

Keymen Associates Limited

Mayday Homecare Bureau

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on 31 October 2016.

Mayday provides domiciliary care services to people living in their own home. The service is registered to provide personal care for adults. The office is situated in Bolton, close to the town centre, parking is limited. The service provides care to people in Bolton and Bury.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager is supported by a team of divisional managers, senior staff and administration staff. The registered manager was present throughout the inspection.

At the last inspection carried out in May 2013, we did not identify concerns with the quality of care provided by the service. This is the first rated inspection of this service under the Care Quality Commission (CQC) new way of inspecting. .

The majority of people we spoke with told us they felt safe with their regular carers. However some people were unhappy with the weekend carers who they did not know coming in to their home.

Satisfactory recruitment procedures were in place. This helped to ensure that people who used the service were cared for by people who were suitable to work with vulnerable adults.

We found the service had suitable safeguarding procedures in place to help protect people from the risk of abuse. Staff spoken with demonstrated an understanding of safeguarding and were aware of the whistleblowing procedures.

The care files we looked at had sufficient information to guide staff on the care and daily living tasks to be provided by staff. We saw risk assessments were in place and were reviewed as required.

Accidents and incidents were recorded and any actions required were documented.

New staff undertook an induction programme which included a period of both classroom based and practical training as shadowing experienced staff.

Staff training was on-going. We found that a small number of staff who had recently transferred (TUPE) from one business to Mayday had gaps in their training. This was being addressed by the registered manager.

We looked at staff supervision and annual appraisal records and spoke with staff about the supervision they received.

People who used the service told us the staff were kind and caring and respected their dignity and privacy.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative.

There was a complaints procedure in place. We found that complaints had been dealt with appropriately and responses and action were recorded.

The service undertook a comprehensive range of checks to monitor the quality of the service delivery. Satisfaction questionnaires were sent out at regular intervals to gain people's view and opinions about the service they received.

Staff spoken with told us they felt support by their divisional managers and by the registered manager.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked confirmed the CQC had received the required notifications in a timely manner.

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.

We found the service had suitable safeguarding procedures in place, to help protect people from the risk of abuse.

Systems were in place to help ensure that people received their medicines in a safe and timely manner.

Suitable recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

New staff undertook an induction programme and staff training was on-going.

Staff received regular supervisions and appraisals.

We found that before any care was provided, the service had obtained written consent from the person using the service or their representative.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and respectful.

People were involved in making decisions about their care and staff took account of individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

The service had systems in place to listen to people's experiences, concerns and complaints.

People's care records had been reviewed and updated as required.

People's care and support needs were assessed, individual choices and preferences were discussed with people who used the service or their representatives.

Is the service well-led?

Good ●

The service was well-led.

The service undertook a comprehensive range of checks to monitor the quality of the service.

Staff told us they were supported by the management.

Records showed that the provider had informed the CQC of any incidents or concerns as required.

Mayday Homecare Bureau

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available to assist with the inspection. This inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information about the service. We received a provider information record (PIR) which is a form completed by the provider to give us key information about the service and what improvements they plan to make over the next 12 months. We also looked at the notifications sent by the provider to the Care Quality Commission (CQC).

On the 31 October 2016 we spent time at the office we looked at 10 staff files, 10 care records, policies and procedures, team meeting minutes, training records, staff supervisions, staff training and other quality assurance records.

We spoke with 10 members of staff, the registered manager and the company director and the quality manager. Following our inspection we contacted 15 people to gain their views and opinions on the service provided.

Is the service safe?

Our findings

Some people spoken with who used the service told us they felt safe with their regular carers. However they felt less safe with different carers who were covering for sick or annual leave but understood the change of carer was sometimes unavoidable. Comments included, "Present girls are OK and do a good job. They are polite and treat [relative] nicely. Never had any problems or reason to complain". "OK during the week, the girls are fine, gorgeous girls; very polite and kind they are part of the family. At weekends they send strangers who don't know what to do". "Very satisfied. A good service. The girls are polite and always turn up". A relative told us, "We did have some issues in the past. We had a meeting with the provider and the issues were resolved".

We looked at 10 staff files and saw satisfactory recruitment procedures were in place. Files contained a written application form, references, proof of identification and a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check. A DBS or CRB check helps to ensure that people are suitable to work with vulnerable people and informs the employer of any convictions against the applicant.

