

Monahen Care and Support Limited

Monahen Care

Inspection report

Banbury House, Office 4,
Lower Priest Lane
Persore
WR10 1BJ

Tel: 07311358533

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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

Monahen is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. At the time of our inspection the service was supporting four people. Each person was receiving 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 had an assessment of their needs before starting to receive a service. Information was gathered from the person themselves and where appropriate from people's relatives to ensure information was personalised and appropriate support needs identified.

People had risk assessments which included actions staff should take to reduce risk of injury.

People told us they felt safe with the care and support they received. Staff completed training relevant to their roles including safeguarding. Staff were recruited in a safe way with relevant checks to make sure they were suitable for their prospective roles.

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. People and relatives told us they were happy with the care and support provided and said the staff were kind, respectful and reliable.

There was a complaints procedure to ensure complaints were recorded and acted upon in a timely manner.

People and relatives told us that the service was reliable, with no missed or late calls. They felt they had good contact and support from the provider and registered manager.

Rating at last inspection

This service was registered with us on 21 March 2016 and this is the first inspection.

Why we inspected

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

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Monahen Care

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

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.

Inspection activity started on 27 April 2022 and ended on 3 May 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. 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.

During the inspection

We spoke with two people who used the service and two family members. We also spoke with three staff including the provider, registered manager and care staff. We reviewed two people's care records, including care plans, risk assessments and medicine records. We looked at a staff recruitment record and at the policies, procedures and systems the provider and registered manager used to maintain oversight and governance of the service.

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; Assessing risk, safety monitoring and management

- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting. Where concerns had been raised about the vulnerability of one person they supported, steps had been taken by the registered manager to involve the local authority in ensuring the person was suitably supported.
- People told us they knew who to contact if they had any safeguarding concerns. One person said, "They [manager] have always said they are contactable all the time and that their phone is never off." A relative said, "The staff are great, I have no concerns over how safe people are."
- The management team understood their responsibilities to follow up on any safeguarding concerns identified and took measures to reduce the risk of reoccurrence.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner.
- Risks to people's personal safety were assessed, monitored and managed effectively. Each person's care plan included detailed individual risk assessments. Staff told us care plans and risk assessments were clear and practical.

Staffing and recruitment

- Recruitment processes ensured checks were made to ensure new staff were suitable to work with vulnerable people. This included reference checks, identity checks and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to ensure people got support in line with their assessed needs. However, they currently only had one member of care staff and used agency staff to support some of the calls. The manager told us they ensured they had the same agency staff to ensure consistency. The registered manager told us that they were actively recruiting new staff and this would see the reduction and then ceasing of the need for agency staff. All of the people we spoke with did not raise any concerns over any support they may have had from agency staff.

Using medicines safely

- Staff had training in safe handling of medications before they were able to administer medicines. There were comprehensive policies and procedures to ensure people received their medicines safely.
- Medication risk assessments were in place to ensure people had the right level of support needed to ensure they received their medicines safely.

Preventing and controlling infection

- Staff completed infection prevention and control training and used personal protective equipment (PPE).
- PPE stocks were maintained and there was PPE available for staff to use. The provider told us that they ensured they were up to date with any government or local guidance regarding infection prevention and control.

Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong. The management team had oversight of any accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence.

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.

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. 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 from the Court of Protection.

- People's care was delivered in line with the principles of the Mental Capacity Act and best practice guidance. One person told us, "I have complete choice over everything."
- All Staff had received training around the Mental Capacity Act and understood their responsibilities to ensure people's choices were respected.
- No one using the service at the time of the inspection was subject to any community Deprivation of Liberty Safeguards (DoLS).

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

- Care plans were person centred and detailed people's needs and wishes and what support was needed to meet their needs. It included relevant assessments of people's communication support and sensory needs.
- Care plans focussed on what people could do and strategies to maintain people's independence. One person said, "They [staff] do not take over. They are here to support me. Not do everything for me. I am very happy."

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

- People were supported to maintain their health and wellbeing and to access appropriate healthcare services when needed. Where needed, the provider and registered manager had liaised with health and social care professionals to ensure people could live healthier lives.
- People's care records clearly documented people's healthcare needs and any involvement from healthcare services.

Staff support: induction, training, skills and experience

- Staff told us they received the support, training and supervision to enable them to carry out their roles

safely. The provider said that there were plans to commence face to face training for some aspects of the training, as they felt this would further improve the learning for staff.

- New staff have an induction which included 15 hours of shadowing experienced staff and increased support and supervision. The provider acknowledged the current use of agency staff. They told us how all agency staff have a day induction before they commenced care calls. This ensured they were suitably competent to carry out their duties.
- All people we spoke with felt staff had the skills and knowledge to provide the care and support they needed.

