

Mayden Support Ltd

# Mayden Support

## 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

Mayden Support is a domiciliary care agency and supported living service; providing personal care to adults and children in their own homes and supported living settings. Mayden support provides care to people who are living with dementia, younger and older people, people living with a physical disability, sensory impairment, learning disabilities and autistic spectrum disorders. At the time of the inspection nobody was receiving support in supported living settings, but 22 people were receiving domiciliary care.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. 'Personal Care' 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

Risk management procedures and areas of support were thoroughly assessed. The provider ensured that they were safely and effectively able to provide the support people needed. We did identify that some guidance and risk measures needed to be more detailed in people's care records. This was raised with the provider and was immediately addressed.

Staffing levels were monitored however, we did receive mixed feedback about the punctuality of staff and call duration times. The interim manager openly discussed that staffing levels had decreased during the summer months, but an on-going recruitment drive was in place. We have made a recommendation regarding staffing levels.

Infection prevention and control (IPC) and covid-19 procedures were in place. Staff received IPC training, were provided with the relevant personal protective equipment (PPE) and were engaged in weekly COVID-19 testing regimes.

Safe medication administration procedures were in place. Staff were required to complete medication training and regularly had their competency levels checked. An electronic medication administration recording system enabled the provider to maintain effective oversight in relation to medicine management.

Staff were familiar with accident, incident and safeguarding reporting procedures. The provider ensured that all such incidents were investigated and follow up actions / lessons learnt were acknowledged.

Pre-employment recruitment checks were conducted; people received care and support by staff who had been safely recruited. Staff expressed that they felt thoroughly supported by the management team; they received regular supervision and supported with learning and development opportunities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

We received positive feedback about the quality and safety of care being provided. People told us, "Staff are brilliant" and "It's amazing treatment."

Relatives informed us that staff provided kind, dignified and compassionate care and the care provided was tailored to their loved ones needs.

Effective quality assurance measures and systems were in place. Such governance processes helped to monitor, review and improve the provision of care people received.

We received positive feedback about the culture and ethos that had been established at Mayden Support. One external professional told us, "They've done fantastically well since I've been working with them." One staff member said, "I love it (working here)."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports The Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Although the service was not providing support in this area of care, the staff received training and support to enhance their skills and understanding in relation to maximising choice, promoting person-centred care and creating the right culture.

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

This service was registered with CQC on 1 July 2019; this was the first inspection.

Why we inspected

This was a planned inspection following their registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Mayden Support

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, and two 'Experts 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.

This service is also registered to provide care and support to people living in 'supported living' settings; so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Nobody was receiving this level of support at the time of the inspection.

The service did not have a manager registered with CQC at the time of the inspection. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An interim manager had been appointed, they had submitted all the relevant registration documentation to CQC and were just awaiting further correspondence regarding their application.

#### Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 24 August and ended on 27 August 2021. We visited the office location on 24

August 2021.

#### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

#### During the inspection

We spoke with the interim manager, three members of staff and one external professional. We also spoke with seven people who were receiving personal care and eight relatives who were involved in their loved one's care packages. We reviewed a range of records, including five people's care records, medication administration records, as well as a variety of records relating to the management of the service.

We also spoke with the 'nominated individual', who is responsible for supervising the management of the service on behalf of the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as a variety of policies and procedures.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Deployment of staff needed further consideration but recruitment procedures were safely in place.
- We received mixed feedback about the punctuality of staff. People told us, "(Staff) arrive at different times", "Sometimes late" and "Eight times out of ten, they arrive on time."

We recommend the provider reviews levels of staff and maintains effective oversight of staff rota.

- The manager confirmed that recent staffing issues had posed some problems, but all support calls had been completed. People and relatives also confirmed that staff 'always' arrived to provide support required and they were happy with the provision of care being delivered.
- Safe recruitment procedures were in place; pre-employment checks were conducted, these helped to determine the suitability of staff, ensuring they were able to provide care and support people required.
- An on-going recruitment drive was in place; the provider was committed to recruiting staff who were passionate about delivering right care and right support.

### Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was clearly established and regularly reviewed.
- The provider ensured that people were protected from harm and not unnecessarily exposed to risk. People's support needs and areas of risk were assessed and regularly reviewed.
- People had individually tailored risk assessments in place. We identified that some areas of risk required further detailed risk management plans. This was immediately responded to.

