

Mary Rush Care Limited

# Mary Rush Care

## Inspection report

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10 January 2023  
11 January 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mary Rush Care provides personal care to people who live in supported living households. At the time of the inspection 7 people were supported with their personal care needs.

Not everyone who used the service received support with their 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe and well-led, this service was able to demonstrate how they were currently meeting the underpinning principles of 'Right support, right care, right culture'.

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

Staff understood how to protect people from poor care and abuse. People's relatives and representatives told us people felt safe being supported by Mary Rush Care.

Staff understood people's needs and how to assist them to protect them from avoidable harm. Care documentation and risk assessments were in place to provide staff with guidance on how to meet people's needs and manage identified risks.

The provider was reviewing their recruitment policy to ensure a consistent approach when staff had worked both abroad and in the UK. Staff received induction, training and supervision to support them in their roles.

There was a quality assurance system in place to ensure people received the best possible service.

People were supported to receive their medicines safely and as prescribed.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19. The homes we visited were clean and decorated in a homely style.

### Right Support: Model of Care and setting that maximises people's choice, control and independence

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.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The staff spoke positively about the leadership provided by the registered manager.

The provider and registered manager continued to improve the culture and quality of the service. The provider commissioned the support of an external consultant to support them and the registered manager to improve the service's operational and quality monitoring systems and processes.

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 (published 23 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns we had received about the service.

We received concerns in relations to people's support and the management of the service. 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.

The overall rating for the service has remained the same based on the findings of this inspection.

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 Rush 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 Rush 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and 1 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 provides care and support to people living in 3 '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.

#### 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 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.

Inspection activity started on 10 January 2023 and ended on 17 January 2023. We visited the location's office on 10 and 11 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since registering CQC. We sought feedback from the local authority. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service, 5 relatives and 2 representatives about their experience of the care provided. We spoke with 11 staff members including the provider, the registered manager, the deputy manager, 1 team leader, 6 support workers and the administrator.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed. We sought feedback from health care professionals working 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to respond and safeguard people from abuse.
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and were confident to do this.
- People and their representatives told us they feel safe being supported by Mary Rush Care. Comments included, "Love it here, amazing staff" and "I think [person] is happy and safe."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed. This included how to support people with risks associated with eating and drinking safely, managing their diabetes and epilepsy.
- The majority of risk assessments informed staff how to manage these risks to keep people safe. Staff we spoke with could describe how they would keep people safe. The service had commissioned the support of an external consultant and were in the process of appraising the service and implementing improvements such as ensuring all risk assessments were reviewed and up to date.
- The registered manager was very knowledgeable about people's care and support needs and we saw evidence that risk to people were discussed in team meetings and meetings held with the provider.
- People had positive behaviour support (PBS) plans in place which detailed what could trigger distress and how best to support them. Staff received training related to supporting people when they became distressed. The service sought support from professionals when changes in people's patterns of behaviour were identified.
- Staff were aware of people's risks and the support they needed to remain safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager and staff had received training in mental capacity and deprivation of liberty safeguards.
- Assessments had been made of people's ability to consent to the care and support provided to them and when people lacked mental capacity to make decisions about their care and treatment, best interests decisions were made on their behalf.

#### Staffing and recruitment

- We reviewed recruitment files and found that the provider was mainly operating safe recruitment practices. The provider took on the feedback from the inspection and made changes to their policy and processes.
- The provider and registered manager were working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies and in the interim agency staff were used to maintain the assessed staffing levels. The registered manager was open and honest about the staffing challenges they faced and the action they took to overcome these, such as gaining a sponsorship licence to recruit staff from abroad.
- Consistent agency staff were used, and they received the information they required to meet people's needs.
- People and their families were involved in interviewing and recruiting staff. We saw evidence of a family member and an externally appointed professional being involved in the recruitment of a team leader.
- People's relatives told us that their loved ones were receiving their local authority commissioned funded 1:1 support hours. One relative told us, "Yes I think [person] gets more than [person] is entitled to."

#### Using medicines safely

- There were systems in place for the storage, ordering, administering, and disposal of medicines.
- Staff responsible for administering medicines received medicines training and competency checks were completed.
- People's medicines were regularly reviewed. Where people were prescribed medicines on an 'as required' basis, individual protocols were in place to guide staff with appropriate administration which were agreed by the GP.
- There were systems in place to audit and check medicines stock to make sure medicines had been given correctly.

