

Manford Deluxe Care Limited

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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

Manford Deluxe Care Limited is a domiciliary care agency providing personal care support to people living in their own homes. The service provides support to a wide section of the community, people living with dementia, older people, people with physical disability, learning disability or autism spectrum disorder, younger adults, mental health and sensory impairment. At the time of our inspection, there were 3 people receiving personal care from Manford Deluxe Care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The provider did not ensure they had robust systems in place to manage medicines. We saw one person's medicine, was being prescribed as PRN medicine, which are medicines to be given when required. Staff did not have written guidance in place to follow when medicines were prescribed to be given "when required" or with a choice of dose to ensure this was administered safely. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.

Staff understood people and their individual needs well. Staff provided kind, caring, person-centred care and support. People were supported by appropriate numbers of staff on each shift to ensure people's safety and meet their needs.

Right Care: The provider had no pre-assessment form in place to ensure people's preferences with support and care were captured prior to supporting them. We asked the registered manager to provide us 2 peoples' pre-assessment forms in capturing people's preferences with personal care and risks in relation to their health conditions. The registered manager was unable to provide this. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.

Where a person lacked mental capacity, the provider had not taken steps to confirm whether a relative had the legal authority to make decisions for them. Records confirmed the provider had not seen the lasting power of attorney documentation.

We recommend that the provider follows best practice guidance with MCA procedures.

Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed.

People had the privacy they needed and were treated with dignity and respect. They were supported to be as independent as possible. Confidentiality of people's personal information was maintained. There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

Right Culture: The quality assurance and governance processes in place needed to be strengthened as they had not addressed issues we found with the quality of medicines, pre-admission form, and, confirming whether a relative had the legal authority to make decisions for a person. The registered manager showed they were open to learning and improving the service, though the provider needed to strengthen the systems in place to drive improvements. Staff were aware of their roles and responsibilities and felt supported by the management team.

There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff told us they enjoyed their job and making a positive difference to someone's life.

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

Rating at last inspection and update

This service was registered with us on 05 January 2022 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, good governance and person-centred care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Manford Deluxe Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Manford Deluxe Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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

We sought feedback from the local authority who work with the service. We reviewed the information we

already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 27 September 2022 to help plan the inspection and inform our judgements.

During the inspection

We reviewed a range of records. This included 2 people's care records and risk assessments and 1 person medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures. We also spoke with the registered manager and field coordinator.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. After the inspection, we spoke with 2 support workers, and 1 person who used the service and 1 relative by telephone about their experience of the care provided.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant 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.

Using medicines safely

- Medicines were not managed safely. We looked at the MAR records which showed that one person had their medicines administered when required (known as PRN medicines), such as paracetamol.
- Staff did not have written guidance in place to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give, which meant the medicine may not be administered safely.
- We also looked at the provider PRN medicine policy, which was not being followed. For example, the provider PRN medicine policy said 'to ensure that the medication is given as intended, a specific plan for administration must be recorded in the care plan. The reasons for giving the 'as required' (PRN) medicine, and, signs and symptoms to look out for'. This was not in the care plan, and the provider failed to follow their own policy.
- Systems to check medicines were being managed safely were not in place. For example, there were no records of staff competency checks. This meant the provider could not be certain medicine procedures were being followed correctly and safely by staff.
- We also saw that medicines administration audits were carried out monthly and covert medicines audits were carried out every three months. However, these were not always effective, as all medicines audits were same in each month. The provider failed to identify issues of concern that we found during our inspection.

We found that the provider did not have robust systems to protect people from the risks associated with the management of medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One relative told us staff supported their family member take their medicines as prescribed and they were happy with the arrangements.
- Staff told us that they had received training in administration of medicine. One member of staff said, "Yes, I done my medication training and I do help the person with taking their medicines."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to.
- Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "I will record the incident in the incident form, contact my manager, and tell them what

happened. If nothing happens, I will contact the police or CQC."

- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately.
- The provider had a whistleblowing policy, which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed on areas such as, personal care, eating and drinking, and environment.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, had a risk assessment in place.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- There were sufficient staff available to meet the individual needs of people who used the service. There was a system to ensure if staff were unable to work, cover would be found. One staff member told us, "Yes, we have staff."
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included identity checks, references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One relative told us staff were reliable and care calls were usually on time. They said, "They [staff] never missed any calls." The staff rota indicated there were sufficient staff at the service to meet people's needs. There was a system in place to cover staff absence.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.

Learning lessons when things go wrong

- There had been no incidents or accidents at the service, which was confirmed by the registered manager. Nothing we saw indicated otherwise. The service had a policy for staff to follow should things go wrong, and we saw there was an incident form template to use should staff need to.
- The registered manager told us any learning from any incident, accident or complaint would be shared with the staff team via team meeting or supervision.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Robust systems were not in place to assess people's needs and choices.
- Pre-assessments had not been carried out to ensure the service was able to provide person-centred support to people in some areas. We asked the registered manager to provide us with 2 people's pre-admission forms in capturing people's preferences with personal care and risks in relation to their health conditions. The registered manager was unable to provide this. The registered manager acknowledged that the pre-assessments forms were vital for information gathering.
- We fed this back to the registered manager who informed they would ensure pre-assessments will be completed in the future.

The above concerns meant that robust pre-assessments systems were not in place to ensure people received safe person centred care at all times. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff undertook training to support them in their role. Staff had been trained on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had an induction programme for all new staff. The induction covered a number of areas, which included staff roles and responsibilities and key policies and procedures. Staff would shadow an experienced member of staff until they were confident to work on their own.
- Staff received regular one to one supervisions with the registered manager. They told us that they found those meetings very helpful. This helped the registered manager to continually monitor and review staff performance and care provided towards people using the service.

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans

included people's preferences and the support they may require with meals.

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 with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.
- One person had complex health concerns and received support from a range of health care professionals. The provider maintained communication with these professionals where required and followed their instruction where necessary.
- The service recorded relevant information about people's care in daily notes. Staff could access these notes and this assisted in providing effective and timely care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where a person lacked mental capacity, the provider had not taken steps to confirm whether their relative had the legal authority to make decisions for them. A consent form was completed on the person's behalf and signed by their relative. Records confirmed the provider had not seen the lasting power of attorney documentation. Without robust procedures, people were at risk of decisions being made for them unlawfully and outside of their best interest.

We recommend that the provider follows best practice guidance with MCA procedures.

- Where it had been assessed that people needed to receive their medicines covertly, staff viewed this as a last resort and always offered a person their medicines overtly in the first instance. For one person, we found a formal best interest decision meeting having been conducted for people prior to the decision to go ahead with this restrictive practice.
- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA. One staff member said, "Yes, we have to get consent and permission before we do any personal 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

- People were treated with kindness and respect. One person commented, "The staff are very kind and brilliant, I have no issues with them."
- People's religion and ethnicity had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.
- The registered manager said they recently bought a new electronic care planning system. This will alert the registered manager and field supervisor when care had not been delivered as scheduled. The registered manager will be able to monitor these alerts and follow these up when required to ensure people received their care.

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

- People and relatives were involved in all decisions about their care. One relative told us, "Staff always ask us what if they [person] want to eat anything particular, or whether I need anything before they leave."
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection, the service was small, and the registered manager sought direct feedback regularly. The registered manager told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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 that was responsive to their needs and choices.
- Care plans covered areas including communication, history, likes and dislikes, dietary and domestic requirements.
- Records showed people's care was reviewed regularly to ensure they were getting the support they needed.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a policy in place, which described how they would meet the AIS.
- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- People and relatives were able to complain should they need to. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.
- A relative knew who they could complain to if they wished to. A relative told us, "I have the office number and would talk to [registered manager] if I had a complaint."

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

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; Continuous learning and improving care

- The systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up significant shortfalls in practices in relation to, medicines management, pre-admission form and confirming if the provider had seen the lasting power of attorney documentation.
- We identified medicine administration auditing was not effective and records of what had been audited were not routinely kept by the service. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the service provided.
- The provider had not followed their own PRN medicine policy. For example, the provider PRN medicine policy said 'to ensure that the medication is given as intended, a specific plan for administration must be recorded in the care plan. The reasons for giving the 'as required' (PRN) medicine, and, signs and symptoms to look out for'. We looked at the care plan there were no records that showed that the provider's PRN policy had been followed.
- The provider also had not followed their own procedures and had not always ensured that prior to supporting people, their needs were comprehensively assessed to ensure that the service would be able to meet the needs of the individual according to their choices and preferences.
- The provider governance processes did not identify shortfalls found throughout the inspection. For example, the provider had failed to see the lasting power of attorney documentation for one person to confirm if their relative had legal authority to make decisions for them. Without robust procedures, people were at risk of decisions being made for them unlawfully and outside of their best interest. This meant robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records in respect of the decisions taken about each person's care and treatment.
- The registered manager showed they were open to learning and improving the service, though the provider needed to strengthen the systems in place to drive improvements.
- The registered manager told us they were looking to develop improved systems for quality assurance within the service.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (2008) Regulated Activities (Regulations) 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive relationship between the registered manager and staff.
- Most staff we spoke with spoke positively about the registered manager at the service. One member of staff said of their manager, "Manager is nice, he is there for us, when we need any support."
- The provider sought feedback to improve the service. People and relatives were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service and provide person centred care.
- Staff were able to engage with the service through regular supervision and staff meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting whilst team meetings offered the opportunity to do this in a group setting. Meeting topics of discussion included, but were not limited to, staff and client wellbeing, infection control and safeguarding.
- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

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 was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when complaints occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.

Working in partnership with others

- The provider was open to working in partnership with others. The service began in January 2022 and it is a small service which is currently being run by family members. The registered manager told us they are working with the local authorities and job centre. The registered manager had attended online webinars and training.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred Care Quality Commission</p> <p>The registered provider must do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.</p> <p>Regulation 9(1) (3)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12 (1) (2)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> |

The provider's governance framework failed to identify shortfalls. Auditing systems had not effectively assessed and monitored the quality and safety of the services provided and ensured compliance with regulations.

Regulation 17 (1) (2)