

Your Quality Care Services Limited

Your Quality Care Services Limited (Mayford)

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

Your Quality Care (Mayford) is a domiciliary care agency providing personal care to people aged 65 and over who live in their own homes. At the time of the inspection the agency supported seven 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 were kept safe by kind and caring staff who received regular training and competency checks. Staff were knowledgeable about keeping people safe from abuse and knew how to report any safeguarding concerns.

People were supported with their medicines and to maintain a balanced and healthy diet where appropriate. Staff worked in conjunction with other health and social care professionals so people received effective support.

People's equality and diversity was respected, as well as their privacy and staff encouraged independence as frequently as possible. Staff were caring in their approach and this was encouraged by the provider.

People told us that they were confident to make a complaint and felt listened to by staff. People felt involved with the reviews of their care and decisions that were made. Risks to people were well managed by staff and these were clearly detailed in care plans. People received care that was responsive to their needs.

Quality assurance audits took place to ensure the high standard of care was maintained. Staff received support from the registered manager and the provider through supervisions and team meetings. There was a caring culture throughout the service from the care staff to the management team that meant that people received the best possible care.

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.

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

Rating at last inspection (and update)

The last rating for this service was good (published 17 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and

decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the new registration and the CQC inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Your Quality Care Services Limited (Mayford)

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The office of the service is based within one of the main buildings of a retirement community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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. Due to unforeseen circumstances, this inspection was then delayed by seven working days.

Inspection activity started on 11 March 2020 and ended on 14 March 2020. We visited the office location on 11 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included

notifications that had been made to CQC about the service. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

The provider was not 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.

During the inspection

We spoke with four members of staff including the provider, registered manager and two care workers.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person and three relatives about their experience of the service. We also spoke with two professionals who regularly visit and work with the service.

Is the service safe?

Our findings

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

This is 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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when they were supported by staff. One relative said, "It's comforting for us to know that [person] is in such good, safe hands."
- Staff received regular safeguarding training and were knowledgeable in how to report safeguarding concerns through the appropriate channels. Staff also showed good knowledge in how to identify different types of abuse.
- The provider had a safeguarding policy in place that was provided to all staff. This advised staff on what action to take if they identified any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected from risks and any new risks identified were assessed in a timely way. One relative said, "They know all of the risks to [person] and they manage them really well."
- Risk assessments were integrated into each person's care plan and identified individual risks. For example, people at risk of malnutrition and hydration, falls or self-neglect had risk assessments in place for this.
- All risk assessments offered guidance for staff to follow to protect people from avoidable harm and additional advice was clearly recorded if the risk was heightened or an incident occurred. One staff member said, "Risk assessments in care plans are clear so we know what to do if anything changes."
- The registered manager explained that all carers are vigilant with reporting to the office any changes or emerging risks to people. The registered manager said they felt this was the reason they have had such a low amount of accidents or incidents.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "It's nice, because I never feel rushed. They always take their time and always have time for a chat with me."
- Staff told us that care visits were flexible and they enjoyed being able to spend extra time with people. One staff member said, "I like working for this company because it doesn't feel like I'm always watching the clock, making sure I'm not running out of time. If I think someone needs a bit of extra time I'll just call the office and it will be fine."
- The registered manager followed safe recruitment processes. This included a thorough interview processes, obtaining professional and character references and completing a Disclosure and Barring Service (DBS) check. This checks if a potential employee is known to the police, and whether they are suitable to work with the people using the service.

Using medicines safely

- People were supported with their medicines appropriately by staff who had regular training and competency checks. One relative said, "It's such a relief knowing that the staff are there to remind [person] about their medicine. So many times before [person] would forget and it would have such a bad effect on their health."
- Staff recorded all medicines administered or declined on Medicine Administration Record (MAR) charts. The clinical governance lead for the company then completed regular audits to ensure no errors were made. This ensured that any mistakes could be addressed in a timely way, records reviewed were completed in full and clearly.

Preventing and controlling infection

- People were protected from the risk of the spread of the infection. One relative said, "I like how they are very hygiene conscious. They are always wearing gloves and when needed they wear aprons and shoe protectors as well."
- Staff showed good knowledge of best practise standards in relation to infection control. One staff member said, "I always wear gloves when delivering personal care or preparing food. For example, when I am supporting [person] with a shower I will wear two pairs of gloves. The first pair will get wet with the shower water, once the shower is finished I take the first pair of gloves off and then the second gloves will be for when I support [person] with cream."
- At the time of the inspection there were many unknown risks in relation to the spread of the virus COVID-19. The registered manager explained that all care staff were wearing two pairs of gloves at all calls for the duration of the call. The registered manager was actively seeking any updated guidance from the World Health Organisation and government guidance in response to Covid-19.

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents and these were all documented on a monthly report to record any trends or patterns. At the time of the inspection no notifiable accidents or incidents had occurred, therefore no trends or patterns had been identified.

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 is 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.