#### Preventing and controlling infection

- Staff supported people to maintain a clean and tidy home and to report any maintenance issues to their landlord. Relatives confirmed that cleanliness was maintained. One relative told us, "Yes very clean and tidy. It's very welcoming."
- Staff had received training in the control and prevention of infections and had access to supplies of personal protective equipment (PPE).

#### Learning lessons when things go wrong

- The service had systems in place for staff to report and record any accidents and/or incidents. These were reviewed by the registered manager to ensure the provider's policy was followed.
- Accidents and incidents such as falls, behaviours of distress and seizures were analysed so any trends or patterns could be highlighted and appropriate action taken.
- The registered manager showed us evidence of how systems and processes were developed and implemented across the services following quality work carried out with the local authority. We also saw



examples of lessons learnt shared with the staffing team such as improvements identified in the recording of behaviour of distress related incidents.

# 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 for this key question 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.

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

- The management and provider representatives carried out audits to monitor performance and support the service to meet the regulations. These included audits in relation to people's care documentation, medicines, the environment, infection prevention control and recruitment. Improvements were being made in response to these audits such as reviewing all risk assessments and ensuring incident analyses were always recorded so that lessons learned were clear.
- As part of the appraisal of the service, the registered manager had introduced a new medicines audit which was more comprehensive and tailored to the needs to the service.
- The registered manager, with the support of the management team, had oversight of people's daily recordings of care and support and to ensure that local authority commissioned funded 1:1 support hours were delivered. They were working at clearly documenting that they have ensured these were being delivered as planned.
- The provider has recognised that there were areas of the governance of the service which needed further development and commissioned an external independent consultant to support the service and implement the identified necessary changes. At the time of the inspection, the provider was working with the consultant and reviewing job description for staff with a view to further develop the management team.
- The registered manager had appointed key staff in each service to oversee areas of quality assurance such as infection prevention control and fire safety.
- Staff felt supported and had regular supervision with their manager.
- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

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

- People's relatives we spoke with shared feedback in relation to the care and support their loved ones receive from Mary Rush Care. Comments included, "They're very good with [person], they help [person] in a way that's right for [person]." and "They are lovely. I've never had any reasons to doubt their response to [person]."
- The registered manager and provider representatives regularly visited the service and provided people,

their relatives and staff with support.

- People were supported to maintain their tenancy and live in shared accommodation which was safe and suited their needs.
- Staff spoke positively about the support they received from the registered manager and from the provider. Staff told us they felt confident to raise any concerns and felt listened to.
- The provider and registered manager offered staff support through some initiatives such as coffee and cake sessions and wellbeing action plans.
- People's relatives told us the service was well managed. One relative told us, "[Registered manager] is fantastic, excellent really. We have good communication and [registered manager] is always phoning me and organising things for the guys. {Registered manager] caters to their needs very well."

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

- The service held regular meetings to gather feedback from people and staff.
- Feedback from staff, people and relatives was gathered through feedback forms. The feedback was quantified, and actions were identified as needed in order to improve the service.
- Staff told us meetings were held regularly. Staff told us that the registered manager asks the staff for agenda items prior to the meeting and shares learning and observations in the meetings.
- The provider also held periodical meetings with team leaders and support workers as well as a monthly meeting with the management team.
- The 'tenants' meetings offered people an opportunity to express views and wishes related to the service. We saw examples of meeting minutes where people were able to share ideas about future activities and outings and report any maintenance issues. Where required, meeting minutes were available in an easy read format.

Continuous learning and improving care; Working in partnership with others

- The management team worked closely with relevant health care professionals to ensure people receive good care and treatment.
- We received positive feedback from healthcare professionals working with the service.
- The registered manager was passionate about wanting to talk about the support they offer to people and had plans in place to continue to improve the service. This included strengthening recruitment quality monitoring.
- The service's records showed there was a multi-disciplinary approach when incidents had occurred or changes in people's needs. We have seen examples of how the service worked alongside health care professionals and commissioners to deliver good outcomes for people and drive improvement.