

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Mayday Homecare is a Domiciliary Care Agency (DCA) providing a service to older and younger adults, some of whom may have dementia, with varying levels of personal care needs. Staff provided care to people living in their own homes. At the time of inspection, the service was supporting 530 people. 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

People and relatives reported feeling safe and cared for by 'polite', 'respectful' and 'caring' staff. Some people told us their call times had been irregular, which sometimes impacted on their 'timed medication'. Some staff said they didn't always have enough time to travel between their calls.

We discussed this with the management team, who implemented new systems to improve these issues.

We have made two recommendations that the provider continues to embed these new systems.

Risks to people's safety were assessed and staff had clear guidance on how best to support people. Staff had a good understanding of how to keep people safe and follow safeguarding processes. Recruitment systems were robust and staff received appropriate training.

The provider had effective auditing and oversight systems in place. People and relatives knew who to contact if they had any concerns. Care records evidenced a person-centred culture and staff understood how to support people as individuals and with any cultural needs. Staff felt supported by the management team. The provider informed the relevant bodies and people when things went wrong.

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

Rating at last inspection (and update)

The last rating for this service was good (published 24/08/2019)

Why we inspected

We received concerns in relation to communication between management, people and relatives and staffing levels. We also received concerns relating to the management of medicines, infection control practice and people not being involved in the setting up of initial care plans and assessments. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayday Homecare on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mayday Homecare Bureau

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 two inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25th May and ended on 18th June 2021. We visited the office location on 25th May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people and 16 relatives about their experience of the care provided. We spoke with 14 staff including the nominated individual, the registered manager, the care manager, senior care staff and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, daily records and records relating to risk management. We spoke with two professionals who have regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's feedback about medicine management was mixed. There were issues raised about the length of time between visits for people requiring time specific medication. We discussed this with the registered manager who addressed this immediately with an improved system to monitor the call times of people prescribed certain medicines.

We recommend the provider continues to embed this system, to ensure people receive their medication at the prescribed times.

- Staff who administered medicines received appropriate training and were subject to competency checks. We saw people had consented to staff supporting them with medicines in their care files.
- People had medication risk assessments in their care files. These considered if the person had any difficulties in understanding how to take their medicines, who was responsible for ordering and receiving medicines and the level of staff support needed.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the care staff providing their support. One person said, "I feel very safe with them, I mostly have the same carers, this makes me feel more secure."
- Staff had a good understanding of how to keep people safe from the risk of harm and abuse. One staff member said, "I'd go to my manager, the local authority or CQC."
- The provider kept a record of safeguarding incidents and ensured appropriate actions were taken to keep people safe. This included detailed records for any investigations carried out.

Assessing risk, safety monitoring and management

- Risks related to people's care, were assessed and clear guidance was given to staff on how to support people safely.
- Care plans contained risk assessments specific to people's needs including equipment, moving and handling, dietary requirements and personal care.

Preventing and controlling infection

- The provider had robust visiting arrangements in place for the office premises. Social distancing, hand hygiene and personal protective equipment (PPE) guidance was prominent around the building. Visitors were required to carry out a COVID-19 test and have their temperature taken prior to entry.
- Office staff were socially distanced and wore PPE in accordance with government guidelines. Large stocks

of PPE were available in the office premises.

- We were assured the provider was accessing testing for staff and they had promoted the COVID-19 vaccination.
- The provider's infection prevention and control policy was up to date. Advice and guidance had been sought from the local authority at regular intervals and this was discussed at staff and managers meetings. Any updates to guidance were circulated to staff.
- People had up to date COVID-19 risk assessments in their care files and reported staff used PPE appropriately. One person said, "They always wear the protective clothing and masks and there always washing their hands"

Staffing and recruitment

- Recruitment checks were robust and ensured that staff were suitable to work in the role they applied for. References and DBS checks had been obtained, before staff began to provide support to people.
- Staff received a robust induction programme and training, such as moving and handling, safeguarding and medication.
- Staff felt that the time allocated for travel between calls needed to be reviewed. Some felt there was not enough time between their calls.

Learning lessons when things go wrong

- The provider kept logs of all accident, incidents and any complaints. These were used to carry out an audit and respond to any trends identified relating to errors or poor practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt time to travel between calls was not always enough. When we discussed this with the registered manager, they said, "The new system will help with travel time, because we'll be able to have a better insight. It's instant, so we now know exactly how long calls take, what time carers are logging in and out and we can adjust rotas to give people what they need and carers enough time."
- Some people felt their calls were disorganised. One person said, "It's not well-managed, because of carers being late. [Name] in the office says they're very sorry, but they're just short-staffed". The registered manager explained they had implemented an electronic log in system, giving senior staff live data. They felt this would ensure the time people received their care was in accordance with the information in their care plan.

We recommend the provider continues to embed this immediate oversight, to ensure people receive consistent call times and staff have sufficient time to travel between visits.

- Auditing systems were robust, the registered manager carried out a general overarching audit of all systems and specific audits were delegated to staff in the management team.
- The provider was proactive when improvements were identified through their auditing and governance systems. For example, one person needed specific support with their personal care and the provider accessed specialist training around this need in a very timely manner.
- The provider kept a log of any complaints and recorded actions taken and what measures were implemented to improve the service for the complainant.
- People and relatives praised the management for the service provided. One relative said, "It's run well, and they are all nice and capable. They keep in good contact, yes they're very good actually."

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

- A person-centred approach was evident through people's care plans, records and through feedback from staff. One staff member said, "It's about knowing the person and speaking with them and their relatives, so you know who they are, how things are done and what makes them happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 supported people with their cultural needs and matched them with staff who understood their backgrounds. One staff said, "I'm (race) and I have (race) clients and that's because I know and can respect their cultural differences."
- Feedback from partners in the local authority where the provider is located was positive. A senior manager said, "They are always really proactive and when things go wrong, they are always open and work with us."
- The provider understood their responsibilities under the duty of candour legislation and acted accordingly as required.