

Maisy Care at Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maisy Care at Home Ltd is a domiciliary care agency providing personal care to 6 people at the time of the inspection. The service provides support to adults over and under 65 years, people with learning disabilities, mental health conditions, dementia, physical disabilities, sensory impairment, and children between 0 and 18 years.

Not everyone who used the service received personal care. Care Quality Commission (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

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: People's medicines were not being managed safely. It was not clear in people's records what support they needed with medicines and people's records did not reflect all the medicines being administered by staff. Staff had received training on medicines management and had their competence checked, however, dates of this check were not recorded.

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.

Staff had been given training on safeguarding and knew how to report any concerns. The registered manager also understood their role in keeping people safe and reporting concerns to the local authority.

Right Care: Risks to people's safety had not all been identified so management plans could be put in place. Where there were risk management plans in place these lacked details about how to help and support people safely.

People told us care staff were kind and caring and respected their privacy. People also told us they had care which maintained their dignity at all times but particularly when receiving personal care.

Right Culture: People told us they knew the registered manager and would not hesitate to share any concerns. People told us the registered manager was approachable and listened to them. Staff also told us they had regular contact with the registered manager and felt able to share ideas or raise issues.

Governance systems were not effective in identifying shortfalls found during this inspection. We found inaccurate records which the provider had not identified. Recruitment had not been managed safely. Not all the pre-employment checks had been carried out.

People told us staff were reliable and they felt safe with them in their homes. There were enough staff available to support the people at this service. The registered manager told us they had kept the service small, so they had time to recruit new staff. Once staff were recruited, they planned to grow the service gradually.

Staff had received training but there were gaps in their skills and knowledge. We have made a recommendation about training. Spot checks were carried out to make sure staff were punctual and following people's care plans.

People's needs were assessed prior to any care packages starting. These assessments helped to produce a fuller care plan. People told us they had care plans in their homes and could read them if they wished. The provider was in the process of moving care records to a new electronic system which meant all records were being reviewed during this process.

People who needed support for eating or drinking had this information recorded in their care plan. Staff provided support for preparing a light meal or heating up a meal if needed.

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 15 June 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.

Enforcement and Recommendations

We have identified breaches in relation to recruitment of staff, medicines management, risk management and ineffective governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have also made 1 recommendation about training.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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.

Requires Improvement ●

Maisy Care at Home Ltd

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 1 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.

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

This inspection was announced.

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 30 June 2023 and ended on 07 August 2023. We visited the location's office on 3 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 4 May 2023 to help plan the inspection and inform our judgements. 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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people about their experiences of care received. We also spoke with 2 members of staff and the registered manager. We reviewed care records for 3 people and multiple medicines records.

We also reviewed an incident form, training records, quality monitoring checks, various service audits, policies and procedures and recruitment files for 4 members of staff.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment checks had not been completed thoroughly.
- We found the provider had failed to obtain full employment histories for all staff. This meant the provider could not be assured their recruitment processes were safe.
- References had been obtained but these were not always from the previous employers. The registered manager told us they wanted more information about the applicant's attitude and skills, so they sought references from staff who knew the applicant. However, this did not check staff had worked for the employer listed on their application forms.
- The provider had failed to assess risks of starting staff working without a full Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Failing to carry out robust pre-employment checks for all staff placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs and make sure there were no missed calls. One person told us, "They [staff] have never missed a day. They are pretty good with timing; I know when they are coming."
- The registered manager told us they kept the service small whilst they recruited more staff. Once it was safe to do so they would increase some packages of care.

Using medicines safely

- Medicines were not always managed safely.
- Support people needed with their medicine was not fully recorded in their care plan. It was not always clear what staff needed to do to support people with their medicines.
- People had their own medicines administration record (MAR) which recorded some of the medicines being given. Not all medicines being administered by staff were recorded on the MAR. For example, 1 person had recorded in their notes they were being given paracetamol and eye drops by staff. Staff had not recorded the dose given which placed people at risk of harm.
- People's MAR had been handwritten by the registered manager. The prescribing instructions had not been signed and checked by a second member of staff. This process reduces the risk of transcribing errors.
- People who had 'as required' medicines, did not have 'as required' protocols in place. This meant staff did

not have guidance on when to administer this type of medicine.