Appropriate policies and procedures were in place relating to safeguarding and whistle blowing. We saw staff had completed safeguarding training as part of the induction programme. The training matrix provided identified when refresher training was due. Staff spoken with demonstrated their understanding of safeguarding and whistleblowing procedures and were confident to report any concerns or poor practice they may witness.

Records of any concerns received by the service and these had been dealt with appropriately by the registered manager through the service's policy and procedures, which included referring to the local authority safeguarding team to investigate.

We found that a small number of staff who had recently transferred (TUPE) from one business to Mayday had gaps in their training. This was being addressed by the registered manager. New staff spoken with confirmed that they were in the process of updating their training in line with Maydays training programme.

We found there was enough skilled and competent staff to ensure they could safely support people safely. Teams were divided into geographical areas, each area had a divisional manager. These had the responsibility to ensure that staff were deployed to meet the needs the people who used the service.

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. People's care plans contained risk assessments which considered a range of assessments including environmental risks, nutrition and hydration, moving and handling and medication. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed the assessments and made the necessary adjustments where required.

There was an out of hour's response team who covered telephone calls outside office hours. People who used the service and staff were able to contact the on call team, if they any concerns for example if a carer

was running late.

All staff were supplied with personal protective equipment (PPE) such as disposable gloves and aprons. This helped to prevent cross infections when delivering personal care. On the day of our inspection we saw staff coming into the office to pick up PPE supplies. Staff spoken confirmed that they had access to enough equipment at all times.

The service had a comprehensive medicines management policy which enable staff to be aware of their responsibilities in relation to supporting people with their medicines. All staff received medicines management training and refresher training was on-going.

Where staff were supporting people with medicines this was reflected in the care records with the degree of support each person required.

We saw that accidents and incidents were recorded appropriately. These were tracked through regular audits and any trends or patterns identified were followed up and with the actions recorded.

Is the service effective?

Our findings

Comments from people who used the service told us they thought their regular carers were well trained and knew how to deliver their care effectively. One person told us, "I'm happy with the service, the girls do a good job. I have no concerns". Another said, "Very satisfied". However a relative told us, "At weekends they send strangers who don't know what to do".

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.

We checked whether the service was working within the principles of the MCA. There was an appropriate policy with regard to MCA. Staff had undertaken MCA training within their induction. Staff we spoke with demonstrated an understanding of decision making and how to assist people to make decisions where required. Staff spoken with had an understanding of the principles of MCA and the importance of involving people in making decisions.

We saw that consent forms were in place. These were signed by people who used the service, where possible. We asked staff how they obtained consent to deliver personal care. One staff member said, "I ask people what they would like me to do for them at each visit".

We saw the supervision matrix which confirmed regular supervisions and appraisals with staff. Staff spoken with confirmed they received regular supervision meetings and copies of these records were kept in staff files. Supervision meetings provided staff with the opportunity to discuss with management about any worries or concerns they may have and to discuss any further training and development they wish to undertake.

We looked at the training matrix and staff training certificates. Records confirmed staff completed an induction programme on commencing work at the service; this included shadowing an experience carer. We saw that staff had completed training in infection control, health and safety, first aid, protection of vulnerable adults, medication, Deprivation of Liberty Safeguards, dementia, care for the dying, continence, nutrition and lone working.

We looked at 10 care files at the office. The registered manager told us these were duplicates of records kept in people's homes. People who used the service confirmed a copy of the record was stored in their homes. We saw all aspects of health and personal care requirements were recorded and that care records were regularly reviewed by senior staff. Care records included information about tasks to be completed, risk assessments, daily monitoring log and details of other professionals involved with the individual.

Is the service caring?

Our findings

People who used the service were complimentary about their regular carers. Comments included, "Girls are very nice and polite", "The girls are fine , gorgeous girls, very polite and kind and they are part of the family", and "Present girls are OK and do a good job. They treat [relative] nicely. I have never had any problems or reason to complain".

However we received concerns when people did not receive care from their regular carers. Comments included, "Sometimes I have problems getting hold of people in the office. The carers came very late to put [relative] to bed which was very distressing for [relative]" and " Carers often don't turn up when they are supposed to. If staff ring in sick there is no cover".

