

Manna Care Ltd

Manna Walk

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:

- Manna Walk is a residential service that was providing personal care to 7 adults with learning disabilities at the time of the inspection.
- The service is based in a Victorian house set over three floors. It has a large kitchen, laundry area and lounge to the ground floor, with bedrooms over the remaining floors. The service has a spacious sensory garden situated to the rear.

People's experience of using this service:

- People received care from staff who had been supported in their role with, appropriate training, supervision.
- The service adequately recorded the investigation and analysis of incidents and accidents.
- Regular checks and audits were carried out to determine the quality of the care and to achieve compliance with regulations.
- Although some of the people were unable to verbally communicate with us, our observations showed people were settled in their environment and led a fulfilled life. Relatives told us staff were kind, friendly and dedicated and knew people's needs and preferences well.

Rating at last inspection:

- At our last inspection, the service was rated "good". Our last report was published October 2016.

Why we inspected:

- All services rated "good" are re-inspected within 30 months of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good."

More information is in our full report.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Manna Walk

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our 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.

Inspection team:

- Our inspection was completed by an adult social care inspector.

Service and service type:

- This service is a residential care provider. It provides personal care and accommodation to younger and older adults living with a learning disability and/or autism.
- The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to ensure people would be available to speak with us as part of the inspection process.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We spoke to one person who used the service and three people's relatives.
- We spoke with the provider, the registered manager, the deputy manager, the well-being co-ordinator and two senior care workers.
- We reviewed two people's care records, two staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- All relatives we spoke with told us they felt the personal care their loved ones received was safe. One relative told us, "Safe, absolutely, it's truly a safe haven."
- During staff induction, staff received face-to-face safeguarding training. There was a whistleblowing policy, which staff had a copy of and could access at anytime.
- Staff repeated training in safeguarding each year.
- The registered manager and provider knew what constituted safeguarding, and openly reported any allegations or actual issues to the local authority.
- We spoke to staff to check their understanding of safeguarding people from abuse, maltreatment and neglect. Staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse. Staff told us they would not hesitate to report any concerns or signs of mistreatment or abuse.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management;

- People's care records contained a detailed pre-admission review so that people's key health care requirements were identified and could be met from the time they arrived at the service.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Assessments included guidance for staff to mitigate risks to people to ensure, as far as possible, their protection from avoidable harm.
- The registered manager regularly reviewed risks assessments to ensure they were up to date. They had liaised with other settings in the community (such as local shopkeepers) in the development of people's risk assessments. This helped to ensure people were safe but their freedom was respected and that people were able to their life as ordinary as any other citizen. This showed that the service had considered their obligations under Registering the Right Support.

Staffing and recruitment;

- Relatives provided positive comments about the staff deployment. They said, "There is always enough staff around and its always regular staff."
- The service did not use agency staff, any sickness or absences were covered by permanent members of staff. This helped to ensure continuity of care and that people received support by staff who knew their needs and routines.
- The service was responsive to people's needs and deployed extra staff to ensure that people were supported on a one to one basis when required such as; when accessing the local community.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely;

- We found that medicines were stored safely and locked in a clinic room. The temperature of the room and medication fridge were recorded daily to ensure they were within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively.
- Staff received face-to-face and practical training in the safe management of medicines and their competency was regularly assessed.
- The medicines administration records (MARs) contained the necessary information for safe administration of people's medicines.

Preventing and controlling infection;

- Staff received training in infection control. This meant that staff received dedicated training in infection prevention.
- Staff had access to personal protective equipment, including disposable gloves and aprons.

Learning lessons when things go wrong;

- Once a month, the registered manager reviewed all logged incidents and accidents to identify themes and trends. For example, they checked whether there were staff or system related causes to repeated incidents.
- The management team checked that people's safety was maintained and conducted any investigations or further enquiries.
- The registered manager kept a record of the location of any accidents and incidents using a map of the layout of the service. For example, this system helped identify that one person had repeated falls in their room, the flooring was replaced and the person stopped falling.

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.