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

- Prior to the service taking on any new referrals, a thorough assessment was completed with the person and their relatives, where appropriate. This was to ensure the provider could meet the person's needs and provide effective care.
- This assessment was then used to create the care plans and offer guidance and advice to staff who were supporting people with their individual care needs.
- The assessment also confirmed whether the provider or staff needed to take any action in relation to legal requirements. For example, the use of equipment to move or lift people, or meeting the requirements of the Equalities Act.

Staff support: induction, training, skills and experience

- People told us staff were well trained and competent. One person said, "They are very good and know what they are doing. I understand that they get a lot of regular training."
- Staff told us they were supported by the provider to keep up to date with all training updates. One staff member said, "The training here is really good, it's very worthwhile and not just a tick box. It's all face to face training." Training included moving and handling, first aid, emergency procedures, medicines management, food safety in care and using thickening agents amongst others.
- New members of staff completed a thorough induction process which had been designed in line with the care certificate. One staff member said, "The induction was really good and I felt confident once I had completed it." The induction process also included a 'shadowing' element of training which gave the new member of staff an opportunity to attend support visits with an experienced member of staff to fully understand people's individual needs and preferred approach.
- Staff received training appropriate to the needs of the people using the service. For example, all staff members received catheter care training to ensure they would be able to meet this need.
- Staff completed regular refresher food and hygiene training. This ensured staff were trained to prepare and store food appropriately for people.

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

- People were supported by staff to maintain a balanced diet where appropriate. One person said, "I like to do as much as I can, but they are very helpful when I need any assistance with preparing my food."
- Care plans detailed people's needs, dietary preferences and their preferred ways of receiving support. For example, people's "daily routine" records detailed what food and drink they preferred at different times of the day. A further example was seen that detailed that a person enjoyed a member of staff to stay with them whilst they ate a meal, this advised staff on how to ensure the person was more likely to finish the meal.

- Staff supported people with their shopping and knew people's preferences. One relative said, "They are very helpful with the food shopping, and always make sure they get everything that [person] likes."

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

- People and relatives told us that staff supported them when required to access health professionals. One relative said, "They're very helpful when it comes to doctors appointments, if I'm not able to attend appointments I know they will help [person] to get there."
- Staff worked well with other health professionals to provide the most effective care for people. Examples of this were seen through regular contact with the local district nursing team. Their advice had been recorded and actions were followed by staff. The registered manager said, "It is important we all work together to provide the best support and get the best results."
- Care plans detailed communication between healthcare specialist and people's GPs. There was detailed correspondence to ensure each person was receiving joined-up care. For example, one person's care plan included their GP's advice on how staff should support them with a specific medical condition.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People told us that staff always asked them for consent. One person said, "They always tell me what they are about to do and ask me if that is ok."
- All people using the service had capacity at the time of the inspection. The registered manager understood their responsibilities if a person was assessed as not having capacity.
- Staff knew MCA principles and asked people for their consent. One staff member said, "It's very important to always ask people for their consent every day. Something they were happy with yesterday, they may not be happy with today. We are entering their home, we have to do everything we can to make them comfortable."

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 told us staff were kind and approached them with a caring attitude. One person said, "The staff are lovely, they always treat me with respect and make me comfortable in their presence."
- Staff were aware of the importance of respecting people's equality and diversity. One staff member said, "It's our job to understand people's different needs and different backgrounds. You can't treat any one person the same as the next person. They have had different histories and life experiences."
- Staff received regular training in equality and diversity. This ensured staff members were aware of how important this area of people's care was.

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

- People and relatives told us they were confident to express their views to staff and the registered manager. One relative said, "I'm always putting my ideas across, and all the decisions made are mine. I feel confident that they respect that."
- People and relatives, where appropriate, were involved in reviews of their care plans. One relative said, "I know [person] is more comfortable when I'm involved and I like to be involved. [Registered manager] is very good at making sure reviews are arranged for when I'm available so I can attend."
- All changes, decisions made by people and reviews were documented clearly in care plans. This enabled staff to be able to understand people's current wishes and preferences quickly to deliver good care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful in maintaining people's privacy and dignity. One person said, "They always knock, they never just let themselves in, they respect that this is my home and I like privacy."
- Staff told us how important it was to ensure people's dignity was always respected. One member of staff said, "Some of the people we care for need support with personal care. You have to ensure their dignity is always respected during these tasks. They need to maintain their dignity when we are helping them with routines they have always done on their own their whole lives. It's about putting yourself in their situation and thinking how you would feel."
- People were supported to remain as independent as possible. One person said, "I still do a lot for myself, when I need help I ask for it and the staff are very good at respecting my independence. I like to go out of my flat frequently and the staff always help me to achieve this." Care plans stated that it was important to people to remain as independent as possible and advised staff on how to encourage people with individual goals and preferences.

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.

