

Mae Care Ltd

The Hub

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

The Hub is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older adults living with dementia. At the time of our inspection there were 13 people using the service for support with personal care, which is the regulated activity that CQC monitors.

The provider, Mae Care Ltd, and their related support organisations Mae Interventions and charity "Bloomin Dementia" also provides social support to people living with dementia and their relatives. 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. Some people receive personal care as well as social support to enable them to remain in their own homes.

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

People were protected from the risk of abuse. People and their relatives said they felt the service helped to keep people safe living at home. Staff understood how to recognise and report concerns or abuse. Risks associated with people's personal care had been assessed, and care plans developed with them to keep them safe at home. People were supported by a consistent staff team who had the skills and training needed to provide personal care. Medicines were managed safely for people who required support with this.

People and their relatives were involved in assessing, planning and reviewing personal care. People's support plans set out current needs and consideration of the longer-term aspirations of each person for living well with dementia. People and relatives told us staff had the training and experience needed to provide good quality personal care that was tailored to each person. Staff supported them to prepare meals and drinks if they needed support with this. Staff knew about people's health needs and when to contact health or social care professionals for support.

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.

People and relatives spoke very positively about the way staff provided personal care that was kind, caring and focused on their individual needs and preferences. Relatives felt staff supported their family members to make choices, listened to them, and respected their choices. Staff understood people well, using their preferred communication styles and making use of each person's likes, dislikes and needs to provide care to each person. Staff supported people in ways that both upheld their dignity and encouraged them to continue to do things for themselves to remain as independent as possible.

People's personal care was designed with them and where appropriate, with their relatives. People were

supported to maintain contact with family and friends, and to be part of their local communities. People were supported to access advocacy services if needed. People and relatives were comfortable to raise any concerns easily and felt confident staff would support them to do so. People and relatives were supported to discuss and plan for their end of life care as and when they felt it was appropriate to do this, and staff knew how to support people and their relatives in the way they wanted.

The service was well-led. Relatives were consistently positive about the quality of care and felt the management of the service was good. People's needs and wishes came first, and both people and relatives told us staff worked hard to achieve this. Staff felt respected and supported by the registered manager and management team who promoted a positive and improvement-driven culture of care. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. The provider and whole staff team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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 12 February 2021 and this is the first inspection.

Why we inspected

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

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 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.

The Hub

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.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 31 January 2023 and ended on 10 February 2023. We visited the location's office on 31 January 2023 and 7 February 2023.

What we did before the inspection

We reviewed information we had received about the service since registration in February 2021. We sought feedback from the local authority, the local clinical commissioning group, and from Healthwatch about the

service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 1 person who used the service and 8 relatives. We spoke with 6 staff involved in providing personal care or organising how people's personal care is managed. We spoke with the registered manager (who is also the nominated individual) and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including 3 people's care records, medicines records and staff records. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, including records relating to governance and staff training. We reviewed these following the inspection visit.

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 of 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 were protected from the risk of abuse.
- People and their relatives said the service helped to keep people safe living at home. One relative said, "I feel confident that the care team know how to provide consistent, safe, good-quality care to [my family member]. Staff are trained to spot anything wrong - they're very observant." The relative described a situation where staff had responded quickly to the person feeling unsafe and anxious, and said this had been very effective.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The registered manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- Risks associated with people's personal care had been assessed, and care plans developed with them to keep them safe at home. Where appropriate, relatives were also involved in assessing risks so they knew how people were being supported.
- Environmental risk assessments were completed when people started using the service. This meant staff safety and well-being was considered when providing personal care to people in their own homes.
- Staff said it was important to support people to still do what they could themselves, and to understand how dementia affected each person. This meant staff could help people reduce unnecessary risks, whilst still having choice and control over their care.
- Information about how staff should support people safely was clear and accessible. The provider used a secure electronic application for this. Staff described it as easy to access, with all the information they needed to provide personal care.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were enough staff available to meet people's needs.
- People and relatives described how the registered manager tried to ensure a consistent staff team for each person. One relative said, "This consistency is very beneficial for [family member]. It helps them feel safe and secure and well-looked after."
- The provider ensured that people were supported by a consistent staff team who had the skills and

training needed to provide personal care. People and relatives were told if any changes needed to be made to people's staff team, for example, if staff were on leave from work.

