

Mariana Njie Limited

# M&N Healthcare Edgbaston

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

M&N Healthcare Edgbaston is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 3 people using the service. All care services were conducted by the provider at the time of the inspection, and no staff were employed.

Everyone who used the service received personal care. 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.

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

Some systems to monitor the quality of the service had not been effective. Robust auditing had not taken place and had not identified that care plans did not provide enough information for any agency or new staff to support people safely.

People felt safe and trusted the provider. The provider knew how to support people to keep them safe. The provider had received training to recognise and report signs of abuse.

There were no staff working for M&N Healthcare at the time of inspection, however the provider told us that they expected to expand the business and would be recruiting staff in the future. They stated, and we verified from proposed documentation that safe recruitment processes were in place and staff would receive a thorough induction to familiarise themselves with the expectations of the role and the values of the service. They stated that they would ensure staff received appropriate training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities. It is the providers intention to provide training staff will need to carry out the role. This was verified by a detailed training matrix.

People told us the provider was caring and compassionate. People were treated with dignity and respect and their independence was promoted and encouraged.

People's needs were assessed before the service provided them with care or support. People and their relatives, where appropriate, were involved in this process.

Systems and processes were in place to seek the views of the people who used it.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; 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 and update

This service was registered with us on 20 July 2017. The last rating for this service was requires improvement published on 04 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for M&N Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

The service was effective.

Details are in our effective findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# M&N Healthcare Edgbaston

## Detailed findings

### Background to this 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

This 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.

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. The provider for M&N Healthcare is also the registered manager.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to the provider and reviewed a range of records. This included 3 people's care and medication records. A variety of records in relation to the management of the service, including policies and procedures were reviewed. We also spoke to 1 social care professional who worked with people who received support.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to receiving personal care. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 Safe Care and Treatment.

- People and their relatives told us that the provider personalised their approach to managing risks associated with people expressing distress or agitation, by having a good understanding of the people they support. One person said, "I sometimes feel low, but [Name of Provider] always sits with me and has a chat to make sure I am ok."
- People's individual risks were assessed, and measures were put in place to keep people safe. However, risk assessments did not always provide details to guide staff in how to support people safely. We noted that some risk assessments were very basic. For example, 1 person's falls risk assessment just stated, 'needs support to bathroom'. The provider told us they knew people well and so did not provide detailed information. However, they agreed that new or agency staff may not have all the details required and told us that they would update these assessments immediately. This was because they intended to expand the provision of care to more people and would recruit more staff in the future.

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

- People were kept safe from abuse. Two people told us they felt safe. One person said, "The provider goes out of their way to make sure I am well. They always talk about making sure I am safe and not harmed by others".
- The provider knew about safeguarding and whistleblowing procedures. They said, "Our job is about keeping people safe, sometimes even from themselves. Our job is to make sure people not only receive good care, but that we are watching for external threats such as the internet and fraud". This was in the context of talking to people about online payments and fraud to prevent financial abuse.

### Staffing and recruitment

- The provider completed all care calls themselves. They did not have any staffing compliment at the time of the inspection. However, they told us that they wanted to expand soon and had policies in place for safe recruitment. They understood the need for robust pre-employment checks such as obtaining references, completion of a Disclosure and Barring Service (DBS) check and checking prospective staff's proof of identity as well as the right to work in the UK. They also showed us a training matrix which would be used to ensure

staff were fully trained to manage the risk of providing care to people.

#### Using medicines safely

- At the time of inspection all people using the service were self-administering medication and did not require support from the provider. However, the provider was able to demonstrate how they would evidence, in the future, how staff would keep records of medicine administration, to ensure this followed best practice guidelines.
- The provider told us that body-maps would be used for topical creams to help staff ensure creams were applied according to the prescribers' instructions. They told us that staff would be trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' prescribed medication should be administered.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. People told us that staff wore PPE at all times.

#### Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the provider to develop and improve. We saw an incident log which included a chart to show progress and end with lessons learned.
- The provider took an open approach to learning and could demonstrate improvements implemented from the findings of the last inspection.

# 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. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat, drink, and prepare meals where this was identified as a need in their care plan.
- The provider told us they would always offer drinks if people were identified to not drink enough to promote good health. One person was identified as requiring prompting to drink more fluids.

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 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

- The provider worked within the principles of the Mental Capacity Act and best interests' assessments. These assessments were updated as required, and the provider arranged best interests' meetings where needed.
- People told us that the provider sought their consent before providing them with any care. One person told us, "They are really good about asking permission to do anything personal like dressing or washing".
- The provider was able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

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

- People's needs were assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to their requirements such as personal care, eating and drinking, mobility, skincare, and communication.
- Care and risk plans were reviewed and updated as people's needs changed. People and the provider told us that care plans were reviewed at least annually or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People told us that the provider had the right skills and knowledge to care for them well. One person told us, "I am well looked after as the provider is so respectful and goes over and beyond". They told us how the provider would sit with them and talk to them to combat loneliness even if it meant going over the allocated time.

- There were no staff working at M&H Healthcare at the time of inspection, and the provider was conducting all care as well as management duties.

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

- We saw from records that the provider worked cooperatively with other health and social care professionals such as GPs, community nurses, opticians and chiropodists to ensure people received the care they needed.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- The provider had a system of auditing care plan quality, however we noted that care plans and risk assessments had minimal information which would not provide agency or new staff with enough information to know a person's needs and risks. The provider told us that they knew about this and would update care plans and risk assessments to ensure agency or new staff would have detailed information as required. The provider told us that it was their intention to expand the service and recruit staff as they expanded. At the time of the inspection no agency staff had been used for a period of over 6 months.
- People told us the provider managed risks by regularly asking them about issues of concern and how they could support them. An example given was when a person receiving care who worked in paid employment had a different care provider for the mornings to support them go to work. The provider ensured the person was aware of their rights and how they could work with the other company to minimise risks. The person was also made aware of the responsibilities of both care providers to manage care and risks.
- The provider showed us several audits that they propose to complete if they recruit staff and have more people using the service. These included spot checks for staff proficiency, hoist and equipment audits, daily notes and weights audits.

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 provider demonstrated awareness and understanding of the Duty of Candour and could demonstrate how they would meet this requirement.
- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider promoted a person-centred service. They recognised the links between having the input of people receiving care as well as families and the provision of truly person-centred care with good outcomes for people. They only had input from families where consent was given to provide a more holistic care environment.
- The provider is part of a provider network, who learn from each other to provide good quality care. They regularly used social media to discuss concerns and solve problems.
- The provider encouraged an open and honest approach within the service and was continuously looking

for ways to improve. They took responsibility if anything went wrong and took action to put things right. We saw a letter from a person using the service which stated that they appreciated how the provider had changed timings to better accommodate the person's needs after they had raised this as an issue.

- During the inspection the provider was responsive to feedback around care plan and risk assessment details and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs.

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

- There were several ways for people and their relatives to make their views known, including regular telephone quality checks, spot checks and surveys.

- People told us the provider was pro-active in ensuring that care was provided according to the person's needs. A person said, "[Provider] is always there to help me if I have a problem with anything or need to make changes. They always work with us to make things smooth".

Working in partnership with others

- The provider worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

- The provider had good understanding of their role and worked well with other care providers, to provide high quality care.