MNA Home Care Services Limited

MNA Home Care Services Ltd - Hounslow

Inspection report

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Date of inspection visit:
19 July 2016

Date of publication:
02 August 2016

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

This inspection took place on 19 July 2016 and was announced.

We gave the provider 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

The service had recently been registered with the Care Quality Commission (CQC) and had not been inspected before.

MNA Home Care Services Limited (Hounslow) is a domiciliary care agency which provides personal care for people in their own homes. At the time of our inspection, there were 57 people using the service. Most people who used the service were receiving funding from Hounslow local authority, and a few people were funded by Surrey County Council.

Some people who received a service were older people and included those with physical frailty or memory loss due to the progression of age, whilst others were living with the experience of dementia or had mental health needs. A few people receiving a service had a learning disability. The frequency of visits varied from one to four visits per day depending on people's individual needs.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was positive. Most people said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the visiting officers and the registered manager.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and told us that all staff had received training in this. Records showed that people had consented to their care and support and had their capacity assessed prior to receiving a service from MNA Home Care Services Limited (Hounslow). Nobody was being deprived of their liberty unlawfully as Deprivation of Liberty applications had been made as required.

There were systems in place to ensure that people received their medicines safely and the care workers had received training in the management of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. This was available in different languages. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by the visiting officers.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the care workers and the provider.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers

and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The registered manager organised meetings for staff and people who used the service. This encouraged openness and the sharing of information.

MNA Home Care Services Ltd - Hounslow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2016 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people 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. The expert on this inspection had personal experience of caring for a family member who used domiciliary care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We met with the provider, the registered manager, a care coordinator, two administrative staff and two care workers.

Following the inspection, we telephoned seven people who used the service and two relatives of other people to obtain feedback about their experiences of using the service. We emailed five social care

professionals and one healthcare professional to obtain their feedback about the service, and four of these people replied to our request for feedback.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers who visited their home. Some of their comments included, "Yes, I do feel safe, they keep me company", "Yes of course I feel safe" and "Yes. I am used to them now, the regular ones. And you can sense if people are safe to be around", "I always feel safe with them. They are quite reasonable people" and "I do feel safe." A family member said, "Yes my [family member] is safe with the carers." People we spoke with told us they knew who to contact if they had any concerns, and had the contact numbers in the book given to them by the service. One relative said, "We have a book that has all the numbers in there" and another one told us, "Yes, I've got a number here for MNA's office.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. One care worker told us, "I know my clients well. I would know if something is not right. First I would tell [manager], and I know she would take it seriously, or tell social services or CQC."

We were told that care workers were usually on time and on the rare occasions they were late, they would be notified and the care workers would stay longer to make the time up. One person who used the service told us, "Sometimes they can be 10 or 15 minutes late, or sometimes they are early. It's not really a problem for me. They will call me and let me know what's going on. They stay for the whole time even when they are late. They stay until they have finished with me and I am sat down" and another said, "They are usually on time during the week. At the weekend, it's sometimes a problem. Once they come, they are really good." One relative told us, "There is a variety on the time. The problem is at the weekend they are sometimes late then. I do believe they stay for the entire time." The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care coordinator would immediately inform the person using the service. People confirmed that this was usually the case.

The service used an electronic monitoring system called Ezi Tracker. This required the care workers to enter their individual pin numbers to log in and out using the telephone of the person who used the service. This was agreed with the person at the point of initial assessment. This was closely monitored online by the care coordinators who were able to check when each care worker arrived and left people's homes. The system highlighted if someone was running late which prompted the care coordinators to call the person and inform them. The registered manager told us that any care workers who were persistently late or not

attending a visit were dealt with under their disciplinary policies and procedures.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. Care workers told us they were providing care to people on a regular basis and had built a good rapport with them. People lived within the same area which meant that the care workers could attend to people within their allocated time. One care worker told us, "I have my own clients, they are almost all within walking distance. I am always on time. One of my clients even told me I was too early!"

