

Maria Care Limited

Maria Care Services

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

Maria Care Services is a domiciliary care service, which provides support to people who live in their own homes. The provider is registered to support people with a wide range of needs including dementia, older people, and people who have physical disabilities. Maria Care Services provides a combination of services to people in the North Somerset area. They provide personal care and support to older people in their own homes in the North Somerset area. At the time of our inspection there were 56 people receiving personal care and support from the service.

Not everyone using Maria Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the last inspection in March 2017, we rated the service as 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Maria Care Services on our website at www.cqc.org.uk.

At this inspection, we found the provider had made improvements and was no longer in breach of the Regulations.

The provider had systems in place to ensure people were protected from harm. Staff were knowledgeable about the actions to take if they suspected someone was being abused.

People had risk assessments and risk management plans to mitigate the risks they may face.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Staff had received safeguarding training and understood their responsibilities to report any incidents of alleged abuse.

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 2008 and associated Regulations about how the service is run.

People we spoke with told us staff that supported them were kind, patient and respectful. One person who received a service said, "I don't know how I would manage without them."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and staff visiting people's homes. These had been kept under review and updated when changes occurred to the person or environment

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people in their own homes.

The management team deployed sufficient staffing levels to provide support people required in their own homes.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff had received food and hygiene training to ensure they were confident when preparing meals in people's homes.

The staff provided care that respected people's dignity and independence and people felt they had choice and control. They told us they were treated as individuals and received person centred care.

The registered manager knew every person supported by the service and would often visit people to deliver care.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service and their relatives knew how to raise a complaint and who to speak with. The management team had kept a record of complaints received and these had been responded to 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?

The service was safe.

Staff were knowledgeable about safeguarding and whistleblowing procedures to keep people safe from harm.

People had risk assessments and risk management plans to mitigate the risks they may face.

There were enough staff to meet people's needs.

The provider had safe recruitment processes.

Medicines were managed safely and people received their medicines as prescribed.

The provider had systems in place to protect people from the spread of infections.

Good ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service was well led.

Notifications were being made as required.

There was good governance and regular audits were carried out to monitor and improve the care provided.

There were good communication systems to update staff and

Good ●

ensure they were aware of changes to care packages and to changes within the agency.

There was a positive and open culture at the agency. Staff told us the owner was extremely supportive and approachable. They were readily available and responded to what staff told them.

Maria Care Services

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 was planned to check 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 was announced. We gave the service 48 hours' notice of the inspection visit because the owner is sometimes out of the office supporting staff or providing care. We needed to be sure they would be in.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events, which the service is required to send to us by law.

We also reviewed the Provider Information Report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection was carried out by one inspector and an expert 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.

During our inspection, we went to the Maria Care Services office. We spoke with the provider who is also the registered manager, the management team and three staff members. During the inspection, we made phone calls to eight people and two relatives who received care and support from the service and following the inspection, one member of staff.

We looked at seven people's care and support records and six staff files. We also looked at records relating

to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Our findings

At our last inspection in February 2017, we found not all safeguarding concerns were being raised to external agencies such as the local authority to ensure any safeguarding concerns were investigated as required. During this inspection, improvements had been made and the provider was now meeting this regulation.

Staff were trained annually in safeguarding and knew their responsibilities in identifying and reporting concerns of abuse and poor care. Staff knew the different types and signs of abuse and told us they would report any concerns to the office. One said, "Safeguarding is protecting people from abuse. Looking for the signs and reporting it. Would always report to a senior or [Name] registered manager first." Staff told us if the management did not act appropriately regarding their concerns of abuse they would go to the local authority or the Commission. One staff commented, "I would contact the local authority if nothing was done but I know it would be." The safeguarding file had accurate records of safeguarding referral and notification forms, investigation notes and lessons learnt.

People told us they felt safe with staff, one person said, "I wouldn't be safe without them!" Another person commented, "I think it's the way they are, their mannerisms and caring attitude, they talk to me and if something goes wrong they don't flap, they just deal with it."

Risks associated with people's health, care and mobility were identified, assessed and mitigated, and regularly reviewed. Risk assessments included information such as internal and external environment, moving and handling, medicines, falls, accessing the community and bed rails. People's care files had guidance on their specific health condition such as epilepsy, diabetes and how to mitigate any identified risks. This showed staff were provided with adequate information on how to provide safe care.