Failing to manage medicines safely, placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been provided with training on medicines and had their competence checked. However, there were no dates recorded on the competence checks to demonstrate when staff had been assessed.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been identified so management plans could be put in place. For example, 1 person had been prescribed oxygen therapy and staff were supporting them with this. There was no risk assessment in their records to guide staff on making sure oxygen was used safely.
- Where risks had been identified, management plans were not robust and did not provide clear guidance for staff. For example, where the provider has assessed people were high risk of developing pressure ulcers, there was no guidance in people's records on how to support people to reduce the risks. This meant the provider could not be assured staff were consistently providing the correct support for people's skin care.
- Another person had been identified as needing help with their mobility, there were no details recorded about what help they needed from staff. This meant the provider could not be assured staff would follow consistent safe guidelines.

Failing to assess and mitigate risks to people's safety placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "I feel perfectly safe" and "Absolutely feel as safe as anything, I trust the staff."
- Staff had received training on safeguarding and understood their role to keep people safe. Staff talked to us about the different types of abuse and what they would do if they were concerned.
- Staff told us they would not hesitate to report any concerns, and all were confident the registered manager would deal with concerns appropriately.
- Systems were in place to ensure safeguarding concerns were reported to the local authority.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when supporting them in their homes. Staff had stock of PPE to use and had been trained on using it safely.
- All staff received training on infection prevention and control as part of their induction.
- The provider had an infection prevention and control policy in place which gave staff guidelines on how to avoid the spread of infection.

Learning lessons when things go wrong

- Since the service started there had only been 1 incident. The registered manager had reviewed this incident and taken action to prevent recurrence, however, this had not been recorded in full. The registered manager told us they would make sure their reviews and actions taken are better recorded for any future incidents.

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 were assessed by the registered manager prior to any care package being accepted. The registered manager told us they visited people in their homes and talked to them about their needs, wishes and preferences.
- People's needs were recorded and used to produce a full care plan which covered a wide range of areas including any support needed with oral health.

Staff support: induction, training, skills and experience

- New staff were provided with an induction which included completing the Care Certificate. 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.
- Training was provided and covered a range of areas such as dementia, diabetes and lone working. However, staff training was not always in place for the needs the service was registered to support. For example, there was no training provided for how to support people with Autism or a learning disability. Staff had also not been provided with practical moving and handling training. Whilst the staff were not supporting people with these needs at the time of the inspection the staff will need these skills.

We recommend the provider reviews the training provided to make sure staff have the skills they need to work with people effectively and safely.

- Staff told us they felt competent in their roles and had the support they needed from management. One member of staff told us, "I feel we have had enough training." Another member of staff said, "I feel fully supported by [registered manager] I can talk to her about any issues."

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

- Where people needed support with meals it was recorded in their care plan. Support provided was usually helping to prepare a light snack or re-heating a ready-made meal.
- Staff told us they felt competent to be able to support people with food choices.

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

- Staff told us communication was good and they felt updated with people's needs. The service had a communication process where changes in people's needs or events could be shared.

- The registered manager worked with other agencies to meet people's needs. This included professionals such as GP's or community nurses.

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 and found they were.

- Staff had received MCA training and demonstrated a good understanding of the principles. People also confirmed they were encouraged to make their own choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with the care they received. They told us all the staff were kind, caring and did everything they were asked to do. Comments included, "They [staff] are the most trusting lovely people you could meet, I have a young lady [staff] who is fantastic" and "They [staff] are very helpful, they know me well enough to know what I want. They are brilliant."
- Prior to this inspection we also received positive comments and feedback about the staff and the service provided from people and relatives using the service.
- Staff told us they enjoyed their work and cared about people. Comments from staff included, "I enjoy it, caring for old people, I like everything about it. I also like working with different people" and "I like the fact I am going around helping those that need it, making their lives easier and happier."
- People's life history and important information about their life events were recorded. This helped staff better understand people's needs and respond appropriately.
- In the provider information return (PIR) the provider told us, 'We have put in place policies and procedures that protect service users' diversity and human rights. Staff are trained in diversity, equality and human rights. This enables the staff to show by their actions a commitment to equality and diversity'.

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

- People felt involved in their care and listened to. One member of staff told us, "I like to think people are involved. I give them choices, ask their opinions. I ask them how they want things done and take their direction."
- People were able to share their views easily, they told us they were involved in any reviews of their care.
- Staff told us they had time to sit and talk with people about their views, concerns and interests. One member of staff told us, "I don't feel rushed, I have time. Everyone has a file, and I have time to read them."

