

Maryland Care Agency Limited

Newham

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

This inspection took place on 6 March 2018 and was announced. The provider was given 48 hours' notice as they are a small service providing care to people in their own homes, we needed to be sure someone would be in.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. At the time of our inspection they were providing care to one person.

Following the last inspection in November 2016 we asked the provider to complete an action plan to show what they would do and by when to improve their rating in 'Responsive' to at least good. The provider had taken the necessary action to improve the quality of needs assessments and care plans.

There was a registered manager in post. 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.

When we completed our previous inspection in November 2016 we found concerns relating to the quality of assessments and care plans. At this time these topic areas were included under the key question of 'Responsive.' We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key question of 'Effective.' Therefore, for this inspection we have inspected this key question and also all other key questions to make sure all areas are inspected to validate the ratings.

The service had clear systems in place to ensure the safety of people using the service. There were clear safeguarding systems and staff were knowledgeable about safeguarding adults from harm. Risks to people had been identified with clear plans in place to mitigate them. There were enough staff to ensure people's needs were met and staff were recruited in a way that ensured they were suitable to work in a care setting. People were supported to take their medicines as prescribed.

People were receiving effective care. People's needs were assessed and care plans reviewed and updated regularly. Care plans contained clear information about people's preferences regarding their care and nutrition and records confirmed they were supported in line with them. Staff received the training and support they needed to perform their roles. Care files showed the service worked with other organisations and ensured people's healthcare needs were met. The service worked within the principles of the Mental Capacity Act 2005.

Staff spoke about the people they supported with kindness and compassion. The service ensured people's cultural and religious needs were supported. There were equality and diversity policies to ensure people were not treated differently because of their sexual orientation or gender identity. Staff understood and

respected people's right to privacy and treated them with dignity. People's abilities and independence were promoted.

The service had a clear policy and procedure for responding to complaints. The registered manager sought regular feedback from people and relatives to ensure they were aware of issues or concerns. The service had policies in place to ensure they would provide appropriate end of life care if this was required.

The leadership of the service was clear and respected by staff and family members. Relatives found the registered manager approachable. There was an effective system of checks to ensure the quality and safety of the service. There was a clear values base to ensure a person-centred culture. There were clear plans for the future development of 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?

The service was safe. There were effective systems to safeguard people from avoidable harm and abuse.

Risks to people's safety had been assessed with clear plans in place to keep them safe.

There were enough staff who had been recruited in a way that ensured they were suitable to work in a care setting.

People were supported to take their medicines as prescribed.

People were protected by the effective prevention and control of infection.

There were systems in place to ensure lessons were learnt if things went wrong.

Good 

Is the service effective?

The service was effective. People's needs were assessed regularly and care planned in a way that reflected their preferences.

Staff received the training and support they needed to do their jobs.

The service worked with other professionals to ensure people's healthcare needs were met.

People were supported to eat and drink in line with their preferences.

The service was working within the principles of the Mental Capacity Act 2005.

Good 

Is the service caring?

The service was caring. Staff had developed caring and compassionate relationships with the people they supported.

People were supported in line with their cultural background and religious beliefs.

Good 

The service had systems in place to ensure people were treated equally regardless of their sexuality or gender identity.

Staff were knowledgeable about supporting people to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive. People received personalised care which was reviewed and updated regularly.

The service sought feedback and there was a clear system in place for responding to complaints.

The service had a clear process for supporting people at the end of their lives.

Is the service well-led?

Good ●

The service was well-led. There was a clear values base to the organisation with a focus on the rights and abilities of people receiving care.

The registered manager completed regular checks to ensure the safety and quality of the service.

The registered manager sought feedback and advice for the future of the service.

There was a clear plan in place for the development of the service.

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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 6 March 2018 and was announced. The provider was given 48 hours' notice of the inspection as they are a small domiciliary care service and we needed to be sure someone would be in.

The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service in the form of notifications. Notifications are events or incidents that providers are required to tell us about by law. We also sought feedback from the local authority monitoring team and local Healthwatch. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 a relative, the registered manager and one care worker. We were unable to speak directly to people who received a service due to the nature of their needs and language requirements. We reviewed one care file, including needs assessments, risk assessments, care plan and records of care. We reviewed one staff file including recruitment, training and supervision records. We reviewed various policies, procedures, surveys and other documents relevant to the management of the service.

Is the service safe?

Our findings

A relative told us they were confident their family member was safe with the care staff. They said, "100% [my relative] is safe. I trust them completely."

