MNA Home Care Services Limited

Research House

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 undertook an announced inspection of Research House on 22, 23 and 24 August 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

MNA Home Care Services provides personal care and support to people living in their own homes. At the time of the inspection the service was providing support for 505 people across the London Boroughs of Brent, Ealing and Harrow.

We previously inspected Research House on18 February 2014 and the provider had met all the regulations that were inspected.

At the time of the inspection there was a registered manager in place. 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.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the support folders in relation to the care being provided.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before the person started to receive care in their own home. Each person had a care plan in place which described their support needs. Care workers completed a record of the care and support provided during each visit.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

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 using the service said they felt safe when they received support in their own home.

The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had systems in place for the recording and investigation of incidents and accidents.

The provider had safe recruitment procedures in place and the number of care workers required to provide appropriate care for each person was based on the assessment of the person's needs.

Is the service effective?

Good

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the people using the service.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified the cultural and religious needs of the person using the service.

The care plans identified how the care workers could support the person in maintaining their independence.

Is the service responsive?

Good

The service was responsive. The provider had a complaints

process in place and people knew what to do if they wished to raise any concerns.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care. The information from the assessments was used to develop the care plans and were up to date.

Care workers completed a daily record of the care provided.

Is the service well-led?

Good

The service was well-led. People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

The provider had a range of audits in place to monitor the quality of the care provided.

Research House

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 was planned to check whether the provider is 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 22, 23 and 24 August 2016 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.

One inspector undertook the inspection and two experts-by-experience carried out telephone interviews of people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection, the provider completed 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 also reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the registered manager, a director, the operations manager and the quality assurance manager. We also spoke with five care workers. We reviewed the care records for eight people using the service, the employment folders for 11 care workers, a spread sheet containing the training and supervision records for 144 care workers and records relating to the management of the service. We also undertook phone calls with 11 people who used the service and 11 relatives.

Good

Is the service safe?

Our findings

We asked people if they felt safe when they received support in their own home. They told us, "Yes very safe with the care worker", "Oh yes, I don't mind in the least. It's good to see someone" and "Yes so far." We also asked relatives if they thought their family member was safe when receiving care. They commented, "Yes, my family member feels safe from harm and abuse", "Yes- Its always the same lady- she knows exactly what is what", "Yes, my relative trusts them to keep him safe", "Yes they are very good. She feels safe with them, no harm" and "Yes, very safe from harm, the carer is very good."

We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. During the inspection we looked at the records for seven safeguarding concerns which detailed records of the investigation and contained copies of correspondence. The provider also had a whistle blowing policy in place. Care workers we spoke with demonstrated a good understanding of safeguarding and how to report any concerns relating to the care provided.

We looked at how accidents and incidents were managed in the service. The registered manager explained when an incident or accident occurred the care worker would contact the office as soon as possible to get advice on what action to take and a form would be completed. An email with details of the incident or accident would also be sent to the local authority which was funding the care package detailing the event, the action taken and any outcomes. During the inspection we looked at 14 forms that had been completed during 2016. The forms indicated if the care worker was present during the event or if they found the person when they arrived. They also recorded if the person or their relatives had explained to them what had happened if the event was not witnessed. The information was clearly recorded, detailed and reviewed by senior staff.

We saw the provider had a range of risk assessments in place. During the inspection we looked at the care folders for eight people receiving support. A moving and handling risk assessment was completed for each person to identify any issues in relation to mobility. Risk assessments in relation to medicines administration, any equipment used and the home environment were also completed for each person. The risk assessments for each person identified if they had any specific health issues which may impact the care they receive. Guidance on how to reduce these risks was provided for care workers as part of the care plan.

The number of care workers required to attend each visit was identified from the information provided in the local authority referral document and during the assessment carried out before the care package started. The registered manager explained that they also allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

The provider had suitable recruitment processes in place. The registered manager explained when they were contacted by an applicant they initially assessed the person's understanding of the role of a care worker and what equality and diversity meant. If they were assessed as suitable, an application form was completed and they were invited to an interview. Two references were requested and a Disclosure and Barring Service (DBS) check to see if the new care worker had a criminal record was carried out following the

interview. The registered manager told us that if an applicant was not successful at interview a review was carried out to identify why the person was not suitable and what could be done to address these issues. This was discussed with the applicant so they could obtain any additional training or support before they reapplied.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. Records indicated that all care workers had completed training in the administration of medicines. The Medicine Administration Record (MAR) charts had the name of the person, address and their date of birth. The MAR chart indicated if the medicines were provided in a blister pack or in the original packaging. We saw the MAR charts we looked at were completed clearly and accurately.