### Using medicines safely

- Safe medication administration procedures and arrangements were in place.
- Medication was administered by trained staff who regularly had their competency levels checked.
- Medication policies were complied with; staff followed medication administration guidance, ensuring people received medication support in line with their care plan.
- An electronic medication administration recording system enabled the provider to maintain effective oversight, audit staff performance and immediately identify areas of improvement.

### Preventing and controlling infection

- We were assured that safe IPC procedures were in place.
- Staff received IPC training, they were provided with sufficient PPE and were engaged in weekly COVID-19 testing regimes.

- People and relatives confirmed that staff wore the necessary PPE as a measure of mitigating infection risk.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes ensured that people were safeguarded against the risk of abuse and lessons were learnt when things went wrong.
- Staff expressed the importance of following safeguarding and whistleblowing procedures; they were familiar with reporting procedures and understood the importance of keeping people safe.
- People and relatives all expressed that safe care was provided. One person said, "I do feel safe, they're great carers". One relative said, "I can tell [relative] is well looked after."
- The provider ensured there were robust accident, incidents and safeguarding procedures in place. Staff completed the relevant reports, investigations took place when necessary and lessons were learnt.



# 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.

This was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Principles of the MCA (2005) were complied with; staff received the relevant MCA training to support their knowledge and understanding.
- Measures were in place to ensure people received the safest level of care in the least restrictive way possible; people were not unlawfully restricted.
- Care records contained the relevant level of information in relation to people's capacity and consent to care and treatment was always sought. Care records contained information such as, 'I have a good level of understanding and can make my own decisions.'

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

- People's needs and choices were assessed and support was provided in line with standards, guidance and law.
- People received tailored care that was centred around their assessed needs, choices and decisions. People and relatives told us that staff encouraged full involvement from the person receiving care and dedicated the support around their needs and wants.
- The quality and safety of care was delivered in line with key policies, best practice and in line with health and social regulations.

Staff support: induction, training, skills and experience

- Staff received regular support, were thoroughly inducted into their roles and encouraged to enhance their skills and experience.
- Staff were required to complete mandatory training courses as part of their roles and bespoke training

was also provided as and when needed.

- People told us, "Yes they [staff] know what they are doing. I am confident in their skills" and "The staff that come and see me are brilliant and they know what they are doing."
- Staff told us they enjoyed working for the provider and felt supported on a daily basis. Staff told us, "I love it, [manager] definitely listens to staff and helps when she can" and "I love what I do, it's given me a new sense of purpose, support is provided when it's needed."

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

- Effective nutrition and hydration support was provided.
- People's care records contained relevant, up to date nutrition and hydration information that staff could familiarise themselves with.
- People were supported to make decisions around their meal preferences and care records contained information about their likes and preferences. For instance, 'Make me a bowl of porridge with brown sugar, I like my porridge very thick' and 'I will sit in the kitchen, at the dining table and eat my cereal.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received consistent, effective and timely care by both Maiden Support and other healthcare professionals.
- Regular reviews were taking place; the provider ensured that health and well-being was routinely monitored, and effective care was provided. One person said, "They [staff] would always contact any service that might be required."
- People had access to other healthcare services, ensuring that a holistic level of care was provided. We saw evidence of district nurse, GP, epilepsy nurse and community nurse involvement in some of the care packages we reviewed. One external professional told us, "They've [Maiden Support] have done fantastically well since I've worked with them."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant 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

- People were well treated, and they received the care and support required. One person said, "Yes they respect my values and beliefs."
- Support needs were established, and care was centred around their individual needs and wants. People said, "Yes they are kind. So very friendly" and "They treat me very well. They talk happily. They are gentle and kind." One relative said, "Amazing treatment. They [staff] sing to her."
- Staff were familiar with the areas of support people required and how this needed to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, provided dignified care and independence was promoted. People told us, "The care is the way I like it; [staff member] knows me well" and "Yes they respect my privacy. They knock on the door."
- Care records contained tailored information, staff were familiar with the level of care people needed and just how this needed to be provided. One relative told us, "They respect [relatives] dignity and privacy. They shut the door to [their] room. They keep [relative] covered up when carrying out personal care."
- People were encouraged to remain independent and were supported to continue making decisions about the care they needed. People told us, "Personal care is done the way I like." One person requested that their clothing was accessible to them before the carer left so they could dress themselves.
- Confidential and sensitive information was protected; general data protection regulations were complied with.