Respecting and promoting people's privacy, dignity and independence

- People told us personal care was provided in a respectful way. Comments included, "They give me a bed bath when I need it, I used to be scared of what was happening, but it does not worry me now. They [staff] are so lovely" and "They are very good, they [staff] make sure you don't get embarrassed, they do preserve your dignity."
- People felt assured privacy was taken seriously and the staff could be trusted with personal information. One member of staff told us, "I don't discuss things [personal information] with anyone else."
- People's independence was promoted. Staff told us they always made sure people were encouraged to do as much for themselves as possible.

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 had a care plan which was personalised. Copies of care plans were in people's homes. One person told us, "I have a record of everything that has been done, it is all in the plan in the house. I can read that when I like."
- The provider was in the process of moving all records onto a new electronic care planning system. Whilst they were doing this the registered manager told us she was reviewing all care plans.
- Staff knew people's needs well. People had the same care workers which meant staff were able to learn and understand people and their preferences. One member of staff told us, "I listen to the individual on their preferences. I don't treat everyone the same, I do what they would like for the routine they want."

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. The Accessible Information Standard 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.

- People's communication needs were recorded in their care records.
- If people needed any information in different formats the provider was able to produce it to meet people's needs.
- In the provider information return (PIR) the provider told us, 'We clearly flag that the service user has a recorded communication need, highly visible and prompt staff to take action. Any communication and letters to the service user, we make sure they are accessible by the person'.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy.
- When people started using the service, they were given a 'handbook' which gave them information on key areas of the service including how to complain. One person said, "I have no complaints, but if I did, I would just get in touch with [registered manager]."

End of life care and support

- At the time of our inspection there was no end-of-life care being provided. People could record their wishes for end-of-life care if they wanted to.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems in place were not effective.
- Shortfalls found in this inspection had not been identified by the provider. Audits being completed were ineffective and not identifying areas for improvement. For example, the provider was carrying out monthly accident and incident audits when there had only been 1 incident since the service registered. The provider was also carrying out monthly hoists and slings audits, but nobody was using this type of equipment.
- Audits carried out for areas such as pressure prevention and care planning did not identify what records had been checked. This meant the provider could not be assured all records had been monitored. The audits recorded there were no actions for improvement, however, we found shortfalls in both of these areas.
- Medicines audits completed did not include recording checks on people's MAR. This meant gaps on MAR had not been identified and investigated. Medicines competence records for staff did not have a date recorded to demonstrate when this check had been carried out.
- Audits had not been carried out on daily records. This meant the provider had not identified staff were administering medicines which were not recorded on MAR. In addition, we found some daily notes were not accurate and raised this with the provider during the inspection.
- The provider had failed to notify us of all safeguarding concerns. We found 1 incident which had been reported to the local authority, but not notified to CQC as required by law.

Failing to have systems in place to effectively assess, monitor and improve the quality and safety of the service placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were happy with the service they received and knew who the registered manager was. People liked that the service was small and local. Comments included, "They [provider] pick the right team, they are a small company and go beyond the call of duty" and "I know who the manager is, I have seen her a couple of times. She is lovely, she is a busy person, but I can talk to her easily."
- People told us they felt the registered manager was keen to get the service right for them. One person said, "I would talk to [registered manager] about any complaints. Like her staff she is lovely, easy to talk to. If there was something wrong, she would want to know and fix it."

- Staff told us the registered manager was approachable and available to them. Staff told us the service was well-managed. One member of staff said, "It is well managed, if there is something to discuss they [registered manager] communicates with us, I can approach them."

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 provider had a duty of candour policy in place. They understood their responsibility to be open and transparent with people. There had been no incidents which fell under the duty of candour regulation.

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

- People were able to share their views about the service as processes were in place to seek feedback. The provider used surveys to capture views and reviews of care.
- Staff told us they felt able to share any ideas they had for improvement or development of the service. There had been staff meetings held and minutes of these produced as a record. One member of staff told us, "[registered manager] leads well and listens to clients. She does her utmost for everyone to feel satisfied."

Working in partnership with others

- Staff worked with healthcare professionals when needed to help meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage medicines safely. The provider had also failed to assess and mitigate risks to people's safety which placed them at risk of harm.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to put systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to carry out the required pre-employment checks to make sure fit and proper persons were employed.</p> <p>Regulation 19 (1) (2) (3)</p>

The enforcement action we took:

We served the provider a Warning Notice.