

Myrtle Healthcare Limited

# Myrtle Healthcare

## Inspection report

Southbridge House  
Southbridge Place  
Croydon  
Surrey  
CR0 4HA

Date of inspection visit:  
18 January 2023  
19 January 2023

Date of publication:  
03 February 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Myrtle Healthcare provides community based personal care to people in their own homes. This includes a domiciliary service providing care at home support as well as a supported living service. At the time of our inspection the domiciliary service was not active. The supported living service could accommodate 4 people who have mental health needs, a learning disability and/or autism. At the time of our inspection 1 person was receiving support with their personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### 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.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to be as independent as possible and encouraged them to develop their independent daily living skills. People were supported by staff to pursue their interests and to achieve their aspirations and goals. Staff supported people with their medicines.

**Right Care:** Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

**Right Culture:** Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 7 April 2021 and this is the first inspection.

#### Why we inspected

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Myrtle Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is both a domiciliary care agency (DCA) and a supported living service (SLS). The DCA can provide personal care to people living in their own homes. However, this part of the service was not active at the time of our inspection.

The SLS provides care and support to people to enable them to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 18 January 2023 and ended on 20 January 2023.

## What we did before the inspection

We reviewed information we had received about the service since it registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with the relative of the person receiving care, 2 care workers and the registered manager. We reviewed records relating to the person's care and support, medicines administration, staff recruitment, staff training and supervision and records relating to the management of the service. We also reviewed a selection of the provider's policies.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There had been no safeguarding concerns raised since the provider registered with the CQC.

Assessing risk, safety monitoring and management

- People received safe care and support.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff regularly discussed with people risks to their safety and supported them to make decisions that would promote their safety. This included whilst at the supported living service and in the community.
- People's care records helped them get the support they needed because it was easy for staff to access high quality care records. Staff kept accurate, complete, legible and up-to-date records.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff liaised with the person's allocated social worker and there was regular review of their care needs to ensure support was provided which promoted their health and well-being.
- Staff assessed people's sensory needs and did their best to meet them. Staff were aware of how support needed to be adapted in line with people's sensory needs. For example, one person with visual impairments needed greater support in the evenings and at night when there was less natural light, especially when out in the community.

Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers, skills, experiences and background of staff matched the needs of people using the service.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

- Staff were supporting people to understand more about the medicines they were taking and the processes around safe medicines management. A care worker told us, "[The person] is aware of why they need to take medicines and what it's for. Part of prompting independence we have been getting them used to their routine and when it's time for their medicines. They are doing really well."

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was responding to any infections safely and staff had worked with people to help them understand the risks associated with certain viruses and infections.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- At the time of our inspection there had been no incidents, however, staff informed us they would raise and record any incidents and near misses to help keep people safe.

# 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 had up-to-date care and support assessments.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.
- Staff worked with professionals who had been involved in the person's care to ensure comprehensive assessment of their needs and ensure safe transition when moving between services. This included visiting them and speaking with staff who supported them at their previous placement.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support. Training was also provided in line with people's specific health needs, for example, in relation to supporting a person safely who has epilepsy.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A care worker told us, "My manager has always been there to support me... I feel valued and they've complimented my hard work which has motivated me."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff went with the person to support their independence when food shopping and meal planning.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff told us the person using the service enjoyed cooking and they supported them to be involved in meal preparation as much as they could whilst maintaining their safety.
- People were able to eat and drink in line with their cultural preferences and beliefs. The person enjoyed traditional meals from their cultural background and staff were able to support them to cook and enjoy these meals at the service. A care worker said, "We [the care worker and the person receiving support] come from the same background and I love cooking, so I cook the food that she loves."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People received support with their health needs and to access healthcare services. The relative of the person receiving support told us, "I feel confident the staff would let me know if [the person] was unwell."
- People were supported to attend annual health checks, screening and primary care services
- Staff from different disciplines worked together as a team to ensure people's needs were met. They supported each other to make sure people had no gaps in their care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support, where able to do so.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff involved people who had the legal authority to make decisions on a person's behalf in their care.

# 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 were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A care worker said about the person receiving care, "[They're] lovely. We have a nice time together." The relative of the person receiving support told us, "[The person's] happy with the staff and has started building a relationship with them."

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. A care worker told us, "[The person] makes the choices about what [they] wear but we remind them to wear clothes suitable for the weather."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, including cultural or religious preferences. Staff supported people to explore their faith and respected their decisions. The person's relative told us, "Staff respect [the person's] religion."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with people who were important to them. People stayed in regular contact with their family. Those important to people were welcome to visit the service and people were supported to go visit their friends and family.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff were working with the person to explore and experience new activities and interests. They were also supported to be more independent with their personal care. One care worker told us, "In [their] personal care we try and get [them] to do as much for [themselves]. [They're] doing well."
- Staff were working with the person to identify target goals and aspirations and supported them to achieve greater confidence and independence. This included in relation to their personal care, but also in relation to skill development and education opportunities.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

# 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. The person was allocated a key worker who met with them regularly to discuss their care and support, and review progress towards their goals. The manager told us, "We work constantly with [the person] on being independent. We encourage them to be as independent as possible with personal care and we support where they need support."
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand.
- The provider had assessed people's needs in line with the AIS to ensure they provided a service that met people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. The person using the service had a busy weekly programme incorporating all their interests, activities and hobbies. This included going to the day centre where they met their friends.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- No complaints had been received since the service registered with the CQC, however, we were assured that should they be received they would be responded to appropriately.

End of life care and support

- At the time of inspection people did not require this type of support. However, should the time come the staff told us they would speak with the person and their family in order to obtain their wishes and preferences regarding end of life care and support.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A relative said, "The manager is smiley and experienced in this field. I've met her a few times and she is very supportive. So far so good."
- Staff felt respected, supported and valued by senior staff which promoted a positive and improvement-driven culture. A care worker told us, "The manager calls us frequently. They engage us and they check on us to make sure we are ok." The registered manager said, "I look at staff's well-being and their mental health. I want to make sure there's enough support for them. They can ring me at any time."
- Management and staff put people's needs and wishes at the heart of everything they did.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. The registered manager told us they had regular contact with the person using the service and their family to ensure the service provided was meeting the person's needs and to hear any suggestions for improvement.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The provider's values were discussed during the recruitment process to ensure staff working at the service shared those values and displayed appropriate behaviours.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of checks and audits to review the quality of care provision and action was taken should improvements be required.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 service apologised to people, and those important to them, when things went wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

#### Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider kept up-to-date with national policy to inform improvements to the service.

#### Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service. The provider was liaising with local authority commissioning groups to understand the needs of the local area and the focus for the future of the business.
- The provider was looking to provide additional supported living services and we were assured they had appropriate procedures and staffing arrangements in order to do this safely