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

- People and relatives told us how staff knew all of their preferences and always followed guidelines they had created. One relative said, "[person] completely designed his care plan and the staff know all of his preferences and always follow his lead."
- People's care plans were person-centred and staff followed guidelines to meet individual needs. One relative said, "All the staff really know [person], that means the world to her and means that she always has care that she prefers. It's always on her terms, which is so important to her."
- People felt in control of their care. One person said, "I tell the staff how I want things done and they are so good at making sure I'm happy with what they're doing in my home."

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 and relatives told us that all of their communication needs were met. One relative said, "They always make sure that [person] has understood what they have said, the communication is really good between the carers and [person] and between the office and [person]."
- Care plans detailed people's different communication needs. For example, one care plan detailed how a person required support to ensure they had access to their hearing aids and glasses.
- The registered manager was aware of their responsibility to ensure if people's communication needs changed they could meet these. She said, "Extra provisions can be bought in if required. Large font is available from a local printing provider and we have records of local translator services if this is ever required. Anything we can do we will do to make sure people have full access to required communication."

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 supported to access activities of interest in the local community. The office for the service is based in a residential village and this location offers a restaurant and communal area. One person said, "I wouldn't be able to get there on my own. The staff are very good at helping me to access the restaurant as I like to spend a lot of my day there."
- Staff encouraged relationships that were important to people. One relative said, "They always keep me in the loop, invite me in for reviews and include me, I know this is important to [person] and it makes me comfortable with the staff."

Improving care quality in response to complaints or concerns

- People and relatives were confident the service would deal with any complaints or concerns in a timely way. One relative said, "I would have no trouble raising it straight away with the manager, office staff or care staff. I know they would address it straight away." Another relative said, "I've had no reason to complain, but I have no doubt they would deal with any concerns immediately."
- The service had not received any official complaints since their registration. However, the registered manager knew how to deal with complaints in a professional, effective manner.
- The company's complaints policy detailed actions to take for staff and the registered manager to keep people updated throughout the process and to ensure a full investigative process was followed.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. However, people's wishes about what they would like to happen if they entered this chapter of their lives were clearly recorded in their care plans.
- Staff and the registered manager were aware of what steps to take and detailed how they would work alongside hospices and health care professionals if any of the people using the service required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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.

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

- People and relatives told us staff knew them well, were knowledgeable in their individual needs and care was person-centred. One relative said, "They know [person] very well. They know where [person] needs encouragement and what their preferences are. It's a very personal service, that do really seem to care about the end result for [person]."
- Staff and the registered manager worked well with people using the service to ensure that they had an open, inclusive, tailored approach to meet each person's individual needs and preferences. This was all detailed in care plans which were individualised.
- Staff encouraged and welcomed people to attend the office as much as possible to encourage trusting relationships between people and staff. One person frequently had trouble sleeping so often would visit the office throughout the night, have a hot drink and a chat with the night staff that were on duty.
- The registered manager created a culture of encouraging improvement to the quality of people's lives. Care plans detailed how staff could support people to have good outcomes. An example of this was detailed entries around people's health needs and how improvements could be made.

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

- Managers and staff were knowledgeable about their responsibilities in their day to day role. A staff member said, "It's important we know what our role is, if any changes are made to expectations these are fed through to us by the manager straight away."
- The provider had a compliance manager that completed regular quality audits and monthly returns. This ensured standards of care were maintained and any issues were identified quickly.
- Audits had not identified any issues within the service, however, the registered manager was aware of their responsibility to notify CQC and any other organisations where relevant. This ensured other professionals would be made aware of significant events that may occur at the service.
- Staff and the registered manager understood the need to be open and honest with people. The registered manager said, "If there's a problem we share it with our clients and the family, this is the only way problems will get resolved as quickly as possible."

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

- People told us staff made them feel involved. One person said, "The always include me and ask if I am happy with the service, I know if I made a suggestion for a change they would implement it."
- Staff and the registered manager followed the ethos of continuously asking for feedback. A new care co-ordinator role had been created, this was to ensure every person using the service would be visited once a week for a social visit. The intention of this role was to expand on relationships with the people using the service and continue to seek feedback on a regular basis. These visits would be led by the people using the service when it was convenient for them and the visit would be for as long as they wished.
- Staff told us they were regularly asked for their views and ideas for improvement. One staff member said, "I feel that they listen, and they trust our judgement as we see the people so regularly."

Continuous learning and improving care; Working in partnership with others

- The registered manager confirmed that improvements were always being made to make the service as efficient as possible, an example of this was the new care co-ordinator role. The registered manager said, "There's always improvements to be made, there are constant changes in guidance and it's about staying on top of that to ensure we are improving and changing as other advice changes."
- Staff were aware of how important working in partnership with others was. One staff member said, "We are very quick to make referrals and keep in touch with other professionals to ensure we are working together, that's the only way to get the best results." An example of this was seen through records of partnership with the district nursing team.
- Documents showed partnership working with other health and social care professionals to share information, where appropriate, to get the best results for people and provide a good level of care. Records included advice from people's GP and health specialists following communication with the service.