they were completed properly. Staff supervision records showed that MAR charts were checked as part of the supervision. However, completed MAR charts were retained by family members rather than the service. Relatives told us they liked to check MAR charts for themselves and added that they had not seen any errors or cause for concern with medicine records. Blank MAR charts seen showed that they included space for relevant information, including the name, strength and does of the medicine and the time it was to be administered

The registered manager told us medicines were stored in blister packs with individual separate compartments for each medicine. They said this made it easier to know when to administer each dose and reduced the risk of errors occurring. A staff member said, The [MAR] chart tells me the type of medicine [person who used the service] is on. The dose and whatever it is. Their medicine is in blister packs which is very good. It's easier. I have to sign that they have had it."

Is the service effective?

Our findings

Staff had an induction programme on commencing working at the service. This included shadowing experienced staff as they provided support to people which enabled the new staff to get an understanding of people's individual support needs. In addition to shadowing, the induction also included five days of classroom based training. Records showed this covered moving and handling, safeguarding adults, dignity and respect, health and safety, fire safety, medicines, first aid and person centred care. A staff member said of their induction, "I did manual handling and I did dementia as well. I did food hygiene, fire safety and medication" and added about the shadowing, "[Registered manager] showed me what to do and the family have been very supportive as well."

The one staff member employed at the time of our inspection commenced working at the service in July 2016 and their induction training had covered all mandatory training subjects. There was a training matrix which showed when staff were next due to have training and this showed that staff were up to date with training.

The registered manager told us they had individual one to one supervision with staff every three months and records confirmed this was the case. The registered manager told us the value of staff supervision to them, saying, "It will help me to know their weakness and strengths, where they want to improve. Through supervision they will let you know things. It gives them the opportunity to tell you." Supervision records included discussions about performance, issues relating to people and training needs. The registered manager told us that in addition to the formal supervision they met with the staff member regularly, and at least twice a week when they had a handover of caring duties. Staff we spoke with confirmed they had one to one supervision meetings with the registered manager. A staff member said, "[Registered manager] does supervision with me. If I have any concerns about the care or if I need any help or if there are any changes. We check that my training is up to date."

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 were supported to make choices over their daily lives, for example about what time they got up. The registered manager said, "The time [person who used the service] gets up varies. Sometimes they sleep long, sometimes they get up early. It is up to them when they get up." On choosing clothes the registered manager said, "We bring things [items of clothing] and show them." A member of staff said, "Sometimes [person who used the service] is not very sure what she wants to wear when going to church. I bring out the clothes and they choose. They tell you what they like." Where people were unable to make decisions due to lack of capacity this was done by family members. The registered manager said of one person, "The [relative] makes decisions for [person who used the service]." A relative told us the service routinely asked them about their family members support needs and said, "They do listen to what I tell them."

Care plans included information about people's preferences and needs in relation to food and drink. The care plan for one person stated, "[Person who used the service] is diabetic and has no sugar in their tea" and "[Person who used service] likes to eat fufu every day." The registered manager said, "We always ask [person who used the service] what they want to eat and they can tell you." A member of care staff said, "Sometimes [person who used the service] will tell you anything goes, sometimes they will tell you what they want to eat. They like fufu, that is their favourite." A relative said of the food, "It's what my [family member] likes." Staff told us that people were able to eat themselves and no support was currently required with helping people to eat and drink.

The service supported people with medical appointments, such as to the GP or hospital appointments. Records showed the service supported a person to a recent hospital appointment. The care plan included contact details of people's GP which meant staff were able to contact them if required. A member of staff said, "I can call the GP if [person who used the service] is not well. There was a time when they complained of stomach ache so I went to the GP."

Is the service caring?

Our findings

Relatives told us staff treated their family members in a kind and caring manner. One relative said, "She [care staff member] is a very good person. What she does is up to what I want in my imagination. She is a caring person, she has got time. As far as I'm concerned she does a good job."

People were able to build up good relationships with people and to get to understand their individual needs well. People were supported by the same regular care staff and when they were not working the registered manager provided support. This meant people only worked with a very few members of staff so were able to get to know them well.

The service was able to meet people's ethnic and cultural needs. The care staff, registered manager and people using the service all had the same ethnic origin and all shared a common language which meant staff were able to communicate effectively with people. Staff were also knowledgeable about people's food likes and had a good understanding of how to cook traditional foods from people's culture. The registered manager told us they had specifically sought to recruit a staff member who shared the ethnic and cultural heritage of people that used the service.

Staff who provided support to people with personal care had a good understanding of how to protect and promote people's dignity. The registered manager said of giving support with personal care, "Make sure you don't expose them. You draw the curtains and make sure no one can see them." The registered manager added, "Give [person that used the service] a choice about how they want their personal care. Ask them if they want a shower or a bath or just a wash. If they don't want it [personal care] you have to respect that. It's their choice." A member of staff said, "Their dignity and privacy is important. Making sure the door is closed, making sure the place is safe. You have to take your time, talk to [person who used the service]." Staff were aware of the importance of promoting people's independence, for example by encouraging them to manage as much of their personal care for themselves as they were able to.