Good

Is the service effective?

Our findings

We asked people using the service and relatives if they thought the care workers had the appropriate training and skills to provide their care. They told us they felt the staff had received appropriate training and comments included, "Yes, I would say they are well trained" and "I think they are very good. Yes, well trained."

The operations manager explained that new care workers completed one week of induction training which included the training identified as mandatory by the provider. New care workers also completed the Care Certificate during their induction and probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. New care workers additionally completed shifts shadowing and being observed by an experienced care worker who provided feedback on their competency. The number of shifts each new care worker completed depended on their previous experience.

The provider had identified a range of training courses as mandatory for all care workers to complete. These included moving and handling, safeguarding adults, and administration of medicine every year. Care workers also complete training in relation to infection control, food hygiene and first aid every two years. We saw records which showed all the care workers were up to date with their training. The operations manager told us reminders were set on the computerised records system to indicate when each care worker was due to complete their refresher training.

Care workers said they had regular supervision with their manager and completed annual appraisals. The operations manager told us that they aim to carry out four supervisions per year. These could be a combination of office based meetings and spot checks when the care worker was observed providing care. Records we saw confirmed that care workers had regular supervision and appraisals which meant care workers received appropriate support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager explained if the care worker identified any concerns with a person's capacity to make decisions about their day to day care a referral would be made to the relevant local authority for an appropriate assessment. If a referral was made to the local authority this was recorded on the records for the person. Care workers we spoke with confirmed they understood the MCA and the importance of

supporting people to make choices. We were shown an information booklet explaining the MCA which was given to all care workers.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP). We saw the provider had contacted the speech and language therapy team, GP's, district nurses and other healthcare professionals involved in a person's care when required and this was recorded.

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. The comments we received included, "Yes, at the moment. What can you do?", "Yes definitely, they have got to know me", "Oh yes, it is good when they are here", "Yes I am very happy, the carer is thorough" and "Yes very happy with the service, she is very good to me." Relatives also told us, "I have only been with this service for a short time. I am very happy with this service. They are more interactive and encourage my family member to do more", "Yes, they are polite and kind, he is very happy", "Yes, my family member is happy with the service because they do what she wants", "Yes my relative is happy with the services because the carer gives him a bath, creams him with ointment and helps him get dressed" and "Yes, he is happy with them because they wash his legs and body."

We asked people if they felt the care workers treated them with dignity and respect and they told us, "Oh yes, definitely", "Yes, they are nice girls", "Yes she is very good, she treats me well" and "Yes they treat me nice." Relatives commented, "Yes they do, they are very good like that", "Yes they close door when in the bathroom" and "Yes they are very good like that", "Yes he is polite and good to my family member" and "Yes they are treating my family member very well."

We asked care workers how they ensured people were treated with dignity and respect when receiving care. Care workers told us "It is important to ensure the person has a choice about how much of their body they want covered. It's all about what they want" and "The care plan describes how care should be given, you need to make sure the care is what the person wants and they have choice."

People using the service were asked if they felt the care workers supported them in maintaining their independence. People told us "I think so- I don't think I could get any better", "Yes the care worker encourages me to get up" and "No I can do most things myself." Relatives we asked said, "Yes they get my family member up in the morning, help him to iron his clothes, and sort out the right clothes for the weather. They make sure he brushes his teeth. They take him out to the gym. He likes music and they take him into the community to make friends. They keep him busy six hours a week", "Yes they sit him in the bathroom for a shave", "Yes the care worker helps him to exercise and walk" and Yes they bath her and help her with her clothes. They encourage her to wash her hair and put her clothes on." We asked care workers how they supported people they visited to maintain their independence. Care workers commented, "We try to encourage the person to try and do things on their own and just help when needed", "If someone is have a strip wash I encourage the person to do what they can and if they need help then I step in to help" and "When you look at someone you can see if they need help or if they can do things for themselves. You don't take away from the person what they can do."

The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support.