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

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

- We saw that assessments of people's needs were comprehensive, agreed outcomes and goals were identified, and people's care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- The service was registered to provide care for people with a learning disability. This meant it had a duty under 'Registering the Right Support' Regulations to ensure that, wherever possible, people had the freedom and choice to transfer into supported living accommodation within the community. Although people living at the service had the choice to move on, many had highly complex psychological and emotional needs which would render them vulnerable and unsafe living in a community setting. Given the severity and complexity of their needs, most of the people living at the service were supported on a one to one basis when accessing the community. All relatives we spoke with were happy with the care provided and felt that Manna Walk was a long-term home for their loved one.

Staff support: induction, training, skills and experience;

- The service supported staff through inductions, supervisions and appraisals. This meant staff had the necessary knowledge, skills and experience to perform their roles.
- Staff we spoke with were competent, knowledgeable and skilled and felt supported by managers to develop further. For example, most staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service. NVQs are work based qualifications which recognises the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.
- Staff undertook training in areas such as safeguarding and the Mental Capacity Act 2005, infection control, first aid and safe medication management. Face-to-face training was completed by staff. They told us they valued this and it helped them improve the quality of the care they provided.
- We saw staff were encouraged to undertake additional, non-mandatory training, which helped them better meet the needs of people. For example, staff had undergone autism awareness training and told us this had been invaluable.

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

- Both care records and our observations showed us people had choice and access to sufficient food and drink throughout the day.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Where appropriate, staff supported people to shop for ingredients and prepare and cook meals for

themselves.

- People were encouraged to eat healthily. A weekly healthy eating club was held where people were encouraged to sample healthy food options.

Staff working with other agencies to provide consistent, effective, timely care;

- The service referred people to external healthcare professionals where appropriate. For example, for one person who was losing weight, a referral to a dietician had been made. Staff then supported the person with a fortified diet. This ensured that people received the care and support they needed.

Supporting people to live healthier lives, access healthcare services and support;

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by such professionals.
- A relative told us staff were vigilant with people's health conditions. They said, "They are on the ball, they got the external healthcare sorted out for my relative and kept me fully up to date."
- The service had its own mini bus and staff supported people to attend healthcare appointments. During these appointments, staff acted as an advocate for people who could not verbalise their needs and wishes.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes.
- Staff provided us with examples of ensuring people were involved in decisions about their care and that any decisions taken were in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Adapting service, design, decoration to meet people's needs;

- During our inspection we saw evidence that people had personalised their own bedrooms. For example, some people had brought in their own items of furniture, others had pictures on the walls. This helped people feel a real sense of belonging and that Manna Walk was their home.
- There was a pleasant and enclosed outdoor space which people assessed freely. The garden included a summer house, sensory lighting and raised beds which people had helped to plant. A relative commented, "The grounds are fantastic, [relative] loves open space and is out there in all weathers."

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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.

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

Ensuring people are well treated and supported;

- Relatives of people living at the service provided consistently positive feedback about staff and the service. Comments included, "Staff are fantastic, it's always the same faces which is crucial for [relative]" and "I am very pleased with the staff, they are spot on, they know everything about my [relative]."
- Staff spoke about people with kindness and compassion, comments included, "We treat them like our own family" and "We help people as much as they need but also encourage them to be independent."
- Each person had their life history recorded in care plans and staff told us they used this information to get to know people.
- The service operated a 'key worker system.' Staff were matched with people they supported based on their personalities, shared characteristics and interests. This helped staff build good relationships with the people they supported and helped to ensure people received personalised care and support dependent upon their preferences.
- Staff we spoke with knew people's routines and used this knowledge to care for them in the way they wanted.

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support. People were empowered to make decisions for themselves such as what they wanted to wear and what activities they wished to engage in, such as accessing the local community and attending day centres.
- The service held monthly advocacy meetings. This was designed to encourage people to speak out about how they thought the service was run and what could be done better.

