

Muzaana Care Services Ltd

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Muzaana Care Services Ltd is a domiciliary care agency. It provides care and support to people in their own homes in the London Boroughs of Brent and Harrow. The provider supports older people and people living with dementia or who have physical disabilities. At the time of our inspection the service was providing personal care to four people. This is help with tasks related to personal hygiene and eating. The provider had one location from where they operated.

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

The provider had arrangements in place to check on and maintain the quality of the service. However, these checks had not always been recorded in systematic way to show the service was always managed safely and effectively.

The service was led by a "hands on" registered manager with a clear commitment to treating people with dignity and respect while continuously learning and improving.

People were happy with their care and support and told us staff were kind and caring. People received consistent care from staff they could develop trusting relationships with. People were encouraged to be independent where possible.

People received care that was adapted and updated to make sure it met their needs. People had personalised care and risk management plans in place that set out their likes and preferences clearly. People and relatives felt able to complain or give feedback and were listened to. People and their families were supported to consider people's end of life preferences and these were respected. The service worked with other agencies to make sure people received joined up care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to be healthy and to access healthcare services. Those who required support received this in relation to food and drinks. Staff received training, support and supervision to provide care to meet people's needs.

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

Rating at last inspection

This service was registered with us on 26/03/2018 but did not start providing care at that time. The provider started providing care later and this is the first inspection of the service.

Why we inspected

This was a planned inspection based on the date the service was registered and when they started to

provide a service.

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 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Muzaana 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 carried out by one inspector.

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 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 registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the human resources manager. We looked at a variety

of records related to the running of the service. These included the care needs assessments and care and risk management plans of four people using the service, the staff files for five care workers and records the managers kept for monitoring the quality of the service.

After the inspection

We spoke with one person who used the service and three relatives of other people. We reviewed comments people had written online about the service. We spoke with two health and adult social care professionals who have worked with the service. We also spoke with two staff.

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.

Staffing and recruitment

- The provider had appropriate recruitment processes in place and roles were only offered to fit and proper applicants.
- A human resources (HR) manager had recently joined the management team to ensure all necessary pre-employment checks were completed and recruitment records demonstrated they were. We found the provider in the past had not always maintained detailed recruitment records, such as checks on employees' previous employment, but the HR manager had worked to address this.
- The provider made sure there were enough staff to meet people's needs. People felt they were getting consistent care from staff they could develop a trusting relationship with. One relative told us, "[The registered manager] seems to just be recruiting people who are absolutely splendid."
- People and relatives told us staff were either always on time or called them if they were running late.
- Both a healthcare professional and relatives told us that staff did not rush their care visits and had enough time to support people, and sometimes stayed longer than their contracted care hours if someone needed this. One relative told us, "They stay as long as needed and never leave us in crisis or with a problem."

Systems and processes to safeguard people from the risk of abuse

- We asked people and their relatives if they felt safe with the provider and their comments included, "Oh yes" and "Definitely, 100%."
- The provider had suitable safeguarding procedures in place and staff were aware of these.
- Staff completed training on safeguarding adults and knew how to recognise and respond to safeguarding concerns.
- One relative described how the provider had been helpful and supported them when they reported concerns regarding the care and treatment their family member had experienced with another agency.

Assessing risk, safety monitoring and management

- Risk management plans were in place to reduce risks to people's safety and well-being. These included assessments of people's mobility, skin integrity, continence issues, nutrition, oral health and fire safety.
- The plans were detailed, personalised to each person and contained guidance for staff to follow to reduce risks of harm to people. For example, one person's plans described how to support the person to mobilise safely.
- The provider had contingency plans in place to continue providing a service in case of emergencies.

Using medicines safely

- The provider had safe medicines support procedures in place, although it was not supporting anyone with their medicines as part of their contracted care arrangements at the time of our inspection. Staff recorded when they had observed one person take their own medicines so as to keep a clear record of the care visit.
- We saw the registered manager had started to assess and plan to provide medicines support to people whose health was declining as they anticipated people may need this in the near future.
- The registered manager was aware of the National Institute for Health and Care Excellence guidance for the effective management of medicines for people receiving social care in the community.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection. The registered manager told us these included wiping clean people's mobility and personal care equipment at the end of each visit.
- Staff received training in infection control and had access to personal protective equipment such as gloves, aprons, shoe covers, face masks so they do not cough on people, and hand gel. Staff told us this equipment was always available to them.
- There was information and guidance for staff on safe handwashing practice in each person's care file in their homes.
- We saw the registered manager had reminded staff in a recent team meeting to make sure they kept their personal immunisation practices up to date. This promoted infection prevention and control.

Learning lessons when things go wrong

- There were procedures in place for responding to incident and accidents.
- The registered manager had reviewed and learnt from records of incidents when a person acted in a way others may find challenging and adapted the service to better meet their needs. For example, changing the time of day staff provided support with some personal care tasks to when the person was understood to be more amenable to them.

