

Mary Ruth Care Services Limited

# Mary Ruth Care

## Inspection report

Sheaf Valley House  
134 Archer Road  
Sheffield  
South Yorkshire  
S8 0JZ

Tel: 07906231178

Date of inspection visit:  
01 November 2022

Date of publication:  
15 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Mary Ruth Care is a domiciliary care agency registered to provide personal care. The agency office is based in South Sheffield. Support is currently provided to people living in their own homes in South Sheffield. At the time of this inspection the service was supporting 27 people with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safe in the company of staff. Relatives agreed their family members were safe. People consistently told us staff arrived on time and they received support from the same core group of staff, which promoted good continuity of care. The provider had recruitment processes in place to ensure suitable staff were employed. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

There were systems and processes in place to minimise risks to people. These included making sure staff knew how to recognise and report abuse. People's care plans contained details of risks posed to people, with guidance for staff about any actions they need to take to mitigate those risks.

We have made a recommendation about the risk assessments for some people. The provider has already acted to meet this recommendation.

People told us any concerns were addressed immediately with appropriate actions. The service was well run, and people who used the service were very happy with the care and support they received. Audits and checks of documents and systems helped ensure continuous learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (report published 1 January 2019). The overall rating for the service has remained good based on the findings of this inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mary Ruth Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Mary Ruth Care

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 1 November 2022. We visited the location's office and made telephone calls to people and their relatives on 1 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke over the telephone with 2 people who used the service and 7 relatives. We emailed 12 staff to ask a range of questions and received feedback from 8 staff. We spoke with 2 care staff in person, the care coordinator, the office administrator and the director/field manager of the service. We visited the office location to review written records. We looked at 3 people's care records. We checked records relating to the management of the service including staff files, policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, nutrition, moving and handling and skin integrity. Although bed rail risk assessments contained some detail, the care plans we checked needed clearer information around the positioning of bed rails. A consent to treatment document was signed by the person or their representative but there was no evidence of consent to restraint for example when using bed rails. These documents and consent forms needed updating.

We recommend the provider records more detailed information in people's care plans surrounding some risks.

- The provider acted immediately to meet this recommendation by updating the risk assessments, informing staff of risks in using bed rails and seeking specific consent around the use of bed rails from people who used the service.
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- The provider had a lone working policy which staff followed to ensure their safety at work.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. One person said, "I have no worries at all about the carers who come in." Relatives said, "I trust them with (name), we love them to bits" and "I feel (name) is very safe with their care."
- Staff had completed training in safeguarding people. Staff we spoke with knew how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.

### Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people at the times they wished. Call schedules were well managed,

and people told us staff consistently arrived on time and completed all care tasks before they left. People and relatives said, "There seems to be continuity of the same carers", "Staff come in, do what they have to, and don't leave until all is done", "There is a rota of regular carers.(Name) needs continuity so it's a very good thing" and "Staff are on time, they always come in smiling have a nice way about them.(Name) likes to see them."

- Staff told us there were enough staff on the rota to enable them to meet people's needs and to have days off every week. Staff also told us how the agency had purchased company cars, so staff did not have to use their own cars and fuel when visiting people on their rounds.

#### Using medicines safely

- Medicines were managed safely at the service. Relatives said, "The carers give (name) their medication, we have no concerns about that" and "Staff do check (name) has taken her medicines."
- All staff completed regular medicines training and refresher courses.
- Medicines competency was regularly assessed to ensure staff skills remained up to standard.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

#### Preventing and controlling infection

- People and relatives told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and people during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office. Staff also carried PPE with them, so it was always available.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events.
- The registered manager and provider communicated important information to all staff, so they understood learning gained through experience. The management team used different communication systems, such as, face to face meetings, telephone calls, texts and emails to ensure staff were kept up to date. A staff member told us, "There are WhatsApp groups where messages are communicated every day. The managers also do lessons learnt or near miss meetings."



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was very positive. Comments included, "They are wonderful, marvellous. We would definitely recommend this company, you can't better the care we receive", "I would recommend this company at a drop of a hat" and "Staff go to the fish and chip shop every week for all the clients, and some staff sit with them so they have a meal together, how good is that?"
- People and relatives told us they usually had weekly contact with the registered manager and provider, sometimes more frequently, so were able to provide feedback about the service very regularly. Relatives said, "We are asked for feedback, but we speak a lot, so if anything needs to change we discuss it", "(Named managers) always pick up or get back to you within an hour" and "I have a good relationship with both (named managers). This company really listen to you."
- We saw written feedback from people and relatives on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive. We discussed with the field manager the need to collate this feedback into reports and newsletters, so people could see any improvements made as a result of their feedback had been implemented. The field manager agreed this was a positive step forward and said they would be implementing this feedback and introducing a newsletter for people and staff in the next few weeks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Staff told us how they enjoyed

working at the service and felt supported by the registered manager and provider. Staff comments included, "I enjoy working for Mary Ruth Care. I feel that it is well managed, and managers listen to both clients and staff and have their best interests at heart", "The manager is excellent in addressing any concerns" and "I look forward to going to work. I feel we make a difference to people's lives, even just by sitting and having a chat with people."

#### Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.