Respecting and promoting people's privacy, dignity and independence;

- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. Staff supported people with activities in the community such as karaoke nights, bingo and lunches out. Some people had also been supported by staff to go on holiday, past holidays included Euro Disney and Llandudno.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

The provision of accessible information;

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements.

- We saw the service adhered to the Accessible Information Standard principles. The registered manager had produced their service user guides and complaints policy in an easy-read format making it easier for people to process and understand.
- People's care records identified and recorded communication impairments and steps were implemented to ensure any information was provided to people in such a way they could understand.
- Some people had complex needs and staff recognised the need for alternative methods of communication. The service utilised Makaton (a system which uses signs and symbols to help people communicate) and PECS (picture exchange communication system) cards as a method of communicating with people.

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

- Staff showed us they knew people's likes and dislikes. They used this knowledge to care for people in the way they preferred. For example, care records contained clear details around how a person preferred to be supported with personal care.
- We saw from care plans and from talking with staff that people were empowered to make choices and have as much control and independence as possible, including preferred activities.
- The service employed a well-being co-ordinator to facilitate activities and therapies both on a one to one basis and in group form. We spent time talking with the well-being co-ordinator who told us, "We deliver therapies in a person-centred and holistic way, the idea is to motivate and empower the service users." Therapies included art and creation, exercise, breathing and relaxation techniques, hand and foot massages. The service had it's own therapy and sensory room which were used by people on a daily basis.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender, and their choices and preferences were regularly reviewed.

Improving care quality in response to complaints or concerns;

- There was an appropriate complaints management system in place.
- Staff knew how to provide feedback to the management team about people's experiences.
- Managers told us they would use any complaints received as an opportunity to improve the service for people.

End of life care and support;

- At the time of our inspection there was nobody receiving end of life care.
- The manager told us they would work proactively with other health and social care professionals to ensure people had a pain-free, dignified death.

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;

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The service had a comprehensive system of audits to monitor the safety and quality of the service and to make improvements when needed. Audits included accidents, incidents, safeguarding, medication, infection control, care records and personnel files.
- Audits we looked at identified actions required to ensure full compliance with the provider's objectives and regulations. This ensured that people's care, and the governance of the service, was well-managed and any areas for improvement readily identified.

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

- People told us the service was well-led. Comments from relatives included, "Managers are fantastic, they act on things and see things through" and "[Manager] is fantastic, supportive and approachable, they are always there."
- The provider had delegated tasks to the registered manager so they had increased their observation of the day to day running of the service to help ensure continuous quality and readily identify any areas required for improvement.
- The structure of the management team had increased since our last inspection. Staff told us they felt properly supported and empowered to take part in decision making and to speak up with managers.
- There was a business continuity plan in place which included information about how to ensure provision of people's care during extreme circumstances.
- The prior inspection rating was displayed prominently within the service and on the provider's website.

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

- The service held monthly staff meetings. These meetings discussed topics such as people's changing needs, safeguarding, incidents and accidents and day-to-day care.
- The service held monthly advocacy meetings for people living at the service. People were able to make suggestions and give feedback. This empowered people and ensured they were directly involved in the how the service was run.
- The service held weekly coffee mornings for relatives of people using the service. This was designed to gather feedback from relatives and to seek suggestions for further improvement.

Continuous learning and improving care:

- The service had created an "emergency hospital bag" for each person which could be taken by staff when taking people to hospital. This contained items to support the person in what could present as a stressful experience. For example, one person's bag contained footballs and bubbles which helped to calm and relax the person.
- People also had 'Hospital Passports'. These documents contained important information, for example, medical conditions, sensory impairments, allergies, dietary requirements and a list of medicines.
- These measures had been implemented by suggestions made by staff and the experience of people becoming stressed when requiring an admission to hospital.

Working in partnership with others;

- The service planned to deliver training to the staff of a local supermarket which people living at the service accessed frequently. This was to educate staff on the possible needs of people living with a learning disability and autism. The intention was that in turn staff would educate members of the public. This was to lessen the risk of people facing discrimination as a result of their disability and to live a life as fulfilling as possible.