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 registered manager completed a comprehensive assessment of people's care support needs to decide if the provider could support them safely and effectively. A relative confirmed to us the registered manager conducted this over several visits to the person to get a good understanding of their needs. Relatives also told us they found the provider supported their family members effectively and as they wanted after other agencies had told them it was too difficult to provide care to their family members at home.
- Assessments included personalised information about the person, such as their likes and dislikes and their preferences for their care as well as information about their age.
- The registered manager used a comprehensive assessment format to consider people's needs, including their health conditions and continence, medicines and oral health issues.
- Relatives and a healthcare professional told us the assessments covered all the person's needs and relatives were involved in this where this was appropriate.

Staff support: induction, training, skills and experience

- The registered manager inducted new staff to the service who were then required to work alongside them until they understood how to support people in the way they wanted. Staff confirmed they worked alongside the registered manager until they were confident to support the person. However, this induction and shadowing process was not always recorded. We discussed this with the registered manager who told us they would start to fully record staff inductions.
- Records indicated staff had completed a range of required training so they were competent to support people. This included basic life support, health and safety, learning disability awareness, mental health awareness, dementia awareness, and moving and handling people safely.
- A training facilitator supported staff to complete training and provided coaching to staff on how to support people in their homes.
- People and relatives spoke positively about the staff who supported them. Their comments included, "They're all good at their job" and "I wish there were more agencies that trained their staff like this."
- Staff felt supported and supervised by the management team. They saw and worked with the registered manager frequently and also met them for periodic supervision meetings. One member of staff said, "There is good team work, they communicate with staff, they give you support."

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

- People were supported with their meals and drinks where this was part of their planned care

arrangements. Daily records of care showed what food people had been offered and eaten.

- Staff supported one person to plan what they would eat for the day so they ate a varied and nutritious diet. The person told us staff visited them regularly at lunchtime as well, beyond their contractual care arrangements. This encouraged the person to eat and provided them with added companionship.

Staff working 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 and improve their health. This included supporting people to maintain good oral health, which was included in people's care plans.
- The registered manager described and care records showed how staff worked with other agencies to help meet people's health needs, such as working with district and palliative care nurses. This included helping to engage other agencies such as physiotherapists to support people.
- The registered manager supported relatives to help maintain their family members' health, for example advising on good oral hygiene and how to avoid developing pressure sores.
- One healthcare professional told us a person was now experiencing fewer hospital admissions as a result of the provider's ongoing care and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in line with the principles of the MCA.
- People had consented to their care plan arrangements and signed their care plans to indicate this.
- Relatives had a Lasting Power of Attorney (LPA) in place where people did not have the mental capacity to consent to their care arrangements. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The provider obtained copies of these from relatives.
- The registered manager had worked with people and their family to plan for when a person using the service may no longer have the mental capacity to make decisions about their care arrangements.
- Staff had completed MCA training and understood how to seek people's consent and respect people's choices about their care.

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

- There was a strong, person-centred culture throughout the service. This led to people being treated well and experiencing a high standard of care. People spoke highly of the registered manager and staff who provided their care. One person said, "[They] couldn't do any better, they're so present and lovely." A comment about the service posted online said, "The best carers in the world. Couldn't wish for better. I love them dearly." Relatives also praised the care their family members received. Their comments included, "[The person] is respected and cared for by all the carers," "They're superlative," and, "From the moment [the registered manager] came in they treated [the person] as their father, with nothing but loving and kindness." Records of the daily care provided also indicated people and their families were consistently treated with respect and compassion.
- We saw evidence of staff celebrating people's birthdays with them by sending them cards and making an extra effort to visit and sing 'happy birthday' to them.
- Relatives told us they also felt supported and cared for by the provider. One relative said, "You can discuss things with them and get help - you're not on your own." For example, the relative described how they were able to discuss and get advice from staff regarding a person's health concerns. This helped the person to continue to be treated well by their family and staff.
- People's cultural needs had been assessed, including their cultural background, religion and gender, and the registered manager gave examples of the service responding to people's and staff members' cultural preferences. For example, being clear what footwear staff could wear in a person's home and the registered manager letting a person know some staff may not be able to handle certain ingredients when preparing food for them.

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

- People and their families were involved in planning and reviewing their care. One relative told us, "Muzaana take note of everything I say, and it's remembered."
- People's care plans clearly recorded their likes and dislikes and how their care should be delivered based on these. This meant people directed their care based on their expressed preferences. For example, one person's care plan was clear they only liked to use warmed articles, like flannels, when washing.

Respecting and promoting people's privacy, dignity and independence

- People told us staff afforded them privacy and dignity.
- Staff had completed training on promoting people's dignity and respect and could explain how they did

this in practice.