- The electronic application staff used to record personal care also allowed the management team to monitor call times, and whether staff were running late. The management team contacted people and relatives where staff were going to be late to let them know what arrangements were in place to ensure they received personal care at their agreed times.
- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- Medicines were managed safely for people who required support with this. Relatives described how people's medicine support needs were assessed and managed. This included safe storage for medicines at home.
- Staff received training in giving medicines and had checks to ensure they were competent to do this on a regular basis.
- The provider had processes in place to support people with medicines safely. Where people had assistance or prompting with their medicines, records were kept and audited regularly to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

- People and their relatives had no concerns with staff using personal protective equipment (PPE) while providing care. Where people and relatives wished staff to wear additional PPE, this was done in accordance with the provider's policy and risk assessments on infection prevention and control, and in line with national guidance.
- Staff received training in how to use PPE correctly and dispose of it safely. The provider carried out checks to ensure staff were using PPE safely.
- Where people received support with preparing meals and snacks, the provider had ensured staff had training in food hygiene.

Learning lessons when things go wrong

- The provider had good communication systems in place to share information with staff. We saw from minutes of meetings any issues or lessons learned were discussed. Staff told us there was good communication and they were kept up to date with any changes to people's personal care needs, or any lessons learnt if personal care did not meet the standards the provider set themselves.

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

- People and their relatives were involved in assessing, planning and reviewing personal care. Each person had an assessment of their needs before starting to receive personal care. This assessment included looking at compatibility to ensure people were supported by staff who had the skills and approach that worked well for each person.
- One relative said, "The initial assessment was very thorough. We had two meetings with me and [family member] to talk about their care plan. [Family member] knows what's on their care plan and was very much involved in writing this. [The registered manager] came and really wanted to hear from [family member] as well as me."
- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- People's support plans set out current needs and promoted strategies to enhance independence. Support plans also demonstrated evidence of planning and consideration of the longer-term aspirations of each person for living well with dementia.

Staff support: induction, training, skills and experience

- People and relatives said staff had the training and experience needed to provide good quality personal care that was tailored to each person. One relative described how staff had supported their family member to regain skills and confidence after a period of illness. They said, "The level of care is great and [my family member] is really happy."
- Staff said they felt well supported by the registered manager and management team at The Hub. One staff member said, "I love my job; I'm extremely satisfied with how I'm treated as a staff member. I feel like I'm learning from the best and I know we do good work as a team. I have full support and anytime I need to talk they're [management team] always on hand to talk to me. The more time has gone on, the more training and experience I've received, and this has improved my confidence in my role."
- The provider ensured all staff undertook training related to supporting people with personal care. All staff did the Care Certificate and shadowing experienced colleagues as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also described the training they did in understanding people's experience of dementia, and confirmed they had regular checks on their skills and competence. Records of staff training supported this. This meant people and relatives could be assured staff were trained to meet people's personal care needs.

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

- People and relatives said staff supported them to prepare meals and heat up food if they needed it. Relatives also described how staff would ensure people had access to food and drinks between care visits. This ensured people had enough to eat so they would remain well.
- Staff described how people's food and drink needs and preferences were assessed and documented in care plans. We saw from a sample of daily care records how staff encouraged people to have a balanced diet. If staff or relatives had any concerns about people's diet, they discussed with the person how to get appropriate help. For example, if people needed support to get advice from an appropriate health professional.

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

- Staff knew about people's health needs and knew when to contact health or social care professionals for support.
- One relative, who described a person's recent medical concern, said, "Staff are very observant of how [family member] is, and if they are not their usual self, staff will tell me and we can then discuss how to deal with this." Another relative said, "Staff are very open about [family member's] dementia journey." They described how this reassured them and provided them with information they needed to support the person as their dementia progressed.
- Where health or social care professionals gave staff guidance on how people needed to be supported, the registered manager ensured care plans were updated, and staff were told about any changes to people's personal care.

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 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 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 and relatives told us staff always sought consent and permission when offering personal care. Where people could not consent to aspects of their personal care, the provider had ensured the MCA was followed.
- The registered manager and staff understood the principles of the MCA and promoted the rights of people to make their own decisions as far as possible.

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 and relatives spoke very positively about the way staff provided personal care that was kind, caring and focussed on their individual needs and preferences. This included respect for people's faith and lifestyle choices.
- One relative described the respect and good humour they felt was always present in conversations with staff, and said, "They feel like family to us. All conversations are had in a way that's warm, kind and shows they really care."
- Staff supported people to make choices, listened to them, and respected their choices.
- The provider had a range of policies and training in place, which staff were required to understand and demonstrate when providing personal care and support to people. By setting out the standards expected of staff, the provider could then check whether staff were supporting people well, respecting their rights and helping them to live well with dementia.

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

- People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that reflected people's needs and preferences.
- People were given time to listen, process information and respond to staff. One relative said, "How staff communicate clearly with [my family member] is really important – telling them doesn't work, suggesting works much better and it's more collaborative."
- Staff understood people well, using their preferred communication styles and making use of each person's likes, dislikes and needs to provide care to each person. One staff member described how important it was to ensure people had time to understand why staff were there, saying, "You need to be giving off verbal and non-verbal communication that you have a lot of time for each person – they need to feel comfortable to process what you're there to do, and you need to make sure the person is calm and ready to have support offered."