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "I would know what to do if one of my clients was injured or ill. I would call the office straight away, or if urgent, I would call 999 first." We saw evidence in one care record that an ambulance had been called when a care worker found a person on the floor during a visit. This indicated that people received medical attention without delay.

People and relatives told us that care workers supported them with either prompting or administering their prescribed medicines. One person said, "They make sure I take it and don't spit it out." and a relative told us, "All his medication is pre-packed and whilst he takes it himself, the carer has to remind him." We saw a range of medicines administration records (MAR) charts which had been completed over several weeks. These showed that the staff had administered all the medicines as prescribed and there were no gaps in signatures. Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicines management and they received yearly refresher training. The visiting officer carried out regular spot checks in people's homes to ensure that people were supported with their medicines. They also carried out thorough audits of the medicines which included checks on the storage, stock, and MAR charts. We viewed a range of monthly checks undertaken, and saw that these were thorough and showed no concerns identified. This meant that people were protected from the risk of not receiving their medicines as prescribed.

The registered manager told us that people's safety was paramount and they would only accept a care package from the local authority if they were absolutely sure the person's needs could be met safely. A social care professional confirmed this and said, "They only pick up cases where they have carers to cover all calls satisfactorily." Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and there were measures in place to minimise identified risks and keep people as safe as possible. These included liaising with the relevant healthcare professionals to provide pressure relieving equipment for a person at risk of developing pressure ulcers.

Accidents and incidents were rare, however we saw that when they happened, they were recorded appropriately and included details of actions taken to minimise the risk of reoccurrence. Records showed that the registered manager carried out the necessary investigations and recorded their recommendations. These were used to review and update people's care plans to ensure that staff were able to meet their needs in a safe way.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "They understand my condition. I had a stroke and they work with a lot of people with strokes." One relative told us, "They seem to know about my [family member's] health problems. I've had no problem so far." A social care professional said, "Generally I am very satisfied with the service they provide to our clients."

Care workers told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. Regular reviews of people's needs included discussions about any changes to people's condition or any requirements from the GP to be passed on to care staff.

People said that care workers communicated appropriately with them. One person told us, "We joke around a lot. Some of them are really good and know how to take care of the elderly." One relative said, "Yes I think so. They will try to make her laugh and joke around with her."

People's nutritional needs were assessed and recorded in their care plans. These included their dietary requirements, likes and dislikes and allergy status. Guidance to staff included, "Care worker to prepare and serve me an evening meal with a drink of my choice" and "Care worker to leave fluids within my reach to avoid dehydration." Some people required support at mealtimes such as warming up already prepared food of their choice. One person told us, "I can eat whatever I like. They assist me" and a relative said, "They give [family member] breakfast. Meals are already prepared for lunch and dinner." Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns. This meant that people's nutrition and hydration needs were consistently met.

People were cared for by staff who were appropriately trained and supported. New staff undertook training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a development programme which included shadowing an experienced care worker in order for the people who used the service to get used to them and for the care workers to learn the job thoroughly before attending to people's care needs. Care workers were assessed throughout the development programme in areas such as safeguarding, health and safety, awareness of mental health, dementia and learning disability, basic life support and infection control. Assessments carried out included observations of the care worker's practices such as medicines administration competencies. Throughout this period, each care worker received support such as one to one coaching sessions with the in-house trainer. This was to make sure they had acquired the necessary skills to support people in their own homes. One newly recruited care worker told us, "I had so much support in my induction. It helped me get confident in my job. I was new to care work, but they gave me all the training and help I needed."

Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, moving and handling, health and safety, medicines management, food hygiene and infection control. They also received yearly refresher courses. The registered manager told us they had a well-equipped training room at their head office, which included equipment used for moving people safely so staff could practice and be assessed using this. We saw a training matrix which was up to date and highlighted in red when a training course was due to be refreshed. This meant that people received care from staff who were sufficiently trained to meet their needs.