- People were supported to be independent in ways that were meaningful to them and these were described in their care and risk management plans. One person told us how staff helped them to clean themselves as much as they could when helping them to wash.
- Another person's relative told us, "In a nutshell, they have allowed [the person] to stay in [their] own home, I promised that years ago." This goal was also recorded in the person's care planning documents. This indicated the service had promoted the person's dignity and independence by enabling them to continue to live in their family home.
- We saw records were stored securely at the provider's office to maintain the confidentiality of people's information. People or their legal representatives had given consent for the provider to share their information appropriately with others if required, such as their GP or emergency services. This helped to ensure the provider maintained its responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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 received care and support in a planned way that recognised and reflected their individual needs and personal preferences.
- People's care and risk management plans contained personalised information about them, such as a short life history, their likes, dislikes and preferences.
- Care plans were comprehensive and set out information about people's health conditions, their care needs and how they wanted staff to support them. For example, one person's plans described how they liked to receive their personal care, which grooming products to use and when.
- Some people's care plans described how people liked music playing and singing during their care. The registered manager said, "It just changes the whole dynamic and puts them in a good mood, especially if you're the only person they'll see that day." People confirmed this happened and one relative said, "There's a lot of talking and laughter."
- We saw the different sections of people's care plans were updated when people's needs changed and relatives also told us this happened regularly.
- Daily records of care were detailed. They showed people received their care as planned and also described people's well-being during the care visits and any important information other staff needed to be aware of, such as potential health concerns.

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.

- People's communication needs were identified and recorded in their plans and supported by staff. For example, one person did not use words but the registered manager demonstrated how staff had learnt to understand how the person communicated and respond to this.
- Another person's care plan identified how to communicate with them in ways known to avoid causing the person to become anxious or upset.

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

- Staff supported people with activities that were meaningful to them when this was part of their contracted care arrangements, such as playing cards, helping them to access their garden and reading with the person.

The registered manager told us they were planning to support the person to visit their local park in the near future.

- One person told us staff visited them regularly at lunchtimes, beyond their contracted care arrangements. This encouraged companionship and reduced the risk of the person feeling socially isolated.
- Staff recognised and supported people's family relationships. This included supporting a person to make a surprise birthday card for their partner. One relative told us how in the registered manager's own time they had been encouraged and supported the relative to attend a social event. This had helped the relative to manage their caring responsibilities at home and they told us, "I feel very cared for, they're there for me as well."

Improving care quality in response to complaints or concerns

- Relatives felt they could raise complaints or concerns and were confident they would be listened and responded to. People were given information on how to make a complaint in a welcome pack when they started using the service.
- The registered manager regularly encouraged people and their relatives to report any issues they may have. One relative said the registered manager told them, "If there is anything you don't like, anyone, do please tell us."

End of life care and support

- People's care planning records contained end of life care plans. These clearly set out people's wishes and preferences for how and where they would like to receive their end of life care. This included people's wishes for treatment in event of a medical emergency or a sudden deterioration in their condition.
- The registered manager provided guidance sensitively to people's family and involved them in discussions about end of life care arrangements.
- A healthcare professional told us the registered manager had shared information about a person's end of life care wishes appropriately. This had meant the professional was able to work with other agencies to ensure the person's wishes could be known and respected.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had arrangements in place to check on and maintain the quality of the service. These included often working alongside staff and assessing staff competency and performance, and staff confirmed this took place. However, the registered manager had not always recorded these checks in systematic way to show the service was always managed safely and effectively.
- We discussed this with the registered manager who acknowledged record-keeping regarding staff inductions and assessments of staff performance as quality management practices needed improvement.
- The registered manager had other assurance arrangements in place to maintain the quality of the service. These included their new system to monitor and ensure the completion of staff recruitment procedures and training.
- People, relatives and health and adult social care professionals spoke positively about the registered manager. One professional told us, "I feel confident with them."
- The registered manager was also a qualified nurse with experience of supporting people in healthcare settings and in the community. They had used their experience to advise people and their families on addressing health issues and access healthcare services.

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

- The registered manager promoted an open and positive culture. They said their ethos for the service was, "Treating people like you would want your own family treated."
- People and relatives were positive about the service. They said the provider couldn't do anything better, "They're 100%," and the registered manager's "Clear vision brings hope and optimism." A comment about the service posted online said, "There is a good deal of understanding, consideration and support also for difficulties experienced by family members."
- Staff we spoke with said they liked working for the provider. One said, "It's a good experience for me so far."
- Staff said the registered manager was "all hands on deck" and led by example, which they appreciated. The registered manager provided care to people new to the service themselves for at least a fortnight. The registered manager then supported staff through coaching and shadowing to understand how to support the person appropriately.

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; Continuous learning and improving care

- The registered manager understood their responsibilities regarding informing people and other agencies when concerns were raised or when something had gone wrong.
- The provider was continuously working to learn and improve.
- One relative told us the provider had been open with them about getting feedback and wanting to improve the service.
- A healthcare professional told us, "[If there is] anything they're not sure about, they report it. They report straight away."

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

- People and their relatives were involved in the service and their care was regularly reviewed with them to make sure it met their changing needs. People told us the provider asked for their feedback about their care.
- Staff said the registered manager was "a team player", approachable and open to staff suggestions feedback about developing the service.

Working in partnership with others

- The provider worked with other agencies to help provide people with joined-up care.
- Health and adult social care professionals told us the provider was "very proactive" in working in partnership with them and other agencies.
- The registered manager told us they had arranged to attend more local multi-agency forums to develop partnership working so as to deliver palliative care.