Confidential records relating to people that used the service and to staff were stored securely in a locked filing cabinet at the location. The registered manager told us they were the only person with access to the cabinet. The staff code of conduct made clear that staff were not permitted to disclose confidential information about people to others, stating, "You should not discuss any information about them [people who used the service] to anyone other than those involved in their care." This helped to promote people's confidentiality and privacy.

Is the service responsive?

Our findings

Relatives told us they were happy with the support provided. One relative said, "That's a good service. As far as I'm concerned we appreciate the service."

Care plans were in place for people. The registered manager told us they were developed with input from people who used services and their relatives. They were also based on observations of people through working with them. Care plans had been signed by the person or relative which indicated they had been involved in developing them. Care plans set out what people needed support with, including food preparation, attending appointments and accessing the community. However, the care plan for one person about personal care was not sufficiently detailed or personalised around their individual needs. The care plan stated about personal care, "They should be assisted in everything. They have a bath once a day. Keep your eye on their teeth brushing." We discussed this with the registered manager who also on occasions worked with people providing them with personal care support. They told us this person was very dependent upon staff support with their personal care but there were elements they could manage themselves. They gave a detailed account of how to support the person but this was not reflected in the person's care plan.

Lack of personalised care plans was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people and their relatives had their own copies of care plans and relatives confirmed this was the case. People were provided with a copy of their terms and conditions. This set out the rights and responsibilities of both parties. For example, in relation to the different fee rates depending on when support was provided and the rights of both parties to cancel the agreement. This promoted transparency about what the service was providing to people and the documents were signed by both people or relatives and the registered manager.

The service supported people to access the community. Where this was done it was in line with the wishes and preferences of people who used the service. For example, one person chose to go to church some Sundays and when they did so staff provided support with this. The same person also enjoyed going shopping, particularly for make-up products and again, staff provided support with this. Staff told us they supported people to make choices about accessing the community. One staff member said, I ask [person who used the service] if they want to go out. They say 'I want to go to the city and buy some make-up'. On Sunday they say they want to go to church. We go when they request it. She likes KFC so we go."

Relatives told us they knew how to make a complaint. One relative said, "I have to make a complaint to [registered manager]. But so far no complaints." The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People and their relatives were provided with a copy of the complaints procedure to make it more accessible to them. The registered manager told us there had not been any complaints received since the previous inspection.

Is the service well-led?

Our findings

Relatives spoke positively about the service and about the registered manager. A relative said, "[Registered manager] is very good. She gets involved and sorts out any problems, she is a very good manager."

The service had a registered manager in place. Staff spoke positively about the registered manager. A staff member said, "Whenever I need help [registered manager] is there. We go through the medication charts to see if everything is OK." The same staff member said, "[Registered manager] is very strict, which I think is good. When it comes to caring about clients she is very particular, she does not joke about it. But she is very approachable and understanding. She is always there to help us." The staff member told us that the registered manager was easily contactable, saying, "As soon as I call [registered manager] she is there."

The registered manager told us they routinely checked the quality of care and support provided. They told us they had regular contact with people. They said they personally provided care to all current people using the service which enabled them to have regular contact and to review the care and support arrangements in place.

The registered manager told us they regularly checked records relating to people using the service. They said, "I go there [people's homes] twice every week and check the log sheet, the medication, the financial book, the way the house is. I have the handover checklist." We looked at copies of the handover checklist which was used when there was a change of care staff. It included checking that the bed had clean linen, that financial records were accurate, that the fridge was clean and food was within use by dates and that medicine records were completed correctly. A staff member said, "[Registered manager checks the money and [persons relative] checks it. Whatever we buy we have a notebook and we have to put detailed information about whatever we bought and we have to have receipts. [Registered manager] taught us about financial abuse." A relative told us that they looked at records to make sure support was provided in line with their family member's needs. They said, "I do check all of them, the medicines, the money, the daily logs. Everything is recorded and everything is all right."

The registered manager told us they carried out telephone monitoring of relatives. This was to gain their views about how the service was run and the support provided. Records confirmed this took place. These showed relatives were asked about how polite staff were, if privacy was respected and if staff completed all tasks they were required to carry out in a satisfactory manner. The registered manager told us with such a small number of people using the service and employees they did not need to carry out surveys, as they were able to have regular and close contact with all relevant parties. However, they told us if the service grew they would introduce surveys so they could seek the views of all people using the service, along with their relatives and staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The care of service users did not meet their needs and reflect their pretences. This was because the assessment of the service users support needs did not set out in detail how they liked and required to be supported with their personal care needs in a personalised manner. 9 (1) (b) (c) (3) (a) |