

Myrtle Care Providers Limited

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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

Myrtle Care Providers Limited is a domiciliary care agency providing personal care in Hertfordshire. At the time of our inspection seven adults received the service.

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

The provider had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe, these were not always effective. During this inspection we identified shortfalls in medicines management and risk assessment. The registered manager took immediate action and confirmed all the actions were completed and suitable arrangements were in place to reduce the risk of harm occurring.

Where the provider had identified shortfalls in the service, they took action to bring about improvement. For example, they had identified people's care plans could be improved to provide increased guidance for staff on how to consistently provide people's care. The registered manager was part-way through these reviews when we inspected.

We received positive feedback about the service people received and the way it was managed. People and relatives used words such as, "Very good," "Fabulous," and "Amazing" to describe the service provided. The registered manager and staff were approachable, accessible, and sought people's views about the service.

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns.

People were treated with respect and their independence was promoted. They were supported to have enough to eat and drink and to manage and maintain their healthcare needs. Staff liaised with external care professionals to ensure people received the care and support they needed.

Staff had the time to ensure they met people's needs safely, and in a way that suited them. Staff told people if they were going to be late. People received care from a small team of staff who were well trained and felt very well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Staff supported people to express their views and consulted them about their care.

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

Rating at last inspection

This service was registered with us on 4 May 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

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 not always well-led.

Details are in our well-led findings below.

Good ●

Myrtle Care Providers Limited

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 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 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.

Inspection activity started on 10 November 2021 and ended on 17 November 2021. We visited the office location on 15 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and one other person's relative about their experience of the care provided. We also spoke with two care workers and the registered manager. We received feedback from three external care professional who had contact with the staff.

We reviewed a range of records. These included sampling three people's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service. These included policies and procedures, audits, records relating to staff training, compliments, and complaints.

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 told us they felt safe with staff and knew how to escalate concerns if the need arose. One person said, "I feel very safe when the carers are here." A relative told us, "I feel [my family member] is in good, safe hands."
- Staff had received safeguarding training. They were confident about how they would report any concerns both internally, to the registered manager, and externally to other organisations. External organisations included the local safeguarding team and CQC. Staff were confident the management team would take any concerns seriously.

Assessing risk, safety monitoring and management

- Risks to people's health, safety, and welfare were identified, assessed and action taken to reduce the risk. For example, one person was at high risk of developing pressure wounds. The registered manager had taken appropriate action to reduce the risk, including contacting an external healthcare professional. However, actions taken, and risk assessments done were not always documented. Following our inspection site visit the registered manager showed us this had been completed.
- People and relatives told us that staff were confident when providing care and using equipment to support people. One relative told us staff were, "Very cautious" and checked and moisturised their family member's skin to keep it in good condition.
- Staff told us that when people's needs changed, the management team quickly updated people's risk assessments and care plans and communicated this to them. This meant staff always had guidance on how to meet people's current needs.

Staffing and recruitment

- All required recruitment checks had been completed prior to care workers working at the service. Information obtained included references and criminal record check.
- People told us that staff arrived on time and stayed for the agreed time. One person told us, "They usually arrive on time. Occasionally they have a problem, say if someone has a fall. They have to stay with them until paramedics arrived. There is nothing they can do about it. [The registered manager] is very good and they let me know. I've nothing but the highest regard for [the service]."
- There were enough staff to cover the agreed care call visits. Staff, including the registered manager, were flexible in their working arrangements and covered care call visits when staff were on leave.

Using medicines safely

- The registered manager told us that staff did not administer anyone's medicines. During the inspection we found staff applied prescribed cream to one person's skin. However, there was a lack of guidance for staff for

how to effectively do this .

- Following our inspection site visit, the registered manager showed us these had been put in place. They also assured us that all staff would be trained and their competency checked before they were allowed to apply the medicine unsupervised.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control.
- Staff completed infection control training and received support from the registered manger during the COVID-19 pandemic.
- All staff took part in the national COVID-19 testing programme.
- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, facemasks, and aprons. People confirmed staff wore these in line with current guidance and washed their hands frequently.