The registered manager was knowledgeable about the forms of abuse people receiving services may be vulnerable to and was clear about their responsibilities to escalate any concerns to the appropriate safeguarding authority. They told us, "If I have any concerns I fill in the form and report it to the local authority." The provider had a comprehensive safeguarding adults from harm policy which included details of possible indicators of abuse and clear information about how care workers should respond and how to report allegations of abuse. Records showed staff received training in safeguarding adults from harm. The registered manager told us there had been no safeguarding concerns since the last inspection. This meant the provider had clear systems in place to protect people from abuse and avoidable harm.

Risks faced by people during care were identified through a robust assessment by the registered manager. Identified risks had clear plans in place to mitigate them. Areas considered included moving and handling, mobility, and the environment. The risk assessments included that people should be encouraged to be involved in domestic tasks, with staff supervision to help maintain their independence and skills. The registered manager told us and staff confirmed risk assessment measures were explained to staff as part of the process of building a relationship with the person. This meant risks were managed in a way that ensured people stayed safe.

Recruitment records showed the service followed safe recruitment practice in employing staff. The provider completed relevant checks on applicant's employment history, right to work, identity and criminal records history to ensure they were suitable to work in a care setting. The registered manager told us they ensured the staff employed could speak the same languages as the people they supported to enable positive communication and the development of relationships. The service was only delivering care to one person at the point of inspection and had sufficient staff to ensure this person received the care they needed. The registered manager explained they had a pool of staff available to them should they take on additional packages. This meant the service had sufficient numbers of suitable staff to meet people's needs.

The provider had a medicines policy which was clear about the roles and responsibilities of staff administering medicines. Where staff supported people to take medicines there were clear records about what medicines people were taking and why. Records showed people were supported to take their medicines as prescribed. The registered manager checked medicines records to ensure they were complete and any changes to medicines prescribed were clearly recorded. This meant the provider had ensured proper and safe use of medicines.

The registered manager told us, and staff confirmed, that personal protective equipment was made available to prevent and control the risk of infection. There was an infection prevention and control policy which included information on best practice guidance for preventing and controlling infection. This meant people were protected by the prevention and control of infection.

The registered manager told us they had not had any incidents since their last inspection. A relative confirmed this and also told us they were confident the service would take appropriate action if any incidents occurred. The provider had a policy regarding incidents which included that following any incidents a review would take place to ensure lessons were learnt to reduce the risk of recurrence. This meant there were systems in place to ensure lessons were learnt if incidents occurred.

Is the service effective?

Our findings

At our last inspection in November 2017 we found the assessment of people's needs did not set out in detail how they liked and needed to be supported with their personal care. At this inspection in February 2018 we found the provider had taken action to address this concern and assessments were now personalised to individual need.

People's needs were assessed at least annually, with re-assessments being completed if there was a significant change in the person's condition. This led to the creation of a care plan that included details of the person's preferences for how they wished to receive care. There was sufficient detail to ensure that care workers knew how to deliver care in a way that reflected preferences, for example, there were details of the products they liked to use, and how they liked their hair to be styled. The care plan contained details of the different preferences people tended to express depending on their activities, for example, if they wished to wear specific clothing items within their homes. This meant people's needs and choices had been assessed and were reflected in the care and support they received.

Staff told us, and records confirmed, they received training and support to help them perform their roles. Staff received regular supervision and the registered manager had made adjustments to the record keeping requirements to facilitate staff who had found previous records difficult to complete. The registered manager had introduced templates to reduce the amount of writing required by care workers. This showed the registered manager considered the development of the staff.

Staff had received training in areas required to perform their role, including the care certificate. The care certificate is a nationally recognised qualification which provides care staff with the fundamental knowledge required to work in a care setting. The registered manager was also a qualified trainer and ensured training and development opportunities were made available for staff.

People's dietary needs and preferences were clearly captured within the care plan. Where people had dietary restrictions due to healthcare needs this was clearly recorded with guidance in place for staff to ensure they adhered to the specialist requirements. People's cultural preferences for specific dishes that reflected their heritage were also included in the care plan which noted the levels of involvement people wished to have in meal preparation. Records showed people were supported to eat a varied diet which reflected their needs and preferences.

A relative told us the service worked well with other professionals involved in their family member's care. Records showed staff liaised with health and social care professionals to ensure people received support appropriately. A relative was confident that staff knew about their family member's health conditions and supported them to access healthcare services as needed. They told us, "[My relative] has been poorly but they've been very good with [my relative]. They've helped them get better." Records showed staff had clear information about people's usual health presentation and raised concerns appropriately with relevant healthcare professionals when they became unwell. This meant the service worked with other organisations to ensure people received the healthcare support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible.

Records showed where people lacked capacity to consent to their care, the provider had sought consent from the person who was legally authorised to consent to care on their behalf. The provider supplied a copy of the legal authorisation. Although the person lacked capacity to consent to their care, staff told us and care records showed they were offered choices on a day to day basis regarding activities, clothing and meals. This meant the service was working within the principles of the MCA 2005.

