

Mariana Njie Limited

M&N Healthcare Edgbaston

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: M & N Healthcare (Edgbaston) is a domiciliary care service, providing personal care to people living in their own home. At the time of inspection there were three people receiving a regulated activity.

People's experience of using this service:

The service had not always assessed and mitigated risks particularly in relation to the personal care they provided. This meant we could not be confident that risks were being safely managed. We discussed this with the registered manager and advised it was important to ensure all risks were assessed and mitigated in relation to all people who received a regulated activity. This practice needed to be embedded before the service expanded.

People's needs had not always been fully assessed. We discussed this with the registered manager who advised some people had declined a full assessment due to not wanting support with more than one element of personal care. We have made a recommendation about completing assessments of needs.

Safeguarding policies and procedures sought to protect people from the risk of harm and abuse. Staff were knowledgeable about what might be a safeguarding concern and how to raise this both within the service or with the local authority.

Staff had been recruited safely and were deployed in ways which ensured people received their full visit.

Staff had received an induction programme and ongoing training which had meant they had access to the skills and knowledge they needed to support people effectively.

People had been supported to maintain their health and wellbeing, one person was doing regular exercises with support from staff which had maintained their mobility.

People had been supported to make their own decisions. At the time of inspection there was no one who was subject to any restrictions which needed to be legally authorised. Staff were aware of the importance of achieving consent from people before supporting them with any care.

Staff were caring and described by the people they supported as kindly.

Staff understood the importance of maintaining people's privacy and dignity.

People received care that was person centred and responsive to their needs and preferences. Regular reviews ensured any changes could be responded to in a timely way.

People understood how to raise any concerns they may have and felt confident they would be responded to

promptly.

The registered manager was committed to providing high quality person centred care. They ensured staff were aware of the standards required and completed spot checks of performance and competencies to ensure standards had been maintained.

There was an auditing system in place to ensure quality was maintained however this had not identified the issues around risks and assessment that we found.

Rating at last inspection: This was the first inspection for this service since they registered in July 2017.

Why we inspected: This was a planned and scheduled inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

M&N Healthcare Edgbaston

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection Team

The inspection was completed by one adult social care inspector.

Service and service type

M&N Healthcare provide personal care to people living in their own homes. At the time of this inspection there were three people receiving a regulated activity.

Notice of Inspection

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity was completed on 13 February 2019. We visited the office location to see the manager and review care records and policies and procedures. We completed a home visit the same day.

What we did before the inspection

Before the inspection: Our inspection plan took into account information the provider sent us since they were first registered in July 2017. We also considered information about incidents the provider must notify us about, such as abuse or serious injuries. We requested information from Birmingham City Council quality and safeguarding teams, the local clinical commissioning group, who had no concerns.

During the inspection

We reviewed the care records for the three people supported by the service, we spoke with the registered manager and interviewed one member of staff. We reviewed the recruitment records for two staff, and visited one person in receipt of a service in their home. We also reviewed policies and procedures, records of

any incidents, accidents or complaints and governance and audit records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The service had not supported people to manage risks associated with receiving personal care. The registered manager had not assessed risks for people who used the service and staff did not have clear guidance to follow to ensure they provided care safely. The registered manager described how they supported people to remain safe, but had not recorded this in people's plans of care. This meant that people were at risk of receiving inconsistent care from staff to reduce their known risks.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- We explained to the registered manager that it was essential to provide detailed information about risks and this practice needed to be embedded.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure to help protect people from the risk of abuse. Since the service registered there had not been any safeguarding alerts raised. It was, therefore, not possible to see whether they had followed their safeguarding procedure. We discussed this with the registered manager who advised us they would follow the policy when needed.
- We spoke with Birmingham City Council's safeguarding team who advised they had not received any safeguarding alerts.
- We asked a member of staff about their understanding of safeguarding and protecting people from harm and abuse. We found they understood what might be indicators of potential abuse and how to raise their concerns both within the organisation or to the local authority if necessary.

Staffing and recruitment

- The provider followed safe recruitment processes. We reviewed the recruitment files for two members of staff. We found all appropriate records were in place and were confident staff had been recruited safely.
- The registered manager had carried out all the necessary checks prior to them starting employment.
- Staffing levels were appropriate to the small number of hours provided.

Using medicines safely

- The service managed medicines safely. The provider had a medicines policy and staff received training which ensured they were competent to support people with their medicines. We reviewed the medicines record for one person when we visited them at home and found they had been properly completed with no gaps in signatures. The registered manager carried out spot checks of staff competency to ensure staff

followed policies safely.

Preventing and controlling infection

- People were protected against the risk of infection. Staff followed a prevention control policy which identified how to protect people from the risk of infection and cross contamination. The service provided appropriate protective equipment including gloves and aprons which were stored in each person's home.

