

Mnara Health Ltd

# Mnara Health

## 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

Mnara Health is a domiciliary care agency providing care and support to people in their own homes, including live-in care. The agency was supporting four people at the time of our inspection, one of whom was receiving live-in care.

### People's experience of using this service and what we found

People received consistent care from staff who knew their needs well. People felt safe when staff provided their care and said staff followed the guidance in their care plans.

Staff monitored people's health and well-being and reported any changes they observed. The registered manager communicated effectively with people's relatives to ensure they were kept up to date about their family members' well-being.

Staff were recruited safely and understood their roles in protecting people from abuse. Staff had an induction when they joined the agency and access to relevant training and management support. Team meetings took place regularly and staff were encouraged to raise any concerns they had.

The registered manager monitored the quality of the service through regular checks and audits. This included carrying out spot checks to assess the delivery of care by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 on 7 November 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### Follow up

We will continue to monitor intelligence 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?

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 ●

# Mnara Health

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

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 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

#### Before the inspection

We reviewed the information we had received about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 23 April 2021 and ended on 29 April 2021. We visited the office location on 23 April 2021 to speak with the registered manager and to review records.

We checked care records for two people, including their assessments, care plans and risk assessments. We looked at four staff files and records of quality monitoring checks and audits.

We spoke with two people who used the service and two relatives by telephone to hear their views about the agency. We received feedback from four staff about the training and support they received to carry out their roles.

After the inspection

The registered manager sent us further information, including staff training records and staff meeting minutes. We continued to seek clarification from the provider to validate evidence found.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe with staff. They said staff followed the guidance in their care plans to ensure they provided safe care.
- Risk assessments had been carried out to identify and mitigate any potential hazards involved in people's care. If risks were identified, guidance had been put in place for staff about how to provide care in a safe way.
- Staff reported they had been shown how to use any equipment involved in people's care by an appropriate professional. One member of staff told us, "Our manager got an occupational therapist to come and show us how [the equipment] worked and it helped me with gaining the confidence I needed."
- Staff training included aspects related to maintaining safe systems of work, such as moving and handling, health and safety, fire safety and the safe use of potentially harmful products (COSHH).
- Systems were in place to ensure learning was taken from adverse events. Accidents and incidents were recorded and reviewed to identify any measures that could be implemented to prevent further incidents.

Using medicines safely

- People who received support with their medicines told us staff managed this safely. This was confirmed by the relatives we spoke with, one of whom said, "They are very particular about the medicines. There is a medicines cupboard where they keep it and they record it all."
- Staff received appropriate training and their competence was assessed before they supported people with medicines. A medicines administration record was maintained in people's homes. These were audited regularly by the registered manager.
- The registered manager made improvements to how medicines were managed based on feedback from relatives. Although relatives told us staff supported their family members to take their medicines as prescribed, they said there had been occasions in the past when they had not received enough notice from the agency to order repeat prescriptions. Relatives told us they had discussed this with the registered manager, who had agreed to provide more notice of when repeat prescriptions would be required. We were assured by the registered manager that no people had missed medicines.

Staffing and recruitment

- The provider employed enough staff to meet the agency's care commitments. There were arrangements in place to ensure people's care was not disrupted by staff absence. None of the people we spoke with had experienced missed calls. People told us their care workers usually arrived on time and always stayed for the full scheduled visit time.
- The provider operated safe recruitment procedures. Prospective staff had to submit an application form

and attend an interview. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and attended regular refreshers. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.
- If staff had raised concerns, these had been acted upon by the registered manager. For example, following an alert from staff, the registered manager had raised a safeguarding concern on behalf of a person regarding text messages they had received. The registered manager told us, "We got an explanation from the family, otherwise we would have escalated it."

Preventing and controlling infection

- Staff maintained appropriate standards of infection prevention and control (IPC). People told us staff helped keep their homes clean and tidy. Staff received training in IPC in their induction and regular refreshers.
- People told us staff wore personal protective equipment (PPE) during their visits. One person said, "They wear a mask, gloves and an apron." This was confirmed by relatives, one of whom told us, "They wear PPE all the time. They are very good like that."

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency which included mandatory training and 'shadowing' colleagues. Shadow shifts enabled new staff to observe more experienced colleagues to understand how people's care should be provided. The registered manager told us, "I go through the induction with them, our standards and policies. We also go through videos from Skills for Care and we use resources from the Surrey Care Association website."
- Staff confirmed they had an induction and shadowed colleagues before they began to provide care. One member of staff told us, "I had my induction with the manager after reading and discussing the policies. Training was mandatory then shadow shifts before I was put on the rota." Another member of staff said, "I had induction with the manager and a few shadow shifts as well as reading the company policies and a quiz afterwards."
- Staff had access to the training they needed to provide people's care. The registered manager told us staff were expected to achieve the Care Certificate and we saw evidence that staff were working towards this. The Care Certificate is a nationally agreed set of standards that define the knowledge, skills and behaviours expected of health and social care staff.
- Staff met with the registered manager for one-to-one supervision, which provided opportunities to discuss their performance and training needs.

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

- People's needs were assessed before the agency provided their care. We saw that assessments considered areas including personal care, continence, skin integrity, moving and handling and medicines.
- The registered manager told us they ensured assessments captured people's wishes and preferences about their care. The registered manager said, "I ask them their preferences. I ask them exactly what they want done." People and their relatives confirmed they had been involved in their assessments and encouraged to express their preferences about their care.
- People's needs were kept under review and reassessed if necessary. For example, the agency provided care for a person who had been admitted to hospital. The person's relative told us the registered manager had reassessed their family member's needs before restarting their care.

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

- People's healthcare needs were recorded and care plans developed where needed. If people's needs changed, the registered manager highlighted these changes to relevant healthcare professionals. For



example, when one person had a fall, the registered manager contacted an occupational therapist regarding an assessment for equipment which would enable the person to mobilise safely.

- Relatives told us staff were observant of any changes in their family member's health and responded appropriately. For example, the agency supported one person who experienced frequent urinary tract infections (UTIs). A relative of the person told us, "The carers are very good because they spot any signs [of a UTI]."
- The registered manager referred any concerns highlighted by staff to healthcare professionals where necessary. For example, the registered manager told us, "We have an arrangement with the GP that if we see any signs of a UTI, we report it."

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

- People's needs in relation to nutrition and hydration had been assessed and recorded in their care plans. No-one using the agency at the time of our inspection had specific dietary needs.
- People who received support with their meals were happy with this aspect of their care. They told us staff knew their preferences about the food they ate and respected their choices.

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

- People's care was provided in line with the MCA. People recorded their consent to their care plans before these were agreed. Staff received training on the MCA as part of the Care Certificate and people said staff asked them for their consent on a day-to-day basis.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's care was provided by consistent staff who understood their needs. People said they saw familiar staff with whom they had established positive relationships. One person told us, "I get on with them very well. I am very happy with all of them." Relatives confirmed their family members benefited from seeing the same staff regularly. One relative said, "It's nice having the same people so he gets to know them."
- Relatives told us the staff who visited their family members were kind and caring. One relative said of staff, "They do a very good job. They are very kind and I like that." Another relative told us, "They are very kind and very patient with him. He seems to be quite content with them. They take good care of him."

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

- People told us staff maintained their privacy and dignity when providing their care. This was confirmed by relatives, one of whom said of staff, "They are very respectful."
- The need to ensure privacy and dignity in care was highlighted in staff induction and during spot checks carried out by the registered manager. Privacy and dignity in care were also addressed in the Care Certificate, which was being completed by staff.
- The registered manager told us staff were advised in their induction to encourage people to be involved in their care where possible. The registered manager said, "You have to support [people] in a way which encourages them. So when [staff] are helping someone put on a shirt, ask [the person] if they can do the button."
- People told us staff encouraged them to manage aspects of their own care where possible and respected their decisions about their support. Relatives confirmed that staff supported their family members in a way which promoted choice and decision-making. One relative said of staff, "They offer [family member] choices. They always say, 'What would you like for supper?'" Another relative told us, "They are very polite. They always ask him what he would like."
- People were able to express their religious and spiritual beliefs. The registered manager told us that no-one needed support to practice their religion but that one person enjoyed discussing their religion with staff.

# 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.

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

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

- People's individual needs and preferences about their support were recorded in their care plans. For example, one person's care plan stated they preferred to have their breakfast before receiving their personal care. Support plans also reminded staff to ensure they offered people choices when supporting them, such as what they wanted to wear and what they wanted to eat.
- Staff said they were given enough information about people's needs before providing their care. One member of staff told us, "The management gives as much information as possible when it comes to supporting clients. They will check that we feel confident in what we are doing."
- Staff told us they had enough time at each visit to provide the care outlined in people's support plans. They said they always ensured people received the care they needed, even if this took longer than the scheduled visit time. One member of staff told us, "We generally have enough time to provide the care and quality that our service users need. When we don't, the office has always informed us to go over the time as we have a duty of care."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the time of their initial assessment. Where needs had been identified, care plans had been developed setting out the support people needed to communicate effectively.
- People told us they were able to obtain any information they needed about the agency in a way that was accessible to them.

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed and action complainants could take if they were dissatisfied with the agency's response. This was given to people and their families when they began to use the service.
- None of the people or relatives we spoke with had complained but all said they would feel confident to do so. One relative told us, "I would feel able to complain but haven't needed to as things have been going well." Another relative told us they had not raised any concerns but said, "I am confident they would take any complaint seriously."

- The agency had not received any formal complaints since its registration. No complaints had been made about the agency to the CQC.

# 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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on duty of candour responsibility

- People and their relatives told us the agency was well run and communicated with them effectively. They said they could always access the information they needed when they contacted the agency's office.
- Relatives told us the registered manager kept them informed about their family member's health and well-being. One relative said, "[Registered manager] keeps me up to date about things. Any problems, she will text me or phone me." Another relative told us, "They are in regular contact. If there is a problem, they will ring me or my son straight away."
- Relatives said staff recorded the care they provided accurately, which was important to ensure effective communication. One relative told us, "They write everything down. They are good at that. It is very important. That daily file is vital so I can look back and see what has happened."
- The registered manager maintained an effective oversight of the service, which included regular quality checks and audits. For example, audits of people's care notes and medication records.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

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

- People and their relatives had opportunities to give feedback about the care they received. People told us the registered manager contacted them regularly and had implemented any changes they requested about the support they received.
- The registered manager monitored the quality of care provided by staff at spot checks. People were able to give feedback about their care and support during these quality checks.
- Staff told us they received good support from the management team. They said they had access to advice and support when they needed it. One member of staff told us, "[Registered manager] is very approachable and we can speak up." Another member of staff said of the registered manager, "She is very accommodating and she listens."

Continuous learning and improving care; Working in partnership with others

- Team meetings were held regularly and were used to discuss working practices and any issues relating to people's care. Staff told us they were encouraged to contribute to team meetings and to raise any concerns

they had.

- The registered manager had established effective relationships with people's families and with other professionals involved in people's care, including GPs and local authorities.
- The registered manager had access to information from relevant bodies, such as Skills for Care and Surrey Care Association, to keep up to date with good practice and developments in the care sector.