People told us they felt care workers were kind and caring with the support they received. Their comments included, "I would say they are very kind and caring", "Yes I am very lucky they are very nice carers", "Yes they

are. They will have a little chat sometimes", "Yes she is kind to me and treats me well" and "Yes she talks with me, we have nice conversations about swimming." Relatives we spoke with commented, "They are kind and have good experience", "Yes they speak nicely to my family member, they encourage him but they are not pushy", "Yes they are gentle with him and take their time" and "Yes they are kind to her, they talk in a soft voice and gentle voice."

We asked people if they had the same care worker or if they regularly changed and we received a range of comments. People said, "No, they are all different. I would prefer the same one", "I have different carers all the time", "Yes and if this carer cannot come for any reason I will not have anyone else", "Have had the same for some time", "I have got to know them all- they are all very good" and "I have the same three girls." Relatives told us, "Only when the care worker is on holiday", "Yes we have the same carers", "My family member has the same ones normally but the regular one is on holiday so she has someone new now. This new one does not know what time she starts or finishes" and "It regularly changes every month. Would prefer someone more regular who comes on time."

Care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. We saw care workers were provided with information about the personal history for people they were supporting where the information was available.

Good

Is the service responsive?

Our findings

We asked people if they were involved in decisions regarding the care and support they received. We received a range of comments which included, "My family are involved", "No not really. They know what to do and how I like it done", "I make my own decisions with the help of my family" and "Yes I make my own decisions." Relatives we spoke with told us, "I am the one who gets involved", "Yes they ask him what he wants" and "Yes my family member can get involved with decision making to support his needs."

We asked people if the care workers arrived at the agreed time and if they were going to be late were they contacted. They commented, "Yes they are regular and very punctual", "Oh yes, they can be a little late but not often", "Yes mostly- they can be a little late at times due to transport or a problem with previous call" and "Yes. My relative did have to get in touch due to lateness, now they ring if they are going to be late." Relatives told us, "Yes- sometimes earlier than expected. No, that isn't a problem", "They can't always be on time due to transport- but it's not a problem. We prefer them after 10.00" and "Mostly they arrive on time. They have let me know but not always. If they are not coming they let me know, I can manage for one day." Other relatives also commented, "Yes they do but if they are running late which is not often, then they call", "Yes on time but if they are late they call" and "They are supposed to get here for 8.30am but the care worker asked me if she could come at 9am because she lives far, I agreed. Then they would come at 9:15, 9:30 and now she comes at 9:45."

We also asked people if the care workers stayed for the agreed length of time and people we spoke with confirmed that the care workers usually stayed for the length of time agreed in their care plan.

The registered manager explained that the majority of care workers used a telephone based system to record the time they arrived and departed a person's home. Other care workers completed time sheets to record their visit times.

If the care worker was unable to enter the person's home to carry out their visit or the person was not at home when they arrived there was a no entry process. The care worker would contact the supervisor and wait at the person's home until checks were made. The office staff would contact relatives to try to locate the person and if they were unable to then check with local hospitals in case of a medical emergency. A form was completed with details of the reason why the care worker was unable to complete the visit and if any action was required.

People's care plans were written in a way that identified each person's wishes as to how they wanted their care and support to be provided. During the inspection we looked at the care plans for eight people using the service which included information on the care activities during each visit. The care plans also included information relating to when a person should be encouraged to make choices and any health issues the person lived with. Care objectives were also identified as part of the care plan which included promoting and maintaining the person's independence. The care plans we looked at had been reviewed annually or when the person's support needs had changed.

People's needs were assessed prior to them using the service. The provider received a referral from the local authority describing the care to be provided and the number of visits per day required. The referral was checked with the person's GP and social worker, if they have one, to ensure the support information was accurate. A supervisor visited the person to carry out an assessment of their support needs which was used to develop the care plan. A copy of the care plan and an information folder was then left in the person's home. The registered manager explained that whenever possible the supervisor attended the first visit to ensure the assessment and care plan accurately described the care required during each visit. We saw the initial assessments for eight people which were detailed.

Care workers completed a daily communication record of the support and care they provided for each person using the service. The records included what care had been provided during each visit including if the person had refused care, if the person ate and any other tasks completed. We looked at daily records of care and saw they were up to date and clearly written.

