

MNA Home Care Services Limited

MNA Home Care Services LTD

Inspection report

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Date of inspection visit:
14 July 2021

Date of publication:
16 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MNA Home Care Services Limited is a domiciliary care and support agency for people living in their own homes. The majority of people receiving support had their care funded by local authorities. At the time of the inspection the service provided support for approximately 296 people. 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

The provider had systems and processes to help keep people safe including risk assessments and risk management plans. Medicines were managed safely. The provider had systems to manage infection prevention and control including the effective use of personal protective equipment. COVID-19 testing and information around vaccinations were in place to help protect staff and people against the spread of the virus.

There were systems in place for managing incidents, accidents and safeguarding concerns to help improve the service. There were also effective systems, such as audits and spot checks, for monitoring and improving the quality of the service.

The provider liaised with other professionals to help ensure people's health and wellbeing needs were met. Stakeholders indicated the management team was approachable and responded to feedback from them to make sure people received appropriate care.

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

Rating at last inspection

The last rating for this service was good (published 20 November 2017).

Why we inspected

This was a focused inspection. We looked at the safe and well-led key questions to check whether people were receiving a safe and quality service.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MNA Care Services LTD 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

MNA Home Care Services LTD

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 conducted by one inspector and an Expert by Experience undertook telephone interviews with people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 were due to inspect the service in May 2021 and gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. However due to unexpected circumstances, the premises became inaccessible and the office closed for a short period which meant we had to re-schedule the inspection to July 2021.

Inspection activity started on 04 June 2021 and ended on 14 July 2021. We visited the office location on 14 July 2021.

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 spoke with six people using the service and fifteen relatives. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the provider, registered manager and a consultant who used to work for the service and now provided support with the provider's quality assurance as an external advisor. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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 emailed 90 staff to ask about their experience of the service and received responses from 17 staff.

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

- The provider had safeguarding policies and procedures in place to help keep people safe from the risk of abuse and avoidable harm. There was also a whistleblowing procedure on which staff had completed training.
- Relatives told us, "I think [person] is safe. I wouldn't leave them otherwise. [Care workers] seem to know what they are doing" and "They seem very good. They're always checking everything. They check [person] is alright and that. I can't fault them. We've had no problems with them."
- Staff had up to date safeguarding training to help ensure they had the skills to recognise when people were at risk of abuse or negligence and to respond appropriately.
- The registered manager understood their responsibilities around safeguarding people and worked with other agencies to help protect people. This included raising safeguarding concerns with the local authority and notifying CQC. Safeguarding investigations included evidence of the investigation and lessons learned, which helped the provider to mitigate future risk and help to keep people safe.

Assessing risk, safety monitoring and management

- Risks were appropriately assessed, monitored and managed to help reduce the risk of avoidable harm to people.
- People's needs were assessed and where risks had been identified there were control measures in place with clear guidelines for staff to help mitigate the risks. Risk assessments included the person's home environment, mental health needs, mobility, skin conditions and COVID-19 risk assessments.
- When a health condition put the person at risk, the provider also included a description of the condition, personalised information about how it affected the person and an information fact sheet about the condition. Where the carer needed to recognise symptoms, these were listed.
- The provider reviewed and updated risk assessments and care plans six monthly or when there were changes in people's needs.

Staffing and recruitment

- The provider had systems in place so there were enough staff to meet people's needs and support them safely in their homes.
- Staff told us they had enough time to travel between calls. The provider used an electronic monitoring system that showed in real time when care workers arrived and left people's homes.
- People and their relatives told us the same staff provided consistency and staff generally arrived on time and undertook the agreed tasks. Comments included, "I have a set carer. It's only her who comes. If she's off,

the office phones and tells me who is coming. I know the times and she stays the right amount of time", "I do feel safe with my carer. I always get the same carer, which I like" and "[The rota] is pretty consistent'. We've not really had new ones. When we did have a new one, they were introduced."

- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.

Using medicines safely

- People received their medicines safely. The provider had a medicines policy and procedures in place with guidelines for staff about how to administer medicines safely.

- The level of support people needed to manage their medicines was recorded. The provider had assessed each person's medicines needs, including those where creams needed to be applied, and any risks associated with these.

- Staff completed medicines administration records (MARs) appropriately to indicate they had supported people to take their medicines as prescribed.

- Staff undertook medicines training annually and medicines competency assessments were completed to help ensure staff had the skills required to manage people's medicines safely.