Care workers told us they were supported through one to one supervision meetings. The visiting officer carried out unannounced field supervision for all care workers. These checks included punctuality, appearance, procedures and relationships with people who used the service. Each section was rated between one and five, and any concerns were recorded then shared and signed by both care worker and supervisor. Any identified concerns were discussed in a formal supervision meeting arranged for that purpose. We saw evidence of this where a care worker had missed a visit to a person using the service. One care worker told us, "We get checked very often. We get a lot of support to ensure we deliver good care." When asked if it had helped improve their performance, they added, "Yes. It's important. It makes you do your job well." Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person, or where people lacked capacity, in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. One relative told us, "They always talk to him first to make sure he is happy to do anything." 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. The registered manager told us that all but two of the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty unlawfully. The registered manager was aware of the legal requirements relating to this and had taken appropriate action to make sure that any restrictions were in the person's best interest and were authorised through the Court of Protection. Records we viewed confirmed this.

People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Care workers told us that as part of their induction training, they received basic awareness training in the principles of the MCA. They were also issued with an easy read guide which they were expected to read and they signed a form to confirm that they would at all times adhere to the MCA.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular care workers and had built a good rapport with them. People said the care workers were kind, caring and respectful. Some people's comments included, "They are very good. They always look after me and try to make me happy", "You get what you pay for. They do all the jobs you want them to do", "Yes, I respect them and they respect me. We are all like friends" and "Yes. Everything is fine here." A relative said, "They are pretty good with [family member] and can sense his mood" and another told us, "Yes they just treat [family member] like a normal person, no issue."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. People we spoke with confirmed this. People and their relatives told us they were involved in discussions about their care and support, and had signed to give consent for their support.

Care plans contained an additional section about areas for care workers to pay particular attention to. For example, where a person had identified they felt lonely, there was a section called "isolation" which read, "Care workers to ensure they interact with me while assisting me as they could be the only people I see or speak to as I live alone."

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a care worker of the same gender as themselves and were receiving this service. The registered manager told us that where possible, based on people's preferences or needs, the most suitable care workers were allocated.

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out random spot checks, reviews and telephone calls. They indicated that people and their relatives were happy with the service and the support they received. Comments we saw included, "I am happy with the service" and "All is going well."

Daily records were clearly written using respectful language. Care workers recorded meaningful events using the person's preferred name and reported on their emotional and social wellbeing, not just about the tasks performed.

The service kept a record of letters and compliments received from people and relatives. Comments included, "Thank you for your excellent communication and reporting", "My carer helps my life going when I am down. I am lucky to have him around me", "[Care worker] is very helpful, caring and polite" and "My relative was always happy to see [care worker]. Whenever he came, his face would light up. [Care worker] would chat to him and make his day a little better."

The above evidence demonstrates that people were receiving a person-centred service which fully met their individual needs.

Good

Is the service responsive?

Our findings

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the general needs assessments and were based on people's identified needs, the support needed from the care workers and the expected outcomes.

Records we viewed showed that people had taken part in the planning of their care. Most people had met members of the senior team during regular spot checks and reviews. The registered manager told us they were going to spend the next two days visiting people in their own homes, and planned to continue to do this every week.

Support plans were person specific and took into consideration people's choices and what they were able to do for themselves. Care workers we spoke with told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. One person told us, "Yes, it's everything I need. They look after me really well. We are always chatting" and another said, "What they are doing is really good. If I need anything it is done. I can talk to them about anything and they will do it. But we all make mistakes from time to time. Nothing major, just little things."

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available. This resulted in people's needs being consistently and comprehensively met.

The registered manager told us that review meetings were undertaken every twelve months unless there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. Records showed that the service worked closely with healthcare and social care professionals when people's needs changed. This included contacting the GP to request a referral to the falls clinic for a person whose risk of falling had increased. This indicated that the service was responsive to people's changing needs and had systems in place to review and meet these needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way showing respect and care for the person receiving support.