The provider had a complaints policy and procedure in place. We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. We received varied comments which included, "No I haven't made a complaint although it was an erratic service initially", "I really don't have much to do with the office. If I had a query or complaint I would speak to the care workers" and "Yes I have and that is how I got this care worker, she is perfect." Relatives commented, "Not really apart from conversations due to lateness", "Yes I know how to make a complaint but not sure who to call, I have not needed to make a complaint", "Yes I know to make a complaint. I did in the beginning because a carer did not turn up but it got sorted" and "No my family member would not know how to make a complaint and I don't know how to, but he has nothing to complain about." Other people using the service and relatives we spoke with confirmed they knew how to make a complaint but have never felt the need to.

The registered manager explained complaints could be received via the local authority or direct from the person using the service. They explained that whenever possible they would attempt to resolve any concerns informally by discussing the issues with the person directly. The information relating to the complaint was recorded with any notes from investigations and correspondence. During the inspection we looked at the records for ten complaints received during 2016 and saw these were detailed and included if the complaint was resolved. Information on how to make a complaint was included in the service user guide which was given to the person when they started receiving support from the service.

People were able to provide feedback on the quality of the service they received. A questionnaire had been sent to people using the service during October and November 2015. Questions related to the care workers, the care provided and overall quality of the service provided. The large majority of the responses on the questionnaires we looked at were 'Good' and 'Excellent'. An action plan was developed in response to any comments identifying where improvements could be made. We saw the action plans included who was responsible for implementing any improvements, if it related to a specific person and when any actions would be completed. The next questionnaire was due to be sent out at the end of 2016.

Good

Is the service well-led?

Our findings

We asked the people using the service and relatives we spoke with if they felt the service was well-led. We received both positive and negative comments which included, "No I don't think the service is run well", "No, the care is good but the office is not very well run. Communication in the office is not good", "I would say it is 98%. They do have problems with the rotas though" and "Yes I think it is run very well." Other comments were, "Yes it is run well because they do what we want", "Yes the service is well run because they are regular" and "It's very good - I must say."

We asked care workers if they felt they were supported by their manager and if the service was well-led. Care workers told us "Yes, when I joined the manager came into the training and introduced themselves. They were very open. They make you feel welcome when you come into the office and I have confidence that the office has my back", "They are very supportive and you can discuss any questions, concerns or queries. I am always doing that" and "I am supported and if I need anything they say just call them. They are very open to questions and concerns. The service is very well-led and has very good communication."

The provider had effective quality monitoring system in place to identify issues and a range of audits were regularly carried out. The registered manager explained each month a separate audit was completed for each of the three local authorities that commission care packages from the service. The audits included information on the number of people using telephone based call logging, the number of missed calls or visits cancelled by the person receiving support, safeguarding concerns, the number of care workers and the training completed that month.

Each month 10% of the communication records were checked to ensure they had been completed clearly and detailed the care provided during each visit. The registered manager told us that since July 2016 all MAR charts were reviewed each month as part of the medicine audit.

A sample of the records showing the arrival and departure times for care workers when they visited people were regularly reviewed to ensure calls were made at the agreed times. The completed no entry record forms were also reviewed monthly by location and the reason for the call not being completed. The information was analysed and actions taken for example contacting the person to remind them to inform the service if they were going out when a call was scheduled.

People using the service were contacted regularly by telephone to ask for feedback on the quality of the service and samples of the records were reviewed quarterly. The trends in relation to the issues identified were analysed and action plans developed.

The records of incidents and accidents as well as completed, were regularly reviewed to identify any on-going issues which could be resolved.

This meant that the audits in place provided the service with a range of information to monitor the quality of the care provided in people's homes.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People using the service were given a booklet which included information on the philosophy, aims and objectives of the organisation, how care was provided and the contact details of the provider. We asked people if they knew who to contact at the office if they had any questions. People told us they had the telephone number for the office and would contact them if they had any questions

Care workers were given a booklet which included reminders of the core values of the organisation, processes and procedures and what they needed to do if they could not gain entry to the home or if the person refused to accept care.

A care worker meeting happened every six weeks and was held at different times of the day during the week to enable as many care workers as possible to attend. Minutes of the meetings were circulated to all the care workers. This meant that all care workers were aware of the information discussed during the meetings. During the inspection we saw the minutes from recent meetings.