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

- People were encouraged to express their views and were involved in decisions about their care.
- The provider had processes in place to encourage feedback which helped to improve the provision of care.
- Care reviews took place and quality assurance surveys were circulated. These helped the provider to maintain a good level of care and make improvements where necessary.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were fully established at the assessment stage.
- The provider ensured that they were able to appropriately support people's communication needs. For instance, they provided easy read material, pictorial and cue cards to help aid communication.
- Care records contained relevant communication information that staff needed to be aware of. For instance, one care record stated, 'I can smile and sing when I'm happy and get upset when I'm in pain.'

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their needs and preference; people were supported with choice and control. One relative told us, "[Relative] has a care plan. [Relative] was involved in creating it."
- People were fully involved in the development of care records and contained specific person-centred information that staff could familiarise themselves with. For instance, 'I can walk but do tend to fall to the floor' and 'I like to explore and climb on things so close supervision is always needed.'
- Staff, people and relatives told us that the provision of care was tailored around individual support needs. People told us, "Personal care is done the way I like" and "I would say it's person centred care."

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain positive relationships, engage in social activities that were important to them and maintain a sense of independence.
- Staff supported people with daily routines and ensured their well-being was maintained. One relative told us, "They [staff] take [relative] out for activities, such as sensory activities."
- Staff helped to ensure that people's likes, interests and hobbies were supported. Care records contained information such as, 'I enjoy the radio, TV, swimming and bathing' and 'I love to be around people, to have interaction.'

### Improving care quality in response to complaints or concerns

- There was an up to date complaint policy in place; the provider ensured that the quality of care could be assessed, monitored and improved upon.

- Complaints, concerns and constructive feedback was addressed and responded to in line with the organisation policy.
- People and relatives were provided with complaint process information. We were informed that they would all feel confident raising any concerns / complaints they may have. One relative told us, "I have complained to [staff member]; I was listened to."

#### End of life care and support

- End of life care was not being provided by Mayden Support. However, the provider informed us that the relevant training would be sourced should this be an area of care that was required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff were clear about their roles, they understood the importance of monitoring quality performance, management of risk and complying with regulatory requirements.
- Governance systems and quality assurance measures had effectively been embedded. The provision of care was monitored, reviewed and improved upon where possible.
- Levels of risk were established; the relevant support measures were implemented, ensuring people were not exposed to unnecessary risk.
- Regulatory and legal requirements were complied with. The interim manager was aware of their responsibilities and understood the importance of complying with regulations.

Continuous learning and improving care

- Measures to assess improvements and continuous learning were in place.
- Audit systems and quality assurance checks were effectively identifying areas of improvement.
- The provision of care was routinely assessed, and measures were in place to ensure areas of improvement were followed up on.
- Accident and incidents were investigated, concerns, complaints and suggestions were analysed and 'lessons learnt' were established.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person-centred approach to care was delivered, and good outcomes were being achieved.
- The culture was open, inclusive and people were supported to make decisions about the level of care they received.
- People were encouraged to remain empowered and were supported to maintain a good quality of life. One relative told us, "I don't know where we would be without them."

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

- Mayden Support engaged and liaised with people, relatives and public about the provision of care being provided.
- Quality assurance questionnaires were circulated; these helped to gather the views, opinions and

suggestions in relation to the care being provided. Feedback was reviewed and responses were provided.

- Staff expressed that they felt thoroughly supported and enjoyed working for Mayden Support. Staff told us, "They've [management] been fab with me, lots of support" and "I love what I do, I have a new sense of purpose."

Working in partnership with others

- The service worked in partnership with other external healthcare professionals.
- Effective partnership work meant that people received a holistic level of care and their support needs were safe and effectively managed.

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

- Duty of candour responsibilities were complied with; open and honest relationships had developed between people receiving care, relatives and Mayden Support staff.
- We received assurances that open, honest and trusting relationships had developed. People and relatives informed us that there were effective methods of communication in place.