

Mannawell Limited

Mannawell Limited HQ

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

Mannawell Limited HQ is a supported living service that was providing personal care to one person with learning and physical disabilities in their own home at the time of the inspection. There was an office for staff and the registered manager to use situated at the persons home where they were a tenant.

Not everyone who could use this type of service would receive 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that the person who uses the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence and the person using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, industrial bins or anything else outside to indicate it was a supported living service. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with the person.

People's experience of using this service and what we found

The person was 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood their duty to report any suspicions of harm and poor care to the person. There were enough staff and recruitment processes made sure as far as possible that only suitable staff were employed. Individualised risk assessments were in place for the person as guidance for staff on what actions to take to help minimise identified risks.

Trained staff followed the procedures in place to make sure the person was safely assisted with their prescribed medicines.

Staff were trained, supervised and their competencies checked by the registered manager to help ensure the person's health and support needs were fully met. The registered manager was in contact with external

agencies and health and social care professionals to make sure the person received the specialist advice they needed, and the support was well co-ordinated.

Staff promoted and maintained the persons privacy and dignity when supporting them. Staff assisted the person in a compassionate and caring manner. Staff ensured the person ate and drank sufficient amounts and this support was given in line with external health professional guidance. Care and support were provided based on the person's individual care and support needs and in their best interests.

There were policies and procedures in place for staff to follow to make sure the quality of care provided was in line with best practice guidance and legislation. This included a complaints policy, available in a pictorial easy read format for the person to use should they wish to do so.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of the persons care.

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

Rating at last inspection

This is the first inspection since the service was registered on 23 October 2017. The service did not start operating until May 2019.

Why we inspected

This was a planned inspection.

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 ●

Mannawell Limited HQ

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

This inspection was carried out by one inspector and an inspection manager.

Service and service type

This service provides care and support to one person living in a 'supported living' setting, so that they can 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 the person's personal care and support.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity took place on 17 December 2019 when we visited the office location.

What we did before the inspection

The provider did not complete the required Provider Information Return as it was sent to them by the CQC when they were a dormant service and so was not required at this stage. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service since they registered with the CQC. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed the persons interactions with staff as they were not able to talk or communicate with us. We spoke with three members of staff, including the provider who is also the registered manager and two support workers and well-being assistants.

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

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 for 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

- Staff had training on safeguarding the person from harm or poor care. They were aware of their responsibilities to try to keep the person they supported as safe as possible and report any concerns they may have.
- Staff told us the process they would follow as detailed in the providers safeguarding policy. They said, "[I would] report to the manager what happened if I see something is wrong. I could also report to the police and CQC."

Assessing risk, safety monitoring and management

- There were individualised risk assessments in place with information for staff on how to support the person's safety. This included guidance for staff whilst caring for the person and supporting them to attend college and take part in activities.
- Staff confirmed they had read and understood the person's care record and individual risk assessments. A staff member said, "[Care records] I have read them. They have enough information in them, so I know a lot of information about [named person]."
- Equipment used to support the person's well-being had been serviced recently to make sure it was safe to use.

Staffing and recruitment

- During our inspection we observed there were enough staff to meet the person's needs in a timely manner. The registered manager told us the number of staff working each shift was determined by the person's care, support and dependency needs as detailed in their care record. This included how many staff were required to support the person both in and outside of their home.
- Potential new staff to the service had a series of checks carried out to make sure they were suitable to work with the person they supported. A staff member confirmed, "I completed an application form, came for interview and two people interviewed me. It was a face-to-face interview. [Identity checks included] a DBS check [criminal records check], my references from a previous and current job, my passport photo identification and a council tax bill and bank statement for my address. I had to bring these in before I started working."

Using medicines safely

- Processes were in place to help ensure the person was supported with their medicines by trained staff safely. The person's care record detailed the level of support needed from trained staff to help them with their prescribed medicines.
- Staff had training to administer the persons medicines and records showed their competency to do so

was checked to ensure their understanding of the process. The registered manager also audited medicine administration records. This was to make sure safe practice was monitored.

- A staff member said, "The registered manager checks my medicines competency very regularly."

Preventing and controlling infection

- Staff confirmed that they had enough personal protective equipment (PPE) such as gloves and aprons to use when supporting the person. This helped minimise the risk of poor infection control.
- A staff member said, "Personal protective equipment? There is enough always and for each new task we put PPE on... Everyone has to take their turn cleaning."

Learning lessons when things go wrong

- There had been no accidents or incidents that had occurred. There was a Quality Assurance policy in place that set out all ongoing incident and accident reports were to be checked and lessons learnt where possible as part the providers governance process.

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

- The person was unable to verbally communicate their experiences and how their needs and choices had been first assessed. However, the registered manager told us that staff had been recruited with the person and the person's needs specifically in mind. Observations throughout the inspection showed us that staff knew the person they were supporting well. We saw staff attentively respond to the person's sounds and body language regarding the support they required.
- The registered manager told us they kept up to date with best practice and legislation changes. This included the NICE (National Institute for Health and Care Excellence) oral health guidance. Staff used this up to date guidance and best practice to support the person's well-being.