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. We saw that questionnaires returned to the service indicated that people were happy with the service. The provider analysed the questionnaires received and provided feedback to people who

used the service, including where the service did well, where improvements were needed and their action plan. This included improving communication and responding to people's queries in a timely manner.

The service also carried out monthly telephone calls and home visits to monitor service delivery. These were recorded and kept in people's files. We viewed a sample of records. These included questions about the care workers' professionalism and punctuality, whether they were caring and friendly, if people felt safe with the care workers, what they thought of the office staff and how the service could be improved. We saw evidence that action was taken promptly when an issue was identified. This included a reminder to all care workers to wear aprons when undertaking personal care.

People told us they were happy with the service. One person said, "I have no concerns. If I did, I would go to social service, they are the ones I would go to." and another told us, "I would phone the office and talk to the manager." The service had a complaints policy and procedure in place. These were supplied to all people using the service and were available in different languages to reflect the needs of people who used the service.

People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. This included where a person who used the service had complained about a care worker being late. We saw that this was taken seriously and addressed with the care worker. This indicated that the service was responsive to people's complaints and put systems in place to rectify areas of concern.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. They told us they met the visiting officers regularly, when they carried out spot checks or came to review their care. One person told us, "All I know is they are all decent people. All of them." When asked what the service could do better, one person said, "I cannot think of anything at the moment. It's fine as it is."

The visiting officers were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out telephone monitoring calls to check if they were happy with the service and if the care workers were being punctual. We viewed a sample of audits which indicated they were thorough and regular. The provider had used the services of a private consultant to provide a comprehensive audit of all areas of the service. They had identified the service overall as good.

The registered manager had been in post for one year and had been the quality assurance manager for the organisation for five years before being appointed. They held a recognised vocational qualification in Management at level 5. They were supported by six office staff which included a care coordinator, two visiting officers and administrative staff. We spoke with three office staff members. They told us that the registered manager was approachable and supportive and they felt encouraged to develop within their new role. One of them told us the registered manager was "Excellent" and added, "[Manager] expects things to be done. Everyone knows what they have to do." Another member of staff told us, "The manager is very supportive", and a third said, "[Manager] is very approachable and helpful. She always has sound advice. We have a strong policy of reporting. She always keeps telling staff to report and never ignore signs. So our staff report everything. This way, people are safe." Everyone told us they were very happy in their work and worked well as a team.

Care workers spoke positively about the registered manager. Their comments included, "I am so happy with [manager]. She is very nice. She gives me help and makes me confident" and "From the beginning, [manager] encouraged me to do my job well and get confident. She said 'You can do it.' I call her my source of strength."

There were frequent meetings organised at the service. These included monthly care worker meetings where items discussed included training, policies, complaints and any identified concerns. Monthly management meetings and monthly office staff meetings included discussions about recruitment, staffing issues, training and areas of improvement. In addition, the registered manager conducted quarterly meetings with the visiting officers to discuss any issues they might want to raise such as supervision, daily schedules, communication and spot checks.

The registered manager told us they had organised a get together for people who used the service, which included refreshments and chats. They were planning to make this a regular event.

The registered manager told us they attended provider forums and events organised by Skills for Care

whenever they could and kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC). They told us they had a membership with a number of social care organisations which included the United Kingdom Home Care Association (UKHCA), The National Skills Academy Social Care (NSA), Social Care Institute for Excellence (SCIE) and Dementia Pledge. The Dementia Pledge was created for providers to work with their staff team to adapt their service to meet the needs of people living with the experience of dementia.

The provider had a business continuity plan in place. This included contingency plans in the event of extreme weather, pandemic and staff shortage. There was a statement of purpose in place which included information about the organisation, its values and principles, and aims and objectives.

The provider carried out regular audits of the service. These included the rostering of staff, electronic call monitoring, safeguarding, medicines management and recruitment. The provider met with the registered manager on a one to one basis to provide advice and support.

This evidence showed that the provider had effective monitoring processes in place.