Respecting and promoting people's privacy, dignity and independence

- One person spoke with us about how staff supported them in ways that both upheld their dignity and encouraged them to continue to do things for themselves to remain as independent as possible.
- People's confidential personal information was stored securely, and the staff team were clear about who should have access to this.
- Staff told us they ensured any conversations about people's care were discreet, and staff were mindful of people's right to privacy. Staff also understood when it was appropriate to share information about people's

care, for example, with health and social care professionals.

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; 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's personal care was designed with them and where appropriate, with their relatives. Care plans were personalised and contained information about people's likes and dislikes, and how to support them socially as well as with personal care.
- Relatives spoke positively about people's support being tailored to their needs and wishes. Relatives also said staff encouraged people to do as much as they could themselves. One relative said, "It's professional and also personable. The staff have a good balance of this." Another relative said, "Staff been very good to understand and develop a person-centred approach. The staff training is very good – they understand that each person is different. Staff do genuinely care. For example, if staff need to stay on a bit longer to support [my family member] if she needs this, and they're very patient."
- People were supported to maintain contact with family and friends, and to get out in their local communities. Although this is not part of the regulated activity of personal care, the provider also ensured people were given this support if they needed it.
- The provider supported people to access advocacy services if needed, and helped people and relatives get advice on other local health and social care services, including access to benefits they were entitled to. Advocacy is independent support for people to express views or concerns, to explore choices, to access information and services, and to protect and promote people's rights.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which staff looked at how to support people and relatives to have access to information in formats they could understand. For example, using large print, or the use of clear verbal information.
- People's communication needs were identified in their care plans; this helped staff understand how best to communicate with each person.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns easily and felt confident staff would support

them to do so. No-one we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.

- The registered manager treated any issues raised seriously, investigated them and learned lessons from the results, sharing the learning with the staff team. The registered manager and staff team took the approach that if they addressed small issues quickly with people and relatives, this would lead to better quality of care.
- The provider had a policy and process for managing complaints, which was displayed clearly in the office and given to people and relatives when they started to receive personal care.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People and relatives were supported to discuss and plan for their end of life care as and when they felt it was appropriate to do this, and staff knew how to support people and their relatives in the way they wanted. One relative said, "They [staff] were all marvellous – so gentle with [my family member]. I can't thank them enough."
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life. Staff also worked with external health and social care professionals to ensure that, where someone was receiving end of life care, this was done in a holistic and compassionate way.

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

- People's needs and wishes came first, and both people and relatives told us staff worked hard to achieve this. One relative said the support their family member had was, "Quite life changing for us. The care package has changed as their needs have changed. It means we can spend quality time with [my family member]."
- People and relatives were regularly asked for their opinions about how the care and support was going and felt able to give honest feedback. They were confident that any suggestions for improvement would be acted on. One relative spoke about feeling empowered to make suggestions on how best to support their family member, and said staff always responded positively to this.
- The provider, registered manager and the staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to live well with dementia.
- Staff felt respected and supported by the registered manager and management team who promoted a positive and improvement-driven culture of care. One staff member said, "We're always encouraged to do our best, always encouraged to share any concerns or ideas and I truly hope I work with them for the rest of my working life. I know with my management team behind me I'll continue to grow and one day become an amazing carer and have an amazing knowledge that they have."
- The management team promoted equality and diversity in all aspects of the running of the service. Staff who needed additional support to help them provide high quality care got this, particularly respecting their diverse learning needs. Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. Staff also spoke about the opportunities they had to develop their skills through training and development.

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

- The service was well-led. Relatives were very positive about the quality of care and felt the management of the service was consistently good. One relative said, "I feel confident that the care team know how to provide consistent good-quality care to [my family member]." Another relative said, "A fantastic collection of people! Can't fault them at all."
- The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included

checking that people's health was maintained, as well as ensuring people's well-being and social needs were met. This meant staff delivered good quality support consistently.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed, they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.

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

- Relatives spoke positively about how approachable and honest the service was. One relative said, "It's been wonderful to have the company who are so caring and open."
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.
- The provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy and best practice to inform improvements to the service. This enabled people living with dementia to remain in their own homes, with support and personal care that met their needs.
- The provider and whole staff team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager was open with the inspection team about where improvements had been made, and where there was still further work to do. This was particularly important for the growth of the service, as the registered manager was keen to ensure people's experience of care remained person-centred.
- Staff and the registered manager were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.