Is the service caring?

Our findings

Staff spoke about the people they supported with kindness and compassion. They described their moods and presentation in a way which demonstrated they valued the person. This was reflected in the care plan which described people in a holistic way incorporating their life and experience before they started to receive care.

A relative told us they were "absolutely certain" staff cared about their family member. The relative continued, "They [staff] do for us as if it was their own parents. They speak to [my relative] very kindly." The relative explained, as had the care plan, that their family member's first language was not English, and the provider ensured there were staff available who could speak with them in their mother-tongue. The relative told us this had helped strengthen the relationship between their family member and staff as they could understand each other, and share cultural reference points.

The care plan contained information about the person's cultural background and religious beliefs to ensure the person received support in a way that was respectful to their personal background. Where their culture affected their care preferences this was clearly recorded. At the time of our inspection no one using the service identified as lesbian, gay, bisexual or transgender. The registered manager told us any wishes in respect to individual sexual orientation or gender identity would be respected. This was supported by their equality and diversity policy which ensured non-discriminatory practice in support planning and care delivery. This meant the person's views and beliefs were included in their care.

Care staff described how they ensured privacy and dignity for people receiving care through ensuring windows and doors were closed and people remained covered during personal care. Although people required significant levels of support, staff recognised that people may still wish to spend time alone and this was respected. In addition, the care plan was specific about which aspects of tasks the person could complete independently and instructed staff to supervise rather than support some aspects of care to maintain their independence.

Is the service responsive?

Our findings

Records showed, and a relative confirmed, the service reviewed people's care on a regular basis. The registered manager told us they met with the person, the care worker and were in regular telephone contact with relatives to ensure the care plan continued to reflect the person's needs. A relative told us they were confident the care delivered met their family member's needs. They said, "They call me if anything changes. They write in the daily book so I can check it's all being done and everything is OK."

We reviewed the records of care and these clearly recorded the care that had been delivered and the person's presentation. The notes recorded any community activities the person had been supported to participate in and stated their levels of engagement and enjoyment. This meant people were receiving personalised care that was responsive to their needs.

The provider had a clear policy regarding complaints which included information about how to escalate concerns if people were not happy with the initial outcome. This was included in the service information pack given to people who used the service. A relative told us they were confident that any issues would be resolved quickly, but told us they had not had cause to make any complaints. The registered manager told us they had received no complaints since the last inspection. Records showed the registered manager sought regular feedback to ensure people and their relatives were able to raise concerns. This feedback contained only compliments for the service. One compliment read, "Care workers with a heart. They are very good carers." This meant the service had systems in place to seek and respond to feedback.

At the time of our inspection no one was receiving end of life care. The provider had a comprehensive policy and procedure about supporting people at the end of their lives. This referred to the best practice guidance identified by the National End of Life Programme and provided clear guidance and structure for staff on how to explore people's preferences and ensure they were supported to live their last stages of life as they wished. This meant the provider had systems in place to ensure people were supported at the end of their lives to have a comfortable and pain free death.

Is the service well-led?

Our findings

A relative told us they found the registered manager approachable and communicative. They told us, "She keeps in touch, we speak most days. I get on with her. She's very good."

The service included a statement of the values of the service in the service user guide given to each person who received a service. This stated, "The rights and independence of service users are paramount focusses on quality of life measures." The focus on the rights and independence of people using the service was reflected in care plans and how staff spoke about the people they supported. The service identified that people had the right to fulfilment, dignity, independence, privacy, choice, individuality and security. There was a clear focus on ensuring the culture of the service was person centred. This was reflected in the way care plans ensured people's skills were maintained and independence promoted.

Staff told us, and records confirmed, the registered manager supported staff and encouraged feedback about how the organisation could improve and change. There was a business plan in place to grow and develop the organisation. The service was currently small, with enough staff to meet its current obligations. The registered manager was clear that her priorities were for a quality service rather than to become a large provider. There were plans for growth which ensured recruitment kept pace with demand and the organisation was not over-stretched.

The registered manager completed regular checks of records of care and medicines administration to ensure care was being delivered as required and staff maintained records appropriately. Job descriptions contained clear information about people's roles and responsibilities as well as details of the line management structure. This meant there was a clear and effective governance structure in place.

The registered manager regularly sought feedback from staff, relatives and people through the use of surveys. They also sought feedback from other professionals involved in people's care. Where suggestions for change were made the registered manager took these on board. The registered manager also worked with another provider of care services and this helped to ensure she stayed up to date with best practice and developments in the sector.