

McNaha Limited

McNaha Care

Inspection report

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Date of inspection visit:
15 May 2023

Date of publication:
22 May 2023

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

McNaha Care is a domiciliary care agency providing personal care to younger as well as older people in their own homes or in other settings, such as a hospital or a care home. Everyone who used the service received personal care from the agency. 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. At the time of our inspection, 3 people were receiving a care package from the agency.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

People were receiving care that supported them to make their own decisions and be involved in their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to stay safe and were cared for by staff who went through a robust recruitment process. People were supported as individuals. This included providing food or medicines in an appropriate way, or communicating with people in a way they understood.

Right Care:

People received person-centred care. Staff had developed good relationships with people and demonstrated a respectful and kindly approach towards them. Staff followed people's care plans to help ensure that care was effective and safe and staff were provided with specific training to assist with this.

Right Culture:

The registered manager had a clear vision on where they wanted to take the service. She developed tailored care packages for people who had complex and specific needs. Staff enjoyed working for the service and told us they were supported. The registered manager understood their regulatory requirements and knew that if care did not go to plan, they had a duty to apologise. There were strong links between the service and external agencies which ensured joined up care.

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

Rating at last inspection

This service was registered with us on 14 March 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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

McNaha 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, as well as hospital or care home settings.

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 a short period of 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.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, this included statutory notifications they had submitted

in relation to accidents or incidents.

During the inspection

We looked at the care plans for 3 people. We also reviewed medication information and daily notes. We checked the recruitment files for 5 staff. We spoke with 3 staff. This included the registered manager, office staff and care staff.

We reviewed a variety of other documentation related to the agency, such as staff training, incidents and accidents, staff meeting minutes and governance systems and processes.

Following the inspection, we spoke with 2 relatives to obtain their views on the care being provided to their family member and 2 care staff. We also received feedback from 1 healthcare professional involved in 1 person's care.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe as staff had undergone safeguarding training in both adults and children and understood their responsibility to report any concerns. A relative told us, "He is very safe with her (staff member)." A staff member said, "If I suspect a client is being abused, I would raise the red flag with my manager, the local authority and CQC."
- The service had not had any safeguarding concerns since registering with the Care Quality Commission. However, systems were in place should management or staff suspect anyone was being intentionally harmed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and sufficient guidance and information was available to staff to help reduce these risks.
- This included 1 person who required a Zimmer frame and 1 staff member to mobilise and another person who used an aid to assist them to transfer from their bed into their wheelchair. A staff member said, "I put the sensor mat in front of her bed if I need to leave the room briefly, say, to fetch her meal."
- People who required 1 to 1 care received this from staff. This level of support was in line with the funding authority and the person's requirements.

Staffing and recruitment

- There were sufficient staff to provide care to the number of people currently receiving a care package from the service. A relative told us, "[Carer's name] is always on time."
- People received their care from the same staff member or staff members consistently. The registered manager told us they had 5 staff who worked regular hours. Those staff were allocated to specific people and records confirmed this.
- Staff were supported to take breaks as staff from external agencies or family members took over a person's care for specific periods during the day and night. This meant staff were not working long shifts. One staff member said, "I get plenty of breaks."
- Staff were recruited through a robust system. This included them providing previous work history, references and their right to work in the UK. It also included 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.

Using medicines safely

- People received the medicines they required in a safe way.

- Only 1 person was being supported with their medicines. This person had their medicine through an intravenous pump. There was clear information for staff to follow to help ensure that the medicine was given at the correct dosage. A staff member said, "Giving the medicines via the pump it quite straightforward."
- Medicine administration charts were kept to record when people were given their medicines. Where people required 'as and when' medicines, there were protocols in place to record what might indicate they needed this medicine as well as dosage information.

Preventing and controlling infection

- Staff told us they had access to plenty of personal protective equipment (PPE) when they required it. A staff member said, "There are always gloves and aprons. I change my gloves all the time and I am always washing my hands."
- Relatives confirmed staff wore PPE. One relative told us, "Yes, she always wears gloves."

Learning lessons when things go wrong

- Accidents and incidents were recorded in a person's daily notes and also reported to the registered manager.
- As the service was very small, the registered manager was aware of any accidents or incidents that had taken place. However, they told us they also reviewed this information on a monthly basis to see if there were any trends.
- Few incidents had occurred and where they had, these had been reported as necessary and action taken to prevent reoccurrence.

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.

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

- People's needs were assessed prior to a care package commencing. The initial assessment, carried out by the registered manager in conjunction with parents or health professionals formed the basis of the person's care plan.
- Care plans were reviewed monthly to help ensure they were accurate and up to date and staff training was reviewed to make certain staff had the appropriate skills to look after a person.
- National standards and guidance were used to assist staff in providing appropriate and effective care. This included a paediatrician's information in relation to 1 person's food.

Staff support: induction, training, skills and experience

- Staff received an induction when first commencing with the agency. Following which they completed a series of training modules. This included safeguarding, the Mental Capacity Act, moving and handling, first aid, learning disability and medicines.
- Staff completed 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.
- Individual staff had received very specific training in line with the person they were providing care to, such as PEG (flexible tube) feeding, resuscitation in children or dementia. This meant that people received care from staff who were knowledgeable and skilled.
- Staff had the opportunity to meet with their line manager on a regular basis through supervision and appraisal. This gave them the chance to discuss their role, concerns or any training requirements.

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

- People were provided with sufficient food and drink. Although staff did not directly prepare meals for people, they supported or prompted them to eat and recorded if people did not eat or drink adequate amounts.
- One person was being encouraged and supported to eat independently when they were alert. This was helping them to become more self-sufficient and less reliant on staff feeding them.
- Where people were at risk of urinary tract infections, staff helped to ensure they drank sufficient fluids to reduce this risk. They recorded information, so quantities could be reviewed and monitored.

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

- Staff worked in conjunction with other agencies to provide effective care to people. Staff worked alongside

hospital staff in relation to 1 person, and nursing home staff in relation to another which meant that good communication was needed to help ensure people received appropriate care. A staff member said, "The nurses give such good detail about [person's] needs."

- One person was being supported to transition back to their home and staff had started short visits with them, providing care in line with their care plan. Staff told us working with hospital staff was working well, with one telling us, "It makes me feel confident as there is always someone around to ask for help."
- People received good care. A healthcare professional told us, "His skin has improved immensely since having the carer in place."

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.

- People's care was provided in line with the MCA and its associated principles. Where people were under 18 years old, their parents were involved in their care and making decisions on their behalf. Other people had undergone capacity assessments and been part of best interests meetings in relation to any potential restrictions, such as a sensor mat in their room.
- Staff understood the requirements of the MCA and told us, "I always ask people before I do something. They have to provide their consent before we can carry out care" and, "Sometimes people have capacity and sometimes they don't and they need support with decisions."

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 received kind care from staff. Relative's told us, "I am entirely happy. [Staff name] was fantastic. I cannot sing her praises highly enough" and, "It (the care) has gone really well. I had some reservations that someone could come in and pick up on the care that was needed; I didn't think it was possible, but [staff name] has." A health professional told us, "The carer is very attentive to his needs."
- People were cared for by staff who had developed good bonds and relationships with them. A relative told us, "They have become really good friends. He is waiting for her. The two have a really good bond." Staff said, "It's just wonderful to look after and care for her. I have time to have a chat and sometimes she just wants you to hold her hand to comfort her" and, "I have a bond with her. I know how to calm her down if she becomes agitated, I know how to care for her."
- All staff had undertaken equality and diversity training as part of their induction programme.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make their own decisions. Staff told us, "It's about letting her do things when she wants to do them"
- People were shown respect by staff. A relative told us, "They (staff) absolutely respect her."
- People's dignity was protected with staff telling us, "I listen to her and ask before doing anything. I cover her up when changing her, giving her that dignity and respect" and, "I close the curtains and ask for her consent (before carrying out personal care)."
- People were supported with their independence. One staff member told us, "I offer to let her do something by herself."

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; End of life care and support; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were receiving person-centred care. People's care plans were very specific and detailed to their individual care needs. There was information around their needs, mobility, continence and likes and dislikes. Staff were able to tell us about people's backgrounds and why they needed care.
- Care was being provided in line with people's care plans. For example, frequency of being repositioned to reduce their risk of pressure sores, carrying out their personal care, or in the case of 1 person, offering them a drink every 2 hours. A relative told us, "She (carer) takes stock and will call me if she thinks [person's name] is unwell."
- Where people required specific regimes to assist with their care, there was supporting information in place. This related to their food or providing medicines to people through PEG, or transferring a person from their bed to their specially adapted wheelchair.
- The agency worked closely with the local hospice in respect of end-of-life care when required. The registered manager told us, "I reflected on the care we provided and how staff felt when someone passed away because they spend a lot of time with the person at this stage of their life. We now make sure staff have the opportunity to talk about their emotions and spend time with the family."
- Where people received social care from staff, this was provided. There was evidence of staff spending time socially with people and respecting their decision around how they would like to spend their time. A relative told us, "She (carer) does lots of singing, children's music and exercises with him and he has gained a few skills as a result." A staff member said, "We have a lot of fun playing [card game]. It's her favourite."

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.

- People had individual communication care plans. This recorded how they expressed themselves or specific ways in which staff could communicate with them, such as sitting next to 1 person when they spoke with them so they could hear staff. A staff member told us, "Sometimes you have to go closer to her ear so she can hear you properly."
- One person had a pictorial care plan which meant their care package was produced in a way that would

be better understood by them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy, although to date no complaints had been received. A relative told us, "I have had no concerns, but I know I could speak to [registered manager] if I did."
- Several compliments had been received by the service. These included, "My husband enjoyed your company and kindness. You were so kind and gentle natured towards us" and, "Her team took great care of our beautiful mum at home."

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

- There was a drive by the registered manager to offer a bespoke, specialised, high quality service to people. One which was provided by staff who were suitably skilled and trained in people's individual needs.
- The registered manager said they were aware of the Right support, right care, right culture guidance. They told us staff had received learning disability training and other guidance would be rolled out to staff. All of which would ensure people's inclusion in their care.
- There was a positive culture within the service as staff were happy in their role. We were told, "It is very interesting and I like it. I take my job very seriously and I feel confident in my job"

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 their responsibility in relation to duty of candour. They told us, "I have to be open and responsible for the care we provide. I have a duty to report if things go wrong."
- The registered manager was practical in relation to how quickly the service could grow. They told us, "We need a period of transition. With young people, it's not just 1 phone call and you can start the care package. We need time for staff to train in order we can meet people's care needs to prevent care going wrong."

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

- There were regular audits carried out on the quality of the service. This included reviewing care plans, daily care notes and medicines records.
- Quality checks were completed with staff by the registered manager. Staff told us, "[Registered manager] comes out to see how we are providing care" and, "[Registered manager] is supportive and she comes and checks on me."
- The registered manager told us, "Each year we have an external company audit our systems and processes. They cannot review the information we hold about people, but they check as a company we are compliant."
- Although staff did not carry out more than 1 call each day, the registered manager told us they still used an electronic care monitoring system which meant staff had to log in and log out of each call. They told us, "This is my safeguard."

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

characteristics

- Relatives spoke positively about the registered manager. They told us, "[Registered manager] always picks up the phone quickly or responds to emails promptly" and, "[Registered manager] is brilliant."
- Staff felt supported by the registered manager and told us they could approach her at any time. Staff told us, "[Registered manager] is very supportive. You can always ask her things" and, "She is one of the best manager's I've worked for."
- Monthly staff meetings were held and the registered manager told us, "I want staff to know each other by meeting face to face. We also have a support group where staff can post messages or ask questions." Staff confirmed they had the opportunity to meet with their colleagues regularly.
- Staff meetings covered a range of topics, such as timekeeping, training, rotas, care plans and risk assessments. Meetings always opened with staff's reflections on what had gone well in relation to a person's care package and what could be learnt.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to ensuring staff were suitably trained. She was working with a community team to arrange further training for 1 staff member in line with a person's individual needs. They also told us they were working with 4 local hospices to develop a package for staff on end-of-life care.
- The registered manager was also encouraging staff with government-supported apprenticeships in relation to health and social care qualifications to improve their knowledge and skills.
- Positive working relationships had been developed with other health and social care professionals. This included hospital staff, nursing home staff, a children's community nurse, paediatricians, dieticians and physiotherapists.