Staff support: induction, training, skills and experience

- The registered manager told us that staff new to the service completed an induction programme which included the completion of the Care Certificate. This is a nationally recognised induction training programme.
- Staff had their skills and knowledge to deliver effective care developed through a training programme, competency checks, supervisions and an appraisal.

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

- Staff supported the person to eat and drink sufficient amounts in line with Speech and Language Therapist advice. This was monitored by the registered manager using food and fluid charts which detailed what the person had eaten and drank each day.
- A staff member confirmed, "Supervisions include information on how to prepare food without [the person] choking. Food consistency is to be soft and cut up but not mashed, small pieces and lots of gravy. [Named person] can chew and [they] can bite very well. We must be careful as [they] eat quickly... The registered manager helps plan the menu to make it slightly healthier."

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

- The registered manager and staff worked in conjunction with other agencies and health professionals to promote the persons health and well-being. This included working with the GP, chiropodist, district nurses, opticians, speech and language therapists and physios.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care and support records had been developed in line with the person's best interests.
- There was a deputy in place for the person by the Court of Protection and they undertook the responsibility for the management of the person's financial affairs. This was because they had been assessed as being unable to do this for themselves. Records stated that this was reviewed annually.

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

- Observations showed the staff provided compassionate, kind and individualised care and support in line with the person's care record. This was through sounds; visual clues and the body language of the person being supported. It was evident by the person's facial expressions that there was a warm and comfortable rapport between them and staff.

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

- Staff encouraged the person to maintain as much independence as possible and make as many day-to-day choices they could make. A staff member said, "For choice we have cards with pictures. We will show [named person] the pictures so that they can choose. If [named person] doesn't want something or doesn't like something they will push [hand away]. They clap and sing if they like something." This was observed during the inspection.

Respecting and promoting people's privacy, dignity and independence

- During this inspection we saw the person was dressed in a clean and tidy manner in clothes appropriate for the temperature of their home. A staff member said, "We use visual prompts to ask [named person] what they want to wear. They show us by their eyes focussing on a colour, it shows what they want to wear."
- Observations showed, and staff told us how they respected and promoted the person's privacy and dignity when meeting their care needs. A staff member said that when supporting the person with personal care, "You pull the curtains to ensure privacy."

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 knew the person they were caring for well including their likes and dislikes.
- The person's care record showed that the person's preferences had been recorded regarding their health and care needs including physio exercises and their likes and dislikes. Their care record also included a Distress Assessment Tool that provided information for staff about how a person would show signs of distress. This information was then used to formulate the care and support plans and outlined the care that was to be provided by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information such as the complaints policy and the persons activity programme were available to the person in a pictorial and easy read format to aid with their understanding.

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

- The person had access to a vehicle (driven by staff) that enabled them to go on trips out into the wider community. This included attending religious services, college with the support from staff and visiting a pool for hydrotherapy sessions.
- Activities enjoyed included, being given musical instruments to play with, sitting outside in the garden, taking part in tactile and sensory activities, being given colourful patterned objects to look at and hold. The person also enjoyed it when staff read books to them including religious stories and text. A staff member said, "We do painting, music and reading. The expression on [named persons'] face shows what music they would like to hear."

Improving care quality in response to complaints or concerns

- There had been no complaints received by the service to date. A complaints policy was in place which detailed the process the provider would follow on receiving a complaint.

End of life care and support

- Nobody using the service currently was end of life. There was an end of life care plan in place which documented the person's wishes to be resuscitated.

- The registered manager told us, "We would work with hospice staff and external health professionals [during this time] ...Our aim would be for anybody to die at home if that was their wish."

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;

- The registered manager spent a lot of time at the supported living service. This helped establish good organisational oversight of the quality of care being provided.
- Staff told us the registered manager listened to their suggestions and that communication was good. A staff member said, "The [registered manager/provider] creates a very warm environment. [Named person] is so much happier living here and is communicating more from when I first saw them. Care is personalised to their needs... I am very happy working here."
- Staff told us they felt very supported and could describe to us the values of the service. They also told us there was an expectation for them to deliver a high standard of care. They said, "Happiness is what is good about the service and the service supports each individual person."

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

- There was a duty of candour policy in place which detailed how the registered manager and staff would be expected to act in an open and transparent manner if something went wrong.

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

- The registered manager and staff were clear about their roles and responsibilities to provide a high standard or quality care to the person to maintain and promote their well-being. Policies and procedures were in place, such as an equality and diversity policy to help make sure that the ethos of the service was to deliver individualised high-quality care as set out in the policies and procedures.
- Audits as part of the providers governance system were in place and any improvements required as part of these audits were either actioned or on-going. For example, following on from an audit it was discovered that the service should use only one electronic method of recording information to avoid errors or duplication.
- The registered manager was aware of the regulatory requirement to notify the CQC of certain incidents that may occur, but they had not had to do so yet.

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

- To promote the person's well-being and to reduce the risk of social isolation, the staff encouraged the

person to have links with the wider community, with trips out and attending activities outside of the service.

- Whilst staff told us communication was good with the registered manager. It had been identified that regular, documented staff meetings should happen, and this was an improvement the registered manager planned to make.

Working in partnership with others

- The registered manager worked in partnership with external organisations such as the persons local authority contact, and external health professionals. This helped make sure the person received joined up care and support.