- The provider audited MARs to ensure they were effectively completed by staff and medicines were being administered as directed.

Preventing and controlling infection

- The provider had systems in place to help prevent and control infection.

- Staff had completed infection control training and were provided with ongoing up to date guidance during the COVID-19 pandemic. This helped them to follow good practice when providing care. They also had enough personal protective equipment (PPE) to help minimise the risk of spreading infection. People told us, "[Care workers wear] masks, aprons, gloves and even stuff for the shoes and arm covers. We have a bin outside, a special one, [for disposal]" and "[Care worker] has worn PPE every time she's come, and she puts it in the recycle bin outside."

- The provider carried out spot checks of staff practices in people's homes to help ensure they were following infection prevention and control guidelines correctly.

- People and staff had individual COVID-19 risk assessments and risk mitigation plans. Staff had weekly tests for the virus and were given information about getting the vaccine.

- The provider had created a fact sheet about COVID-19 and how to stay safe. Additionally, we saw information around infection control and vaccines translated into different languages to help ensure everyone had information they understood.

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents and systems in place to learn lessons, to make improvements and to help mitigate similar risks in the future.

- The provider investigated incidents appropriately, updated people's care plans as required and made referrals when needed to help address people's arising needs. The incident and accident template the provider used did not specifically include lessons learned. However, the incidents we saw all had updated risk assessments attached to them which did include information about how to minimise the identified risk. The provider said they would incorporate lessons learned into the main template.

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 as good. At this inspection this key question has remained the same.

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 provider promoted a person centred and open culture to help achieve good outcomes for people. People and their relatives spoke positively about the care provided. Comments included, "They do listen, they often tell me about changes. They have been as cooperative as they can be" and "I think the staff are competent, empathetic. They seem to have good respect for the client."
- We also saw positive written comments. A relative wrote, '[Care worker] is an excellent member of your team and should be promoted as role model for your staff. [Care worker] has been patient with my [relative] and kept me informed throughout their care.' A social care professional had written, 'Please continue to deliver the fantastic care that you are providing and reporting back your concerns, without your support and the carers input, we are unable to meet [person's] needs.'
- Feedback from staff indicated they were happy working for the provider and confirmed they received the support they needed to carry out their role effectively. This included relevant up to date guidance so they could care safely for people. Staff members said, "The office normally (monthly) organise a carers' support zoom meeting to help and support all carers. Aside from that, I get support through my supervisions and appraisals" and "The managers are always there if I need some help with anything."

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 understood duty of candour expectations, had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify if things went wrong.
- A social care professional told us, "MNA are always are compliant when it comes to responding honestly and give any documentation which is needed to resolve the [concern] by the date required."

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

- The registered manager and senior staff team understood their roles and worked well together to provide safe and effective support for people and staff.
- There were a range of policies and procedures which linked to relevant legislation and guidance. These were regularly reviewed and updated.
- People and relatives knew who the managers were and felt able to raise concerns with them.

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

- The provider had systems and procedures to monitor and assess the effectiveness of service delivery. People and relatives told us the provider asked for their feedback through phone calls and home visits. They said, "From time to time they ring me and ask [if person is] happy with the service", "On a regular basis [the service asks for feedback] and on occasion someone will sit with us and go through questions, standard stuff" and "They call every so often, to ask, 'How do you feel about the carer?'"
- The provider sent people a satisfaction survey in December 2020. People's responses indicated the service was good or excellent overall.
- People's diverse needs such as culture and communication were considered as part of the assessment process. For example, we viewed the complaints policy and procedure written in full in five different languages to help ensure people engaged with the service.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care

- The provider had systems for continuous learning and improving care that assessed, monitored and checked the quality of the service provided to people. This included an annual development plan designed to review and improve their performance. We saw one action from the plan that they completed was to appoint dementia, safeguarding and medicines champions, to support staff with best practice in these identified areas.
- Checks and audits the provider completed to help ensure continuous learning and improved care included people's care plans, financial records and medicines records. The audits contained comments with actions to help improve service delivery.
- They also asked stakeholders for feedback. This was undertaken through telephone calls to people using the service and spot checks of staff in the person's home. This helped the provider to monitor the performance of staff and service delivery and identify where improvements were required.
- The registered manager participated in local authority provider forums to share information and best practice with other providers in the area.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- We viewed records confirming they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met. For example, we saw where one person's mobility had reduced, the provider emailed the local authority making recommendations to reduce the risk to the person.