People and their relatives told us staff arrived on time and if they were running late, the office would inform them. One person said, "Their timekeeping is brilliant." Another person told us, "They're mostly on time, or they let me know." One relative was particularly impressed as she receives a letter each Saturday telling her what staff her husband will receive at which time and on what day the following week, with photos of the staff. Her husband is living with dementia and finds this information helpful to know who is visiting them. Another relative received their information via email; they also found this information was important to them.

Staff felt there were enough staff to meet people's needs and that they had enough time between each care

visit not to feel rushed. Their comments included, "The time between calls is good, I have plenty of time to travel" and "If running late I call the office and they inform the clients. Yes, there is enough time between visits." The provider closely monitored care visits and kept records of missed and late care visits. All late care visits were investigated, and records detailed the feedback and the discussions with people, their relatives and staff. No one had received a missed call staff confirmed this. They said that even during the adverse weather no one had missed calls. The provider had an electronic system that enabled them to monitor care visits. This showed the provider had systems in place to ensure people received care visits on time and where there were issues affecting the timekeeping, people and their relatives were informed.

The provider had safe recruitment processes in place. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people.

Most people either self-administered medicines or were supported by their relatives with medicines management. Those people that were supported by the staff told us they were happy with the medicines support. One person said, "The carer will check to make sure I have had my medication on time." Relatives' comments included, said "They give him his medication when I am away and I'm happy with how they do that, I get it organised before I go."

Staff were trained in medicines administration and their competencies assessed before they started administering or prompting medicines. Staff kept records of medicines administration and prompting. People's medicines administration record (MAR) charts showed people were having their medicines and staff were signing to confirm this. However, we found a few gaps in the MAR charts, which had been identified by the provider and the medicines lead and gone to speak with the member of staff involved but was not recording this. We crosschecked the gaps with the daily care records and found the staff had included medicines administration in the daily care records. This confirmed that the people had received medicines but staff had forgotten to sign the MAR charts. The compliance manager told us they had reviewed and updated the MAR charts, following the last inspection, so that the MAR chart was easy to follow and complete. Records confirmed this. We were satisfied with the provider's actions in relation to MAR chart gaps, however they told us they would be adding more detail and asking the medicines lead to record their actions.

The provider followed appropriate infection control procedures. Staff told us they were given sufficient protective equipment to prevent the risk of cross infection. People told us staff wore gloves when they supported them. Staff said, "I use different coloured gloves for different tasks and I can come into the office at any time for more supplies so I am never without." The registered manager discussed accidents and incidents, and the lessons learnt during staff meetings and supervisions to prevent future occurrence and records we viewed confirmed this.

Our findings

The service continued to provide effective care.

People told us that they thought staff had the appropriate skills to carry out their jobs, comments included "They're absolutely superb", "She's brilliant, really professional" and "I have one who is my keyworker and she sorts any problems".

The management team spoke of the importance of recruiting staff who wanted to learn and apply appropriate skills. Staff files contained evidence of training and supervision. Supervision of staff was being used to support staff and monitor performance. Staff said these supervision sessions were useful "Supervision, spot checks and working alongside me, useful and welcome." Supervision sessions occurred on a regular basis and included feedback to staff on their performance, details of any additional support the staff member required and a review of any training and development needs.

Staff undertook mandatory training in areas such as health and safety, safeguarding, mental capacity, food hygiene, moving and handling and infection control. Staff we spoke with felt the training was good and told us that were also encouraged and supported to carry out vocational training, "I spoke with [Name] and within 2 or 3 days, I was on the course, [name] and [name] will support me as far as I want to go in NVQ's and my career." The registered manager confirmed that all care staff had completed vocational training and were encouraged and supported to study higher levels of adult health and social care. They told us "We want staff to see this as a career not just a job, so we will pay for any member of staff to continue to study if they want to."

Staff files contained training certificates and these showed staff training was up to date. Staff also received specific training to support people with more complex needs, for example, PEG feeding (feeding using a tube) and helping [people with Multiple Sclerosis]. The provider operated an effective induction programme, which consisted of mandatory training and a period of shadowing an experienced staff member. Staff told us they had enjoyed their induction and felt they had learned enough about their roles to give them the confidence and competence to begin working with people who used the service. One staff said, "I did my training and shadowing, if I didn't feel confident I know I could have had more support if I wanted."