We asked people if they were treated with dignity and respect. One relative told us, "The carers treat [relative] with dignity and respect". One person who used the service told us, "The girls are very polite, kind and respectful".

We asked staff how they respected people's privacy and dignity. One member of staff said, "I make sure that if when I am providing care or assisting people to the bathroom that they covered as much as possible. I think it's important". Another said, " I make sure that people can not be seen from outside when any care is given".

Regular customer satisfaction surveys were sent out to people who used the service and their relatives to help ensure their views and opinions were taken into account when looking at development and improvement to the service. We looked at 14 responses from the last survey, comments included: 'My wishes are respected', 'Very good care' and 'I am always consulted about my personal care for example bathing and dressing'.

The service produced a service user guide which included information about the service, the staffing structure, complaints procedure and contact numbers,

The registered manager told us they tried to ensure they matched people with their preferred choice of carer, for example the choice of a male or female carer, languages and culture.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their relatives, where appropriate. Some people we spoke with confirmed that they had been involved in developing the care records and this helped staff to understand the needs of the people they were supporting.

We looked at 10 care records in the office. We found these contained detailed information to guide staff on the care to be delivered or the domestic tasks to be completed. We saw that care records were reviewed and any amendments to the plan of care was documented.

We saw in some of the files we looked at that an assessment had been completed by the local authority who were the main commissioners of the service. There was also an assessment from the service. Other information included, background information, hobbies and interests, likes and dislikes and information called 'how best to support me' was completed by the person using the service or their relative. One person's completed form wanted someone to chat with who had a sense of humour.

We saw that risk assessments in relation to moving and handling, risk falls, medication, nutrition and hydration and the environment were in place and had been reviewed to ensure they reflected current needs.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints. People we spoke with told us if they had a concern they would contact the office. Some people told us they had contacted the office about late calls and unfamiliar carers. We were told that the office staff had done their best to resolve any issues they had raised.

We saw that the service had received several compliments. One healthcare professional wrote to thank Mayday for the support they had given to their client. They said how much [client] had thrived since moving to Mayday and that they can now stay in their own home with the care provided. Another professional wrote, 'The family of [name] are very satisfied with the care provided and would like to continue with the support. A third said, 'I would just like to let you know I have been working alongside two of your carers. It was really nice working with carers who really enjoy their jobs. Throughout the visits they have been professional and have the client's needs at the forefront of what was needed to be achieved to ensure our client was safe.

A relative wrote, 'Thank you for visiting [relative] whilst we were on holiday. [Relative] really enjoyed your visits and was glad of the company and help. Please can you book further visits for [dates]'. 'The family of the late [name] would like to thank all Mayday staff for the care and support you have given for our [relative]'.

People who used the service wrote, 'Thank you for your kindness and thoughtfulness, no one can do things the way you do'. Another person wrote and thanked their carer for supporting them to attend a family wedding.

Is the service well-led?

Our findings

There was a registered manager at the service, who assisted with the inspection. The registered manager had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff spoken with told us they felt supported by their divisional managers and by the registered manager. Comments included; "I think my manager is really good, she listens to what you have to say and will do whatever is needed to help". Another said, "I have just moved over from another company. Things are done differently here, but I think it's better. I have done quite a bit of training and there is more to do".

We asked staff about the on call arrangements when the office was closed. A member of staff said, "When the office is closed there are 'on call' arrangements. Who ever is covering will always answer the phone and offer advice and support".

Staff told us that they received regular supervision and observational checks from senior staff. Notes from supervisions and observation checks were seen in the staff files we looked at.

We were provided with copies of team meetings. Staff spoken with said they were held in divisions with each divisional manager and they were expected to attend. Divisional managers meetings were held monthly with the registered manager.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing and recruitment.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We spoke with the quality manager and discussed how the quality of the service was monitored. Evidence was available to demonstrate that audits were used effectively and enable the registered manager to identify any shortfalls in a prompt manner. Where issues had been identified, we saw actions had been implemented to ensure that required improvements had been made. Quality audits provided an overview of any adverse incidents, complaints and concerns, medication and care plans.

We found examples of how the registered manager worked proactively with other organisations for example social workers, safeguarding teams, specialist therapist from the wheelchairs service, the nurse assessor from Continuing Health Care (CHC) and with the local authorities from Bolton and Bury.