

Improving Prospects Ltd

Manor Community Domiciliary Care Agency

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

About the service

Manor Community Domiciliary Care Agency is a domiciliary care agency providing personal care to 24 people aged 18 or over. The service was provided to people in their own homes. 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

People told us they felt safe and there were sufficient numbers of staff to ensure people received the support they needed.

Risks to people were identified, assessed, managed and monitored in a timely way. All risk assessments were included in care plans that were person-centred. These were subject to regular reviews to ensure any change in needs was addressed. Staff sought to improve people's care, treatment and support by identifying good practice.

People were supported with the preparation of food, drink and medicines when they were required. People were supported to follow interests and staff knew people's preferences and hobbies.

People were supported by staff who were kind and caring and who understood their needs well. People's views and opinions were sought and listened to. Independence was encouraged and supported.

There was a person-centred culture within the care provided. Care plans were clear and gave good information about the ways in which people wanted to be supported. 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 training was developed and delivered around people's needs. The provider recognised continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. Their performance and development needs were monitored.

Improvements were required with regards to monitoring and oversight and provision of personal care in one of the supported living placement. We have made a recommendation on following regulations in this area.

Rating at last inspection

The last rating for this service was outstanding (published 10 March 2017).

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

Why we inspected

The inspection was prompted in part due to concerns received about staffing, neglect and untimely responses to peoples changing health need. We have found evidence that the provider needs to make improvements. Please see the Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor Community Domiciliary Care Agency 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?

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 ●

Manor Community Domiciliary Care Agency

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers and the training officer.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff 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 and quality assurance records. We spoke with three professionals who regularly visit 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. There were no ongoing safeguarding investigations. This was confirmed by the local authority.
- People told us they felt safe. One person said, " I am very safe with these carers, they are wonderful." Staff told us that they had no concerns about staff practices. They said they had confidence that management would take immediate action if any concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure people were kept safe. An example of this was an environment risk assessment. This ensured the safety of the person as well as that of the care staff delivering support.
- Risks were managed through regular reviews. Staff showed good knowledge in how to identify, assess and report any new risks identified to the manager.
- The service had a business continuity plan in place. This ensured that staff were prepared for emergency situations such as adverse weather, winter planning and staff shortages. This meant that in such situations there would be as little effect on the people using the service as possible.

Staffing and recruitment

- People were cared for by a consistent and stable staff team. One relative told us, " Continuity is key to my [Person's] care and they have that with this company.
- The registered manager followed safe recruitment processes. This included a thorough interview process, as well as requesting references from previous employment. Recruitment checks also included checks with the Disclosure and Barring Service (DBS). This ensured potential staff member were not known to the Police for previous convictions or cautions and were suitable to support the people using the service

Using medicines safely

- People were provided with safe and appropriate support with their medicines, which were stored and managed safely. Medicines were recorded on an electronic Medicine Administration Record (MAR) Charts. These were regularly reviewed by the manager to ensure any errors were identified and addressed quickly.
- Staff were trained to handle medicines in a safe way and their competence was thoroughly assessed.

Preventing and controlling infection

- Systems were in place to prevent infection.
- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough

supplies of Personal Protective Equipment [PPE].

- People, staff and relatives had received information from the provider on how to wash their hands, social distancing and how to prevent spread of the coronavirus.
- The provider and registered manager were closely following government guidance on how to manage the recent outbreak of infectious diseases and robust contingency plans were put in place should this impact the service, particularly relating to staffing levels and the delivery of ongoing care.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were reviewed to check for any themes or trends.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported to complete their role to the best of their ability. The registered manager and training staff ensured new members of staff completed a thorough induction process. This included 'shadowing' an experienced member of staff, this gave new staff members the opportunity to learn how each person liked to receive their support and see this first hand.
- People were supported by a staff team who were trained and competent with a varied range of professional and personal experiences which linked well with people's needs.
- People and relatives felt staff were well able to support them, and often went over and above to support people. One family member said; "We had a string of bad experiences with other agencies. But Manor Community are the best. They have their eye on the ball, well trained and know what they are doing. They know how to support [Person]."
- The service worked in partnership with other organisations and kept up to date with new research and development. The service contributed to the development of best practice by collaborating with local universities and colleges in research projects.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. These assessments were used to devise a plan of care.
- People were cared for by staff who were supported, trained and experienced.
- Staff told us there was sufficient training to enable them to meet people's needs. This was confirmed by training records.
- A supervision and appraisal system was in place to help ensure staff were supported.

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

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan. Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences such as favourite foods and beverages.

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

- People received appropriate support to meet their healthcare needs. One person told us how staff had contacted the GP when they became unwell and had arranged a home visit for them.
- People's records showed that where other professionals were involved their input was acted on by staff

and incorporated into their care plans.

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 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.

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

- People told us the staff consistently sought their consent before providing any care or support. One person said, "The girls always ask me before they do anything. They tell me what they are doing and if its ok to carry on. They know my routine but they always ask before they do anything."
- People's ability to consent to care was recorded in their care plan.
- Where people had an identified power of attorney (POA) authorised this was recorded within their care plan including what the authorisation related to.
- Where people has been identified as lacking capacity, assessments were in place including any best interest decisions and who had been involved.
- The registered manager and staff understood the requirements of the MCA and implemented their training into practice.

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.

At the last inspection this key question was rated as Outstanding. At this inspection 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 staff were kind and respectful way. One person said, "Staff are ok, they are alright, they are good, no staff are not bossy, and all of the staff are good."
- It was evident that strong relationships had been created between staff and people they supported. One relative told us they had no concerns at all and were very happy with the care provided to their relative.
- Staff regularly completed equality and diversity refresher training to ensure the main principles were followed. Staff showed good knowledge of respecting people's equality and diversity in a caring manner. Staff told us "We treat everyone as an individual, we don't discriminate because they are older."

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

- People were able to give their views and opinions verbally and staff listened to these. One person told us, "They are always checking if things are alright, I don't ever hesitate to tell them if I need anything done."
- People signed their care documentation if they were able to and it was clear they had been involved in the process.

Respecting and promoting people's privacy, dignity and independence

- People were able and encouraged to be independent. For example, staff supported people to the shops so the person could choose for themselves what they wanted to buy.
- Support plans detailed the parts of people's care routines, they were able to carry out by themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People contributed to the planning of their care and support package and their choices and wishes were used to inform the care and support provided to them.
- Each person had an individualised electronic care plan which set out clearly how and when support would be provided by staff.
- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care plans reflected people's choices about how and when they received support, for example, when and how they liked to receive support with their personal needs such as washing and dressing.
- People's care and support needs were reviewed with them by senior staff to ensure this was continuing to meet their needs. Any changes to people's needs and the support they required was recorded on their care plans and shared with staff. A relative told us, "[Person] and I are involved all the steps of the way, they tell me if they need to change anything."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people and their relatives when they started using the service. This provided people with information about what to do if they wished to make a complaint, and how this would be dealt with by the provider. People told us they knew how to complain and were confident their complaints would be dealt with appropriately.
- The records we saw showed the provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided.
- When a concern or complaint had been received, senior staff had conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

End of life care and support

- Systems were in place to support people who may need palliative care. No-one using the service was receiving end of life care at the time of our inspection.

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 outstanding. At this inspection this key question has been rated as good. 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

- It was not always clear how the regulated activity of personal care was being managed. We spoke with one person who was receiving personal care. However there was no evidence of oversight and monitoring by the service for this regulated activity. There was no evidence to suggest this had a negative impact on the person, and they were happy with the care they received. However, the regulated activity needs to be managed and overseen by the service to ensure people receive support which meets the regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider was not always following the required standards and guidance in this area. The registered provider had not provided robust oversight on the senior managers at the supported living setting to check their compliance with regulations. There had been a period where the quality of care delivered had not been monitored by the provider resulting in the deterioration of the standards.

We recommend the provider consider current guidance and regulation on managing and monitoring of the service and take action to update their practice accordingly.

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 was aware of the responsibility to be open and honest with people and to apologise when care did not meet expectations.
- There were systems in place to ensure CQC and other agencies received notifications of incidents, which affected the safety and welfare of people.

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

- The registered provider and management team had established clear, person-centred vision and company values that covered honesty, involvement, compassion and dignity.
- People, their relatives and professionals gave us positive feedback regarding the leadership of the service. One person told us, "Management are fantastic way ahead of their time. Very informative, we always involved and always looking for ways to improve [Persons] care."
- There was a positive attitude and atmosphere amongst staff who valued the recognition and support they received from the provider.

- People's views and opinions were sought both in relation to their care and the wider running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were treated as equals and as individuals and with respect. The registered manager encouraged feedback and asked for their opinions about the quality of the service, both informally and as part of a survey. This helped the registered manager understand what was working well and any areas that needed to be improved.
- The manager logged accidents and incidents, and these were analysed by the provider's governance team, so that lessons could be learnt.
- The provider maintained an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they supported and family members informally, through care plan reviews, comment cards and survey tools.

Working in partnership with others

- Staff in the service had developed and promoted positive working relationships with commissioners, other social care staff, advocates and health care professionals. The provider had received a Great British care award for outstanding contribution to social care 2019 in the South West region. The service was working in partnership with local colleges and agencies to facilitate people to be involved in designing their care and for sharing expertise on good practice in care.
- Staff told us they could contribute to the way the service was run through meetings and supervision.