Learning lessons when things go wrong

- There had not been any incidents since the service registered which would have allowed them to evidence how they learned from these.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The service had not ensured people's needs and choices were assessed. Staff had not always completed initial assessments and support plans for each person who used the service. One person had requested support with medicines only and were reported to have declined a full assessment of their needs.
- We recommended the service completes thorough assessments for all people receiving a regulated activity to ensure they are confident they can meet their needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experiences to support people effectively. One person told us "The staff know what they are doing and they always come up with bright ideas."
- Staff had received a comprehensive induction and ongoing training to help ensure their skills remained up to date.
- The registered manager checked staff competencies to ensure they were able to provide support properly with medicines and moving and handling.
- Staff received the support necessary for them to carry out their role effectively. One staff member told us they felt they had received really good training and support and felt able to support people properly.
- Staff received regular supervision and support. Supervision is a one to one meeting with a manager to discuss staff practice and development needs.

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

- The service supported people to eat and drink enough. Where a person had been identified as being nutritionally at risk the staff ensured they provided additional support and prompts. The service had also liaised with appropriate medical professionals for guidance to meet people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other professionals involved in people's care to ensure appropriate care was provided.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to identify their health needs. At the time of inspection people were making their

own appointments but could be supported if required.

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 with appropriate legal authority.

Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- At the time of inspection no one was subject to any restrictions which would have constituted a deprivation of their liberty.
- We found consent to receive care services was included in the contract each person in receipt of a regulated activity had signed.
- Staff had received training in MCA and were aware of the importance of consent and said they asked people before providing care. All three people had been assessed to have the capacity to consent to 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

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 caring. Comments included; "Staff are caring and kindly, they also have a good sense of humour and cheer me up."
- Staff had received training on equality and diversity issues.
- People's cultural and religious needs were taken into account. Information to guide staff was included in people's assessments and care plans. This meant staff supporting them could see what was important to the person and provide appropriate support. This included; specific diets and same gender preferences for personal care.

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

- The service was committed to fully involving people in decisions about their care. People's care plans included their views about their own support needs, staff had taken time to explore these fully and where staff views were different to the persons this had been tactfully discussed and an agreement achieved.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training on dignity in care. Care plans included information about how to support the person to maintain their dignity and respect their privacy. Staff were able to describe how they ensured people felt comfortable when they provided personal care.
- The service supported people to maintain their skills and independence. Staff recorded what each person was able to do for themselves and what they wished to achieve. We saw one person had been supported to do exercise to maintain their mobility and flexibility which was important to them.
- We saw one person had been supported to do exercises to maintain their mobility and flexibility which was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was person centred and responsive to their wishes. Detailed care plans ensured the person's preferences had been fully considered and included.
- There were descriptions of how to provide personal care in the best way possible for the person. Staff involved people in agreeing their care and support.
- The service ensured where there were any changes to a person's needs that they supported them to review and update their care plan. We saw people had been encouraged to contact other professionals such as their doctor when required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which detailed how people could complain and the process the service would follow. The registered manager said they had not received any complaints since registering but was able to describe how they would respond and use complaints to learn and improve the service.
- People told us; "I can raise a concern at any time but I have not had any." The service also sought people's feedback using a form to raise any concerns.

End of life care and support

- The service had a policy to support people who were at the end of their lives with assistance from community health professionals. At the time of inspection there was no one who had been identified as having needs in relation to end of life care.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had not ensured risks were always fully assessed and reduced. This meant we could not be confident people were being supported to manage the risks in their daily lives.
- There was an auditing system in place to ensure quality was maintained, however, this had not identified the issues around risks and assessments we found.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service aimed to put people at the heart of the support they received. The registered manager described how they were committed to providing high-quality care. Staff were made aware of the standards expected through regular meetings, supervision and feedback. Literature about the services aims and values was available and included in the induction programme.

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

- Due to the small number of people who received a regulated activity the service were currently relying on regular contact with them for feedback. The registered manager reported people were happy and made positive comments when asked about their feelings about the quality of the service. One person we spoke with said, "I have no concerns and I am able to contact staff and the manager any time I need to." We could see there were questionnaires available which could be used when the service expanded.

Continuous learning and improving care

- Due to the small number of people receiving a regulated activity the registered manager advised there had not been any events or incidents which they had been able to analyse and learn from. We discussed how they might do this should it happen. The provider had a procedure to investigate incidents and to respond to feedback.

Working in partnership with others

- The registered manager was also meeting with other registered managers to establish a network and consider good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There had been a failure to fully assess the risks associated with providing personal care and therefore a further failure to mitigate any risks.</p>