Learning lessons when things go wrong

- The registered manager acknowledged and responded appropriately when things went wrong. They put action plans in place to bring about improvement and discussed any lessons learnt with staff. For example, the registered manager reviewed all accident and incident forms and recorded whether any additional actions were required and shared any learning at staff meetings.

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

- The registered manager assessed each person before providing care to ensure they could meet their needs. One relative told us there was a, "Thorough assessment of [family member]. They went through paperwork and explained everything." The registered manager used this information to develop each person's care plan. Where a person was in hospital, the registered manager also requested information from hospital staff about the person's care needs.
- Care plans contained information about people's diverse needs and included any preferences in relation to, for example, culture, religion and diet.
- The care provided met people's individual needs and wishes. A relative described how, prior to receiving the service, their family member was "quite unkempt" due to failing health. They said their family member's personal hygiene had "improved beyond recognition, thanks to [the registered manager] and [staff]."

Staff support: induction, training, skills and experience

- People and their relatives made positive comments about staff. One person told us, "They work hard, they're very good, very careful. They look after me extremely well. I've nothing but praise for them."
- Staff were competent, knowledgeable and enthusiastic about working at the service. New staff received training and induction into their roles. Where staff hadn't worked in care before, their training included the Care Certificate. This is a nationally recognised care qualification. New staff shadowed more experienced staff members until they felt confident delivering care alone.
- Staff were supported both formally through regular supervision sessions and staff meetings, and more informally, over the telephone and in person. Staff felt very well supported by the registered manager. A staff member told us, "Anytime we can have a discussion with the [registered] manager. She's very accessible."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have enough to eat and drink, and to eat healthily. One person said, "The staff make sure I have enough food and don't run out, which is excellent." Staff were aware of, and respected, people's dietary needs and preferences.
- Staff monitored people's health and supported them to access healthcare when they needed it. A relative told us how supportive the registered manager had been in liaising with occupational therapists and suggesting equipment that may help their family member.
- Staff developed good working relationships with healthcare professionals, such as GPs and occupational therapists, and followed their directions and advice. This helped to ensure that people received effective

care that maintained their health and wellbeing. One external healthcare professional told us staff had been cooperative and willing to participate in the assessments. They felt the staff involvement had a positive impact on the people they worked with.

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.

- People told us that staff involved them in decisions about their day to day lives.
- Staff knew how the MCA applied to their work.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. This included varying their approach to help people understand choices.

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; Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them well and with respect. One relative said, "The whole team are very caring. They are very kind and treat [my family member] like a person. They are respectful of her and very careful with her."
- One person told us, "The level of service they provide all the time is over and above what I'm paying for." They gave an example of staff popping in when they were passing and offering to make them a hot drink.
- External care professionals also praised the service. One care professional told us they felt the service "goes the extra mile" and was very caring, compassionate and professional.
- Staff promoted people's independence by encouraging them do as much as they could for themselves. One person told us, "They help me if I can't do it. For example, I always undo the buttons on my shirt, but I can't do them up. But they don't discourage me from having a go."
- People and relatives said how sensitive the registered manager and staff were of both their and their family member's needs. One relative said of the service, "You are very sensitive to our needs... You go beyond the call of duty to support us."
- Staff told us they would be happy with a family member receiving care at this service. One staff member said this was because, "I know they would really be taken care of. Their individual needs would be really looked at and considered."

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

- Staff supported people to make decisions and involved them in their care and daily lives.
- Staff told us that some people needed extra support to help them make some decisions. They described different strategies to help the person understand the choices offered, such as using short sentences.

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 made positive comments about the way staff treated them. One person said, "I get the best care." A relative told us that the service had been provided to their family member at, "Incredibly short notice" and enabled their family member to return home from hospital. They said this had been a very stressful situation and that the registered manager and staff, "Were amazing. They are fabulous."
- People and their relatives were involved in writing their care plans.
- The registered manager had identified people's care plans had been brief and task orientated and was in the process of reviewing these. The care plans that had been reviewed were personalised and provided sufficient guidance for staff on how each person preferred their needs to be met.
- Staff told us care plans were up to date and accurate. One staff member said, "Care plan are very straight forward. We know exactly what we are doing when we go in. [The registered manager] sits you down and goes through it." The registered manager responded very quickly if people's needs changed, ensuring the care plan and associated risk assessments were reassessed and updated.

