

Manu Integrity Services Ltd

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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

This inspection took place on 27 February and 5 March 2018. The inspection was announced. This meant the registered provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us. This was our first inspection of the service.

Manu Integrity is registered to provide personal care to adults with learning disabilities, physical disability, mental health needs, drug and alcohol addiction and older people in their own homes and community.

Not everyone using Manu Integrity receives the regulated activity, personal care. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection Manu Integrity were supporting five people with the regulated activity.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

People and their relatives were overwhelmingly positive about the service. There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people.

People were supported in a kind, caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in decisions about their care.

People who used the service had the capacity to make decisions about what they did and the choices they made. People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible: the policies and systems supported this practice.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to maintain their health by being supported to access a range of health care professionals.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint'.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

There was a recruitment system in place that helped the registered provider make safer recruitment decisions when employing new staff. There was enough qualified, skilled and experienced staff to meet people's needs

Is the service effective?

Good 

The service was effective.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Is the service caring?

Good 

The service was caring

People who used the service and their relatives told us they were happy with the care and support they received to help them maintain their independence.

Staff were kind, caring and compassionate and maintained people's privacy and dignity.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

People were given information on how to make a complaint. It was written in a format that was suitable for them to understand.

Good ●

Is the service well-led?

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager was approachable and communication was good within the service.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Surveys were sent out to people, relatives and staff members as a means of gaining feedback on the service.

Good ●

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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 service is a domiciliary care agency. It provides personal care to people living in their homes. The service provides support to people in their own homes who need additional support to meet their needs. This may include people with a learning disability, physical disability, mental health needs, and drug and alcohol addiction.

The inspection took place on 27 February and 5 March 2018 and was announced. The inspection team consisted of two adult social care inspectors. The registered provider was given 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager, some staff and some people who received support would be available to meet and speak with us.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury. We took this into account when we inspected the service and made the judgements in this report.

We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they had no current feedback about the service.

During the inspection we visited three people at home with their relatives to gain their views on the service they received. We spoke with the director, the registered manager and three care workers.

We reviewed a range of records relating to how the service was managed. These included care records for three people and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People told us they received an exceptional service that was individual and distinctive to each person's needs. People told us they felt comfortable and safe with the care they were being provided with.

Staff had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. We saw a policy on safeguarding people was available and staff knew these policies were available to them. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. All staff spoken with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We reviewed people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. We saw that people had risk assessments in place for specific areas which included falls, moving and handling, nutrition and for specific equipment such as hoists. There were plans in place to manage these risks in the least restrictive way possible supporting people to maintain their independence and freedom yet minimise their risk.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had occurred the cause and effect of each accident or incident was investigated and recorded. Similar incidents were linked together to identify any trends and common causes and action plans were put in place to reduce the risk of them happening again. For example, if a person experienced a number of falls they were supported to access the relevant healthcare agencies for support and guidance.

Records showed that recruitment processes made sure that they had the right people in the right job doing the right things. We looked at three staff files and found they all contained DBS checks. A DBS provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work for the service.

The files seen showed appropriate checks had been undertaken prior to employment. Each contained references and proof of identity. We saw the company had a staff recruitment policy so important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures helped to keep people safe.

Medicines were managed and administered safely. Staff told us they had received training in the administration of medicines. The service had a medicines policy and procedure that was used to guide staff

in the administration of medicines.

We saw that when the service administered or prompted people to take their medicines a risk assessment was carried out to check the person was able to manage medicines safely. We saw that there was information available on people's support plans and what support people required was identified. Staff as appropriate completed medicines administration records.

We were told that most people who used the service took their own medicines or lived with someone who was able to support them with medicines. One person we visited said, "They make sure I take my medicines on time." This showed safe procedures were in place for the handling of medicines.

Staff told us they had enough time available to them to carry out visits. People's length of time allocated for support varied dependent on their individual support needs. Staff said that the minimum amount of time they spent with people was half an hour, which meant they could support people without feeling rushed.

People and their relatives told us there had not been any instances of missed calls and if the staff were going to be late, they were informed and received an apology. People told us they were confident they would always receive their care call at the time and on the day that they should.

People told us and the rotas that we saw confirmed regular staff supported them. The registered manager told us that wherever possible a new member of support staff would be introduced to a person on their first visit. Staff confirmed that this was the case.

Staff said they felt well supported by the managers. Staff told us that they were supported from the office between 9 – 5 and there was an on-call management rota out of hours.

When staff started work at the service, they were given a staff handbook. The staff handbook gave staff information about the service, which included a wide range of policies and procedures. These included, equal opportunities, dignity at work, professional standards of practice and behaviour, confidentiality and data protection.

Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us that they had access to PPE. Supplies were held at the office and they never ran out.

Is the service effective?

Our findings

The registered provider completed an assessment prior to people using the service to check whether they could meet the person's needs safely and effectively. If a decision was reached to proceed to offer support then a support plan and risk assessments were put in place and a start date agreed. A community care assessment was also requested from the person's social worker.

The support plans contained evidence that people who used the service and their relatives had been asked for their opinions and had been involved in the support planning process to make sure people could share what was important to them. Relatives spoken with said they were always kept up to date and asked their opinion.

The registered manager told us they supported people's well-being by working alongside other agencies, for example, social services when they carried out assessments and reviews and other health professionals by sharing relevant information in a timely manner.

Staff supported people to access health and social care professionals as required. We reviewed people's support plans and we saw that there was information about their medical conditions as well as their physical and mental health support needs. We saw people had contact with a range of health professionals.

Support plans we reviewed included information about people's known allergies and the staff actions required to support people's health. People told us that staff supported them if they needed them to for health appointments. One person said, "Oh yes they support me. [Member of staff] made an appointment for me to see the doctor when I wasn't very well" and "[Member of staff] took me to the hospital to have a scan because I kept falling."

Nutritional and hydration needs formed part of the person's support plan. The support plans seen detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

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 interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff were able to tell us what capacity and consent meant. The registered manager told us that currently everyone receiving personal care was able to consent to the care

and support that they provided.

Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions. This meant staff had relevant knowledge of procedures to follow in line with legislation.

People had been involved in making choices and decisions about the care and support they received. All of the care records we looked at contained signed consent to care and treatment and records to evidence people had been consulted and had agreed to their support plan. This showed people had been involved in making choices and decisions about the care and support they received.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people. This training was undertaken before staff worked in an unsupervised capacity with people.

Staff told us they had received induction training when they started work at the service. They told us they shadowed established staff before working unsupervised with people. This helped staff to get to know people and their support needs. The shadowing period was said to last one or two weeks and more if the staff member needed to build up their confidence.

The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

Staff spoke positively about working for the service and as part of the team. Staff spoken with told us they felt very well supported by the registered manager and director at the service. They said they were able to speak with them at any time to ask for assistance or advice. We saw there was a policy in place for the formal supervision of staff and we saw records that showed staff had received regular supervisions.

The management team carried out spot checks during support visits to make sure staff were competent. We saw evidence in the staff files we reviewed there was regular 'spot checks' being carried out on staff. Spot checks are visits which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

The registered provider had effective systems in place for communicating with their community based staff. All care staff were supplied with a mobile phone application which was linked to the computerised system which created the rotas and all other records which related to the people who used the service. Staff told us they had access to accurate and up to date information at all times. The registered manager had introduced an electronic care management system. The electronic system tells care staff if there are any changes in the support provided real time via the care staff's telephone. This meant that people using the service were safe and any risks their care and treatment was minimised. One member of care staff spoken with said, "If there are any changes to care [the director] texts us and asks us to let them know we have received it. If we don't respond they then call you to make sure you know about the changes."

We saw staff meetings were held and these were well attended. The content was recorded to show what had been discussed. The content of the meetings was relevant and included regular reminders of best practice and organisational policies and procedures.

Staff were able to call the office at any time they were working to gain advice and support from a more

senior member of staff (including an on call service out of office hours).

The registered provider had effective systems for communicating well with people who used the service. People who used the service and their relatives told us they found it easy communicating with the office staff. One person told us, "You can always get in touch with the office if you want to and they always have time to listen, I can't fault them."

Is the service caring?

Our findings

People we spoke with told us they had no complaints about the care staff and were very happy with the support they received. Comments included, "The staff are a great bunch; they are friendly, helpful and caring" and "The carers who come are excellent; we have a regular team who are very polite, respectful and informative. They are fabulous."

Staff and people who used the service spoke of each other with kindness and respect, people told us they valued the company of the care staff who visited them and they liked that they had a regular team of care staff who knew them and how they liked to be supported.

The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction this gave them.

We were told by the registered manager that matching staff and people to ensure that they got on well was very important. If either person was not comfortable or confident with the arrangement then they were encouraged to say so that changes could be made. People and staff confirmed that gender was considered and some people received female only support at their request.

People's privacy and dignity was respected by all staff. Staff spoken with told us they would make sure that doors and curtains were closed when they were assisting people and they would try to keep people as covered as possible. Staff told us they understand the importance of encouraging people to do as much as they could for themselves to maintain their independence. This showed a respectful approach from staff.

Staff were able to explain to us how they would be able to meet people's specific needs in relation to their culture or religion. We saw the registered provider had a comprehensive policy in relation to equality and diversity and information on the subject was included in the induction which was delivered to all staff before they started work.

We saw the service had a link to an advocacy service and the registered manager told us they would offer this service to anyone who did not have other support networks available to them. There was a detailed policy which explained the purpose of, circumstances where advocacy should be considered and the process to be followed to access the service.

We saw as part of each member of staff's induction there was a session on their responsibilities in relation to protecting and maintaining the confidence of the people they supported. The information which was held by the service was securely stored. There were paper based records which were kept in locked filing cabinets and information which was stored electronically which could be accessed securely from anywhere, which meant that even if the office was not accessible for any reason staff could still access all the key information they would need.

Staff we spoke with understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. In the office we saw the services 'core boundaries' were on display. This included guidance on maintaining people's privacy, promoting people's independence and a policy on confidentiality.

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. A person who used the service told us, "They came out several times to carry out assessments and to make sure they knew how I liked to be cared for. I had been with another provider before this and it was awful. This has been a very different experience."

Staff we spoke with told us everyone they supported had different needs and were very different people. Staff demonstrated their understanding of the importance of treating people as individuals.

People we spoke with told us they were involved in the planning of their care and felt the assessments which had been undertaken were detailed without being unnecessarily intrusive. People told us they were aware of what was in their care plans and they were happy with the process. We saw evidence that people were included in the planning their care.

The service ensured people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records provided care staff with information about how to meet people's specific needs and preferences. The records and discussions with the registered manager demonstrated that people received support that was tailor made to meet their needs and preferences. Care reviews were regularly held with