

# Manchester Home Care Associates Limited

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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?	Good ●

# Summary of findings

## Overall summary

We completed an announced inspection at Manchester Home Care Associates on 24 July 2017 and 26 July 2017. This was the first ratings inspection since the provider had registered with us in April 2016.

Manchester Home Care Associates is a domiciliary care service who provide support to people who have a physical and/or a learning disability. At the time our inspection Home Care Associates were providing personal care to approximately 170 people.

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

Staff and the registered manager understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted.

There were sufficient numbers of suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service and followed safe recruitment practices.

We found that people's medicines were managed safely.

Staff received training which was updated regularly to ensure they had the knowledge and skills required to meet people's needs effectively.

People consented to their care and the principles of the Mental Capacity Act 2005 were followed. Where people were unable to make certain decisions action had been taken by the registered manager to ensure that records contained information which showed who had the legal authority to make decisions in people's best interests.

People were supported to eat and drink sufficient amounts and staff understood people's nutritional needs and preferences when they supported people with their diet.

People were supported to access health professionals and referrals for advice were sought by the registered manager when necessary, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about

their care. People's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff were able to approach the registered manager and staff felt supported to carry out their role.

Feedback was sought from people and staff, which was used to improve the quality of care people received.

Effective systems were in place to assess, monitor and manage the service to make improvements to the way people received their care.

## 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.

People were protected from the risk of harm, because staff were aware of the signs of abuse and the actions they needed to take.

People's risks were planned for, managed and monitored to keep people safe.

There were enough staff available to meet people's needs who had received appropriate checks to ensure they were suitable to provide support.

Procedures were in place to ensure that people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff completed an induction and received regular training to ensure they had the knowledge and the skills to provide effective support.

People consented to their care. Where people were unable to make certain decisions action had been taken by the registered manager to ensure records contained details of the areas that appointed representatives were able to make decisions in people's best interests.

People were supported with their nutritional needs and were supported to gain health advice when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff who made them feel comfortable when they provided support.

People were supported in line with their choices in a dignified and respectful way, whilst promoting their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised support by staff who knew people well and people's independence was promoted.

People and their relatives were involved in the planning and reviewing of their care.

There was a complaints policy available, which people understood and complaints received had been acted on appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and staff felt that the registered manager was approachable and supportive.

Feedback was sought from people and staff to inform service delivery and make improvements where required.

There were effective systems in place to monitor and manage the quality of the care provided.

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## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on the 24 July 2017 and 26 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

We visited the office of the service on the 24 July 2017 and we carried out telephone calls to people who used the service or their relatives and staff members on the 26 July 2017. We did this to ensure that we had the views and experiences of people who used the service and staff.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service, which the provider was required to send us by law. We also contacted other professionals for their feedback to help us plan the inspection.

We spoke with 13 people who used the service and two relatives, four care staff and the registered manager. We viewed six records about people's care and how their medicines were managed. We also viewed six staff training and recruitment files and records that showed how the service was monitored and managed.

# Is the service safe?

## Our findings

People told us that they felt safe when staff provided care. One person said, "I feel very safe. Their [staff] whole attitude and approach is good. They check to make sure everything is secure when they leave too, it's very reassuring". Another person said, "I feel safe with staff, they support me well and are very nice with me. If I had any concerns I would ring the manager as I have a good relationship with them". Staff explained how they supported people to remain safe and they were able to explain the actions they needed to take if they felt a person was at risk of abuse. One staff member said, "I always keep an eye out for any unexplained bruises when supporting people and if people appear upset. I would report anything I had concerns about to the office straight away". We spoke with the registered manager who understood their responsibilities to report abuse to the local authority where concerns were raised. The records confirmed that safeguarding concerns had been dealt with appropriately. This meant that people were protected from harm because staff understood their responsibilities where abuse was suspected.

We found people's risks were planned for and managed. People we spoke with told us how staff kept them safe. One person said, "The staff support me into the shower safely. They [staff] use a hoist and I feel safe with them". We saw that risk assessments were detailed and contained personalised information about people's needs and how staff needed to manage their risks. Staff we spoke with had a clear understanding of people's risks and knew how to support people safely. For example; one person needed equipment to help them to move around the home. We saw that detailed information on how to move this person was recorded in their records and all the staff we spoke with were aware of how to use this equipment to support this person safely. This meant that people's risks were planned for and assessments followed to keep people safe from the risk of harm.

People and their relatives told us that there were sufficient staff available to provide care when they needed it. People told us that staff mostly arrived on time unless they had been delayed and staff stayed for the amount of time they needed. One person said, "The staff are very good, they are generally good time keepers and if they are going to be late I get a call to let me know". Another person said, "The staff come on time. I have had a few issues in the past but it is all sorted now. They are good". Staff told us they felt there were enough staff available and they had enough time to provide support for people in an unrushed way. One staff member said, "I think there is enough staff. I have enough time to provide support. We can be a little late if a call has taken longer or traffic is bad but I ring the office to let them know". Staff and the registered manager told us that they covered any staff shortages due to sickness or annual leave within the permanent staff team. The staff rota's we viewed confirmed that there were enough staff available to meet people's care needs. This meant that there were enough staff available to provide support to people and there were plans in place to ensure staff shortages did not impact on the delivery of people's care.

