

Manuella Care Limited

# Manuella Care

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Manuella Care is a domiciliary care agency providing personal care and support to nine people at the time of the inspection.

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

Relatives we spoke with told us they felt their loved ones were safe and staff treated them in a caring and respectful manner. Staff were compassionate and kind and the care provided met their expectations.

Relatives told us their family members received care from staff who knew their needs well and arrived on time.

People were supported by a small but stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were committed to providing a responsive and caring service in line with people's wishes.

Risks to people's health and wellbeing had been assessed and this included risk of falling and pressure sores. There was guidance for staff on how to minimise risks to people.

People were supported to access appropriate healthcare where necessary to maintain their health and wellbeing. Where needed, people received their medication as prescribed.

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.

Staff recruitment checks were robust and ensured staff were suitable to work with people in a care setting. Staff induction, on-going training and support enabled them to carry out their roles effectively.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

Governance systems and oversight of the service were robust. Issues were identified, and actions taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us in June 2013 and this is the first inspection. The service was not supporting anyone with personal care previously, hence why we did not inspect sooner.

#### Why we inspected

This was the service first planned inspection since it was registered.

#### 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Manuella Care

## 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 team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This includes people with physical disabilities and dementia care needs. The service provides personal care for people in short visits and 24-hour care.

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

Inspection activity started on 23 July and ended on 24 July 2019. We visited the office location on 23 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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

People receiving care and support could not speak with us on the phone, so we spoke with seven relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the care co-ordinator and two care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the information and evidence we had gathered during the inspection which included training data 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.

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us the service was safe. Comments included, "We feel safe with the carers" and "Staff are good at knowing what they need to do to keep [person] safe."
- Staff fully understood their role in protecting people from abuse and had received appropriate training.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were also discussed at staff meetings.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised. Staff we spoke with were aware of these.
- The risk assessments we saw related to people's physical health and the environment they lived in. These included risks assessments for moving and handling, risk of falls, pressure sores and risks related to individual medical conditions.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- The service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits. Relatives told us that staff were usually on time and always called if they were going to be late.
- Staff used an electronic system to log their arrival at and departure from people's homes. Managers were alerted if staff did not arrive at the booked time which meant action to check if people and staff were safe could be taken.
- Recruitment practices were safe. We found the provider completed a range of pre-employment checks before people started work. These included identity, references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Relatives told us they were happy with the support staff provided with people's medicines. One relative said, "They are very good at recording the medicines they have given."
- Staff were appropriately trained to support people with their medicines. Staff had their competencies checked regularly by the registered manager.
- Medicine administration records (MARs) indicated that people received their medicines as prescribed.

There were no unexplained gaps.

- Audits of MARs had been carried out to ensure that medicine administration procedures were followed, and improvements made when needed.

Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Staff had received Infection control training and were aware of infection control measures. Staff had access to personal protection equipment (PPE) such as shoe covers, gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be identified.



# 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

- People's needs were assessed before their care was provided by the service. This ensured their needs could be met. Assessments covered people's physical, mental health and social care needs.
- People's cultural, religious and preferences were identified so staff could understand and meet these.

Staff support: induction, training, skills and experience

- People were happy with the staff that supported them and felt they had the skills to care for them effectively. A relative said, "Even when there is someone new they train them appropriately."
- People were supported by skilled and competent staff. They had received a comprehensive induction, including the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs. There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice.
- Staff told us and records we checked confirmed they had completed a wide range of essential training including safeguarding, moving and handling, health and safety, food hygiene, first aid and the Mental Capacity Act 2005.

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

- Where support with meals was required, people's individual food preferences as well as their cultural, religious or health needs were recorded within their care plans.
- Relatives we spoke with told us staff were proactive in monitoring people's needs.
- Staff had been provided with training on food hygiene safety.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records. Any concerns were referred to a relevant healthcare professional such as a Speech and Language Therapist (SALT) or a dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked closely with local authorities, health and social care professionals. When there were changes in people's needs, they contacted relevant professionals to ensure that people received appropriate care.
- If needed staff supported people to see their GP and attend other health appointments.

- Staff we spoke with were knowledgeable about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans included detailed information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.