People's rights to make their own decisions, where possible, were protected. 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. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent, which confirmed agreement of the care that was provided to them. No one at the time of the inspection lacked capacity.

People told us how staff respected their choices, "They ask me what I want to wear and what I'd like to eat, no, they never tell me what to do, it's my choice." Staff told us how they respected people's choices, "We make sure all clients have choices every day and with what carers they have, clients are matched with staff with the right skills and interests so they feel comfortable and happy." There were records of whether anyone had formal arrangements in place under the MCA such as power of attorney.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, through either an identified need or an emergency situation. The management team told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Staff told us they supported people at mealtimes. One person said, "They do all my food, nice food – they ask me what I want." A relative said that staff prepare her husband's meal when she goes away, "When I go away they prepare his food, he is a fussy eater but he is allowed to choose what he wants." Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition and confirmed that before they left they ensured people were comfortable and had easy access to food and drink as appropriate

Our findings

The service continued to provide a caring service to people

People were satisfied with the care and support they received from staff and all were positive about their care. People told us, "I have one young lady that goes the extra mile without being asked," and "We have a joke with each other they're extremely cheerful, which makes a lot of difference." A relative told us, "He enjoys his chat in the morning."

Maria Care Services was led by a management team who demonstrated a strong person centred culture with people at the heart of everything that they did. The registered manager told us that care was provided to people on the basis that the little things mattered and nothing was too much effort when it came to supporting people. They told us, "I know everybody personally and some people have been with us for over 10 years."

People told us they were involved in their care. People told us they felt listened to and when they commented on their care, the response of staff made them feel valued. People told us that staff supported them to maintain their independence. One person told us how they wanted to retain their independence. They were grateful for staff encouraging them to remain independent; they told us staff said, "I won't ask you if you want something done, you tell me when you need me to."

When staff spoke to us about people, they did so in a compassionate and caring manner. Staff told us they always looked to provide extra support and help where they could to help empower people using the service. For example, one staff told us about a person who suffered loss of their speech. They described to us how a member of the management team had developed a system using pictures and words to help them speak which staff used. It was clear that staff had developed warm and close relationships with people. Staff were clear about how they supported people with their dignity and privacy when providing care to them. They told us, "I always close the curtains and knock and only enter when told too" and "I always cover people I support with a towel but only after I have asked them if that's how they would like it."

People spoken with were equally clear when telling us that staff cared for them in a dignified manner. One person told us, "They don't talk down to me." A relative told us "They always cover him with a towel, covering one half while they wash the other and they respect his privacy as much as they can." People had received their personal care in a manner that had ensured people's dignity was promoted and their privacy respected.

Staff knowledge of people had been gained through working closely with people, "I know the people I visit really well" and developed relationships over time, through sharing their knowledge and through discussion with colleagues. Care records we looked at detailed accurately people's preferences, wishes and clear instructions to staff on how they wanted to be cared for. Staff had clearly recorded the care provided to people on a day-to-day basis, and these records confirmed that people had received their care as they had requested.

Our findings

The service continued to provide a responsive service.

People were supported in a person-centred way to ensure that their individual needs were met. Staff worked closely with people to regularly review care plans to ensure that these continued to meet peoples' assessed needs. Records of regular consultations with people showed that they were happy with how staff supported them. People and their relatives stated, "When they originally set it up they sat down with me and went through it and I'm involved in reviews" and "Oh yes, he has a care plan, both myself and my son contribute to that."

People told us that staff were responsive to their needs and always supported them at their agreed times. One person said, "They've just increased my hours, they came and met my GP." Another person said, "I don't want anything more, but I know I can ask the manager. I'm really happy with the way things are."

People's concerns and complaints were handled effectively. People told us they were happy with their care and they had no reason to formally complain. Some people said they had had informal complaints and concerns, and told us they had spoken with management and it had been sorted straight away. Staff told us that they always explained to people how they could complain and information was kept in the back of the care plan but they all said that they would try to rectify the issue themselves if possible.

The service had received one formal complaint since January 2018. Records we saw showed that the registered manager had taken appropriate action to deal with the complaint and the person was happy with the outcome.

Where possible, people remained in their own homes at the end of their lives as long as they did not require specialist care that could only be provided elsewhere, such as a hospital or a care home. The registered manager told us of some people they had supported at the end of their lives and how they ensured that people remained comfortable, dignified and pain-free. However, the service acknowledged that they needed to combine people's end of life wishes into one document that was easy to follow and find. This was completed following the inspection.

Our findings

At our last inspection in February 2017, we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to Notifications of other incidents.

We found at that inspection that the provider had not submitted notifications when required. Notifications cover incidents and accidents, events, including safeguarding, which have affected people who use services or the service's ability to provide their regulatory activities.

At this inspection, we checked the progress of the action plan by speaking with the registered manager and compliance manager. We saw that the provider had made appropriate notifications to the Care Quality Commission as required.

Maria Care Services is a family owned service. There was a registered manager in post and they were also the provider. They were assisted by two care co-ordinators, finance director and a compliance manager.

People when asked about the management team said, "We're more than pleased with the support"; "I don't know how I would manage without them." Staff meetings were held on a regular basis. Staff told us that they were encouraged to voice their opinions and ideas, for example at the last team meeting an idea that was actioned was brought by a staff member. The idea was to put different coloured ribbons on the hooks to be used on the slings, to help staff not familiar with the person. Staff said this works "Brilliantly."

All staff felt totally supported and could phone or call to the office at any point if they wanted to discuss anything or needed guidance, "If I do have a problem, I go to the office or call and [name] the registered manager, or senior and all would be on top of them [problems] straight away." One staff member told us how when they had not been able to continue with a call due to their health, the owner promptly arrived to take over the call and had arranged for someone to take them home. They valued this support and told us that was one of the reasons it was a fantastic place to work.

Staff also told us the owner was very flexible. For example, one staff member had specific requests about the type of work they did and the hours that they worked and this had been considered carefully when they assessed who it would be appropriate for them to support, "I don't do double ups because of my health but I have done the training." Staff were aware of the organisation's vision and values. Their mission, 'Maria Care...care as it should be'. One staff member told us they liked the ethos of the service. They said, "I have

no regrets leaving my other job, really good company to work for, really friendly, I feel valued as an employee."

The service conducted yearly anonymous surveys with clients and staff. All staff said they were proud to work for the service and said they would recommend it as a great place to work. Most people said staff always arrived on time and said staff responded to questions. One of the actions taken had been for the office staff to introduce themselves when answering the phone. We heard staff doing this throughout the inspection.

We asked the registered manager how they kept up to date with the running of the business. They told us the compliance manager and deputy manager had carried out a detailed audit of the service and from this, an action plan had been drawn up to address any shortfalls found.

There were systems in place to audit medicines on a monthly basis to ensure people received the medicines prescribed and any prescribed creams had been applied. However, we found gaps in the charts that appeared to have not been actioned. The compliance manager told us that the deputy manager actioned any gaps straight away and provided further training if needed. They told us that in the future, they would make these actions clearer in the audit and what progress had been made with the staff involved and whether there were any patterns emerging.

The office administrator checked the clocking in/out logs throughout the day. The system flagged up if a staff member had not clocked in and they would then check with them to see why. Staff we spoke with told us that there were no missed calls but occasionally they forgot to log in and out but that the office staff contacted them straight away to ask whether they had been or not. Due to the size of the service the number and frequency of accidents was very low. It was reviewed regularly to assess if there were any patterns or trends to check if appropriate actions had been taken. The compliance manager showed us their system to analyse accidents and incidents. The owner told us there were a number of fairly new franchises in the area and they met once a month to share ideas and best practise. They told us this had been extremely valuable both in terms of support and sharing good practices but also gaining new insight into how other services had developed.

The compliance manager had already begun working with outside consultants on the General Data Protection Regulation (GDPR), which comes into effect in May 2018, by ensuring people, and staff had the relevant information about how it affects them. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. We were told that the office had been set up to hold very little paper work so this was a step they had already taken to ensure confidentiality and the service was hoping to move to a totally paperless system.