We found the provider had a safe recruitment procedure in place. Staff told us they had undergone checks to ensure they were suitable to provide care to people. We viewed six staff files which showed that the registered manager had obtained two references from previous employers and staff had undergone criminal checks with the Disclosure and Barring Service (DBS). This meant people were supported by staff that were suitable to provide care and support.

People told us that staff helped them with their medicines. One person said, "I have my medicines four times a day. They [staff] make sure I have them and they write it down in the records". Another person said, "I like to be independent with my medicines. I like the staff to make sure I have taken them". Staff we spoke with told us that they felt competent to support people with their medicines and had received training to ensure they had the skills to administer medicines. The training records we viewed confirmed this. We viewed medication administration records (MARs) for people who were supported with their medicines and saw that staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered, recorded and managed safely.



## Is the service effective?

### Our findings

People we spoke with told us that staff prepared meals and drinks for them. People told us that staff knew what they liked and they always asked them if they wanted a drink. One person said, "The staff always make sure I have a drink with me before they leave". Another person said, "The staff prepare my food and drink for me and always ask what I feel like. They know the things I like to eat". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink in line with their preferences. For example, one person's care plan stated that they needed a Halal diet in line with their cultural needs and staff we spoke with were aware of this and how they needed to support this person. Staff were able to explain the type of food this person liked to eat to meet their cultural preferences. This meant these people were supported with their nutritional needs.

People told us that staff knew how to support them if they felt unwell. One person said, "The staff help me if I'm unwell. I wasn't very well one week and they called out the doctor. The staff stayed to make sure I was okay, even though they didn't have to". Staff we spoke with explained the actions they took if they identified that a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their emotional wellbeing, for example; if someone was quieter than usual or they were unusually tired. We viewed the communication records and saw where staff had informed the office if they felt a person was unwell and the appropriate professional had been involved. This meant that people were supported to have access to health professionals when needed.

People and their relatives told us that they were involved in the planning of their care and they consented to their care. One person said, "They [staff] always ask me how I want things doing and what help I need". Another person said, "I was involved in my care plan, it's here with me and I can look at it at any time". Records we viewed confirmed that people had consented to their care and had been involved in the assessment of their needs.

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. Staff were aware of the actions they needed to take to support a person who lacked capacity to make certain decisions about their care. However, some of the records we viewed did not contain enough guidance about people's ability to consent to their care and treatment. We saw that where people were unable to consent it was not always clear who was the most appropriate person to make decisions in their best interests. For example; some records we viewed stated that relatives had Lasting Power of Attorney (LPA). LPA is a legal document that lets a person appoint one or more people to make decisions on their behalf. People can appoint an LPA to make decisions about their finances or care and welfare or both. The records we viewed were not clear in which areas people's LPA's could make decision on their behalf. We fed this back to the registered manager who took immediate action to ensure the care records contained details of people's ability to consent. Following the inspection we received information from the registered manager that showed they had put systems in place to gain details of LPA's and which areas of care

people's representatives were able to make decisions on their behalf. This meant that the registered manager had taken immediate action to ensure they were providing support in line with the requirements of the MCA.

People we spoke with told us they felt staff understood how to support them effectively and they were well trained in their role. Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "I completed an induction which included training and I shadowed an experienced member of staff before I provided support. I felt ready to support people". Staff told us that they had received training, which was regularly updated and the training records confirmed what staff had told us. One member of staff said, "I feel that I have had plenty of training to undertake my role. The training is refreshed regularly so I can keep up to date with any changes". This meant that people were supported by staff that were suitably trained to carry out their role effectively.

## Is the service caring?

### Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; "The staff are caring and I feel comfortable with them in my home which is important to me", and "My regular member of staff is wonderful. They are like a ray of sunshine, very cheerful with a calming disposition. I very much look forward to them coming" and, "I am very happy with the staff. They take time to sit and talk with me, it means a lot". Staff we spoke with told us it was important to make sure people's support was not rushed and they were able to spend time chatting with people. One staff member said, "I think it is important that I can chat with people and provide care in an unrushed way as we can sometimes be people's only contact".

People told us that they were treated with dignity and respect when staff supported them. One person said, "Staff are always polite and respectful when they help me". Another person said, "The staff always treat me in a dignified way. They always make sure I'm comfortable for them to help me with my personal care and always ask permission first". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always make sure people are comfortable and I am sensitive so people do not feel embarrassed. If there are family members around, I make sure any care is provided in privacy". This meant that people were treated with dignity and their right to privacy was upheld.

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "I always get the service I want and need because staff give me lots of choices and listen to me". Another person said, "The best thing about the service is that they do listen to me. I like things carried out in a certain way and staff understand that I like to do as much as I can for myself". Staff told us that they asked people before they provided support and took account of their wishes and their level of independence. One staff member said, "I always ensure people make choices in the support I provide. I ask people and also show people if they have difficulty choosing things such as food and clothing". This meant people were supported to make choices in the support they received.

## Is the service responsive?

### Our findings

People told us that their preferences were taken into account. One person said, "The staff know me well and know what I like to do for myself and what I might need help with". Another person said, "Staff who come regularly know me well and we get to build a relationship". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people liked their care providing. The records we viewed contained details of how people preferred their support to be carried out, which included people who liked to be independent and how staff needed to support them to maintain their independence. This meant that people received care that met their individual preferences.

People and their relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. One person said, "I was involved in my care plan from the start and I am involved when I have a review undertaken". Another person told us they felt that the staff and registered manager were responsive to their changing needs. The person explained how they were able to contact the office if there had been a change in their needs and the care plans had been changed to reflect the changes so staff were aware when they supported this person. They said, "The staff and registered manager have always responded to any requests or changes required. They listen to me and make the necessary changes. They are very good". We saw that where people's care had been reviewed and their needs had changed, the registered manager had made changes to the care plans in place to ensure people received up to date support that met people's changing needs.

Staff understood people's individual communication needs. Relatives of people who received support told us that staff were aware of people's individual ways of communication and staff promoted people's communication to enable choices in their care to be made. Staff told us how they recognised what people needed by people's individual ways of communication. For example, one person's communication was limited. Staff told us how they supported this person to enable them to make choices in their care. Staff told us they used short sentences and gave the person time to respond to questions. Another person used technology to communicate and the staff understood that this was the most effective way for this person to communicate. The records viewed confirmed what staff had told us. This showed staff were responsive to people's individual ways of communication.

People told us that they were aware of how to complain and knew who they needed to contact if they had concerns. One person said, "I know the procedure to complain and I would have no problem raising any issues". Another person said, "I know how to complain, issues are usually dealt with". We saw the provider had a complaints system in place and complaints received had been logged. The complaints log we viewed contained the actions taken by the registered manager to investigate the complaint and a response had been forwarded to the complainant. This meant that the provider had a system in place to manage and act on complaints received.

## Is the service well-led?

### Our findings

People told us that the registered manager was approachable and they felt able to raise any issues they had and knew these would be dealt with appropriately. One person said, "The manager comes out and chats to me and to check I am happy with everything". Another person said, "The manager is accessible and listens and offers reassurance". Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff said, "The registered manager is friendly and approachable and always asks if everything is okay". Another staff member said, "[Registered Managers name] is very good, they always listen if I raise any concerns". Staff told us they received supervision and they found the opportunity to discuss issues useful. One member of staff said, "The supervisions are a good opportunity to discuss any issues I might have, and any training needs".

People told us they were asked for feedback about their care. One person said, "[Registered manager's name] comes out about every 6 months to ask me for feedback". Records we viewed showed that senior staff completed observations of staff whilst they were providing support to people. We saw that any concerns raised by the observations or by speaking with people had been raised with the staff member. For example; one person had requested a change in their times and we saw that this had been changed to meet the person's needs. We saw that quality assurance telephone calls had been undertaken and contained compliments about the service provided such as; "I couldn't want for a better care provider" and, "The staff filled us with confidence that [person who used the service] would be well looked after". This showed that people's feedback and experiences were monitored to help inform service delivery.

Staff told us they had the opportunity to discuss the service provision through regular staff meetings. The records we viewed showed that staff were given the opportunity to feedback on the service provided. We saw that regular staff meetings were held that discussed any changes in practice which ensured staff were kept up to date. Staff told us and we saw that any concerns they had about people's care was fed back to the office and recorded on an alert form. The alert forms showed the concern and the action that had been taken. For example; a staff member had informed the office that a person's health had deteriorated and we saw that health professionals had been contacted and a visit to re-assess the person's needs had been undertaken. This meant that staff were supported and feedback was gained and acted on to make improvements to the care people needed.

We saw that the registered manager had systems in place to assess and monitor the quality of care provided. There were audits in place in various areas, such as medicine management, training, risk assessments and care delivery. For example; we saw medicine audits that showed the action that had been taken where there had been gaps in recording senior staff had spoken with care staff to prevent a re-occurrence. The medicine records we looked at after this had been raised showed there had been improvements in recording by staff. The registered manager told us that they felt supported by the provider who was approachable. They also told us that the provider regularly monitored the performance of the registered manager to ensure that they were working effectively and to understand where improvements had been identified. The registered manager understood the responsibilities of their registration and the

requirement to report any incidents such as; serious injuries and alleged abuse. This meant that the systems in place to monitor and manage the service were effective.