# 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

- All relatives spoke highly of the caring nature of the staff team and the support they received. One relative told us, "[Person] has a soft spot for his carers and they became quite attached to him. They go beyond the call of duty, for example, one time they stayed with him an extra 1 ½ hours whilst I went to the chemist to collect an emergency prescription." Other relatives said, "The care co-ordinator is very good. Whenever he feels down if she hears about it she comes to have a talk to cheer him up. They're a lovely bunch" and "The carers are very friendly and they do chat to him. He is able to demonstrate whether he is being treated OK. You can tell when he is getting good care because he is really happy."
- Care staff we spoke with were passionate about providing good quality, caring support to people. They described to us how they would ensure people felt valued and important by treating them as they, themselves would want to be treated and getting to know them as a person.
- Staff understood and respected people's lifestyle choices. Staff demonstrated an open, non-judgemental attitude that respected people's diversity.

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

- People and their relatives were involved in the planning of their care. The information obtained were used in preparing people's care plans. The plans contained information on what they liked, how they wanted to be cared for and their preferred times of calls.
- We found people were encouraged to have support from appropriate representatives where they may need additional support to make decisions about their care. If people needed independent support with this, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff were always friendly and respected people's privacy and dignity.
- Staff were aware of protecting people's privacy. One staff said, "I protect people's privacy, for example, if there are family around when personal care is to be provided, I ask them to leave the room and close the door."
- Staff supported people to maintain their independence. One relative told us, "When he can they encourage him to do what he can himself, for example, washes his face himself except when he has a really bad day."

# 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 personalised care and support. They had been assessed prior to services being provided. Care plans were prepared with guidance for staff on how to support people's individual needs. People and their relatives told us they were satisfied with the care provided. A relative said, "I wrote the care plan. It's a lovely care plan, really detailed. I have a very good working relationship with them all. They work with me very well."
- Care plans detailed how people wished to be addressed as the service recognised that for some people being addressed in their preferred way was important to them.
- People's care had been regularly reviewed with them and their representatives. This was done either face to face or via the telephone.
- Care staff completed daily records which included personal care given, medicines given and any difficulties experienced by people.

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 assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print or other formats of documents if required.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. People and their relatives knew how to make a complaint and felt their concerns were listened to and actioned. Comments included, "Whatever concern I've ever had it has always been taken very seriously, even if I've just made a little comment" and "I speak more with [registered manager] if there is a concern."
- We looked at the complaint's records. These had been promptly responded to.
- Compliments were also recorded and shared with the staff team.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection. Where people

wished to discuss their end of life wishes the service recorded this information.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture which was open and positive.
- The registered manager had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and staff we spoke with demonstrated a thorough understanding of people's differences and individual preferences.
- Relatives and staff we spoke with told us that the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- Relatives told us that people were well cared for and they were involved in decisions to do with people's care. We saw evidence of regular communication with people and their relatives.

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

- The registered manager was supported by a co-ordinator and administrator. Each member of the team had clear roles and responsibilities which had been communicated to the rest of the staff team.
- We saw quality assurance and governance systems were in place. There was a schedule of audits in place to ensure the quality of service was maintained and where issues and concerns were identified these were addressed to make any required improvements.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing a service. The registered manager was aware of this responsibility to submit notifications when required.

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

- People, their relatives and staff were asked for their views of the service through questionnaires and regular visits from the management team. People were sent newsletters advising them of any new developments as well as informing them of local events and contact numbers for other organisations. One relative told us, "I don't think anything could be improved. I've nothing negative to say."

- Regular staff meetings took place and staff told us they felt listened to and their views were taken into account.

#### Continuous learning and improving care

- The registered manager was committed to driving improvements in the service in order to ensure they were providing a good quality service to the people they were supporting.
- Regular spot checks were carried out by the registered manager to assess staff performance and ensure that people's needs were met.
- A new IT system enabled the registered manager to have a clearer oversight of the service being delivered such as staff rotas, care planning and staff training. They told us the systems helped them to identify any shortfalls promptly and assist them to plan events such as staff training and care plan reviews to ensure the service remained compliant with the regulations.

#### Working in partnership with others

- The registered manager told us that the service was working towards establishing good working relationships with health and social care professionals. This will enable the service to ensure the best possible outcomes for the people they supported.