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.

- Staff took the time to communicate with people in a way they understood.
- Key documents, such as the service user guide, were available in various formats on request.

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

- The registered manager and staff supported people to develop new and maintain existing relationships. For example, it was important to one person to have their hair done regularly. The registered manager supported the person to have a hairdresser visit them at home and then share photographs of themselves with their new hairdo with their relatives.
- Staff took time to chat with people. A staff member told us the registered manager encouraged them to sit and talk with people. They said, "We don't just rush and go home, because they haven't got anyone else to talk to."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise their concerns and were confident any concerns

or complaints would be dealt with.

- The service had received one complaint since registration. The registered manager had investigated and communicated the outcome to the complainant.

End of life care and support

- The service did not provide specialist end of life care but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as district nurses, following any guidance they put in place. This ensured staff understood people's wishes, the care they needed, and how to provide this.
- Staff received basic training in end of life care.
- No-one was receiving end of life care at the time of our inspection. The registered manager showed us an order of service for the funeral of a person they had cared for. This stated the person's relatives, "wish to express their sincere gratitude to all those that have supported them during this time of loss and to the wonderful care [their family member] received at home from [the registered manager] and her team at Myrtle 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; 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the provider had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe, these were not always effective. During this inspection we identified shortfalls in the records relating to medicines management and risk assessment.
- The registered manager responded immediately during and after the inspection visit and told us she had taken action to address these issues. They confirmed all the actions were now completed and suitable arrangements were in place to reduce the risk of harm occurring.

We recommend that the provider ensures their governance systems are further developed more to identify the lack of recording when it occurs.

- We received very positive comments about the registered manager and service. One relative told us, "They are amazing, and I would highly recommend them to anyone. My family member was horribly resistant because he thought he could cope. Now he says he couldn't do without them. They should get full marks."
- Staff also made positive comments about the registered manager. One staff member told us, "It's a very small company that is fairly new and extremely caring. The [registered] manager, is very person centred and she likes her clients. She is very conscientious. She is always checking they are OK; staff pick up on it and get on to her wavelength. She expects a lot from us." Another staff member said, "[The registered manager] doesn't just care about the clients, she cares about how the staff are doing. If we are not great, we won't treat the clients great and she doesn't want that."
- Staff were clear about their roles and knew when and how to raise any concerns. The registered managers provided good leadership to the team. Staff were well supported and held to account for their performance when required. There was effective communication in place to ensure staff were kept up to date with any changes in the service provided.
- The registered manager had notified us of all relevant events in an appropriate timeframe.

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

- The registered manager and staff were committed to providing person-centred service. This was reflected in the positive comments we received about the service.
- Staff were proud to work for the service and couldn't think of anything that could be improved. One staff member said, "If it was me in the client's position, I would like someone to look after me the way this agency does."
- The registered manager led by example to create a positive and caring culture. Staff felt very well supported and made positive comments about them. Staff told us they could always contact the registered manager, or other nominated person, for advice and support.
- People's records were well organised and stored securely.

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

- People and their relatives views on the service were sought formally, through postal and telephone surveys, as well as more informally during day to day contact. All responses to surveys were positive with no suggested improvements. One response stated, "I feel very lucky to have the ladies caring care me. Everything is good and I don't want to change anything. I get what I ask for and the ladies are very caring."
- Staff had opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis. Staff felt valued, very well supported and able to voice their opinions. One staff member who had worked in care for many years told us the service was, "Caring, accessible and they treat people like individuals. They take care of each and every one as individuals. I'm happy working for them. I've no complaints."

Working in partnership with others

- Staff worked in partnership with external care professionals to ensure that people received joined up care. The three external professionals all made positive comments about the registered manager and staff. They said staff were cooperative and had a positive impact on the people they provided care to.