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 told us staff were respectful of them and treated them with dignity and respect. The registered manager told us how their ethos was to ensure care should be provided in a way you would want it to be provided to yourself. They said, "People's values should be at the centre of everything we do."

Supporting people to express their views and be involved in making decisions about their care, Respecting and promoting people's privacy, dignity and independence

- People had choice and control of their own lives and how the care was delivered. The registered manager told us how they maintained regular contact with people to ensure they were getting the care right. People told us they were supported with their views and decisions regarding their care.
- People were treated with dignity and respect. People told us staff were discreet when discussing personal needs and maintained people's privacy. One person said, "They are really good to us. You couldn't ask for better."
- Staff were able to explain how they promoted and maintained people's privacy and dignity, particularly when supporting them with personal care.

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

- People, and their relatives, were involved in the assessment and care planning process and care and support was tailored to people's individual needs.
- People were given opportunities to share information about any 'protected characteristics' as outlined within the Equality Act 2010.
- People's care and support needs were regularly reviewed. Care plans reflected when they had been reviewed.

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. The Accessible Information Standard 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.

- People felt that they were able to communicate effectively with staff and with the registered manager.
- People's individual communication needs were assessed and reflected in their plans of care. Staff were aware of people's communication styles.

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 and relatives told us how the registered manager was flexible to changing call times or care if needed. Staff were able to tell us about people's interests and hobbies. For one-person music was important so staff would ensure the radio was on for them before they left.
- The provider acknowledged how the service provided was small, however they said as they worked towards increasing the size of the service, they would promote networking for people who used the service as they acknowledged how people can become isolated. The registered manager said, "For some people we may be the only people they see in a day. We need to remember that in how we spend time with people."

Improving care quality in response to complaints or concerns

- All people and relatives we spoke with had no complaints or concerns about the services they received.
- People felt confident concerns or complaints would be listened to and any issues resolved. Where a complaint about a previous member of care staff had been made, we could see that action had been taken to address the issues raised. The provider told us, "In response to the complaint we changed how we did things. Reinforcing the approach with staff and refocussing staff on the spirit of care. Ensuring that staff had

the right heart felt reason for working for us."

End of life care and support

- Staff were not currently providing end of life support, however, where known people's end of life wishes were recorded in their care records.

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

- The registered manager actively engaged with the people at the service to develop and improve the service. There were regular meetings with people so ideas and comments could be gathered by the registered manager.
- People we spoke with told us they were happy with the care and support they received. One person said, "It is what I needed, and I have absolutely no complaints."
- Staff demonstrated good knowledge of people's needs and interests. The registered manager told us how they wanted to have an open culture, one which ensured the person was at the centre of everything.

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

- The registered manager understood their responsibilities to report any safeguarding incidents and to the relevant agencies, such as the local authority and CQC.
- The registered manager had oversight of the day to day working of the service and staff performance. They took action to address issues when this was required.
- Feedback from people, relatives and the staff member regarding the registered manager was consistently positive.
- The registered manager recognised the potential risks of being a small provider and had robust strategies to increase the size of the service and plans to increase recruitment of staff. The registered manager told us how they would continue to carry out some care calls to ensure a working knowledge and overview of people's needs and this also enabled people to give face to face feedback on the quality of the service directly to the registered manager.
- There had been no missed or late care calls to people. A comprehensive system monitored where staff were in relation to calls and alerted the provider and registered manager if staff were late to a call.
- Governance and quality assurance systems were effective, and there were audits, checks and monitoring of areas of care such as medicines, training and infection control.

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 registered manager had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. Staff

told us they felt supported to raise concerns and knew how to whistle-blow on poor practice. They said how to raise concerns with the local authority and CQC.

- The registered manager was aware of their legal responsibilities under the duty of candour.

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

- Relatives told us they were verbally asked for feedback and shared only positive feedback with us about the service.
- The registered manager said feedback was, to date, informal and verbally gathered from people and their relatives. However, they realised a formal feedback recording system was needed so information could be captured and anything needed could be improved on could be actioned. The registered manager told us they would implement a formal feedback system during May 2022.
- Feedback from a staff member about the registered manager was positive. The staff member told us, "I have previously worked with the registered manager in a different setting and already had a good relationship with them. They are a good manager and caring, they listen and are supportive."

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and local community services and resources to ensure people's needs continued to be met.
- The provider told us that they were aiming for the service to become more established in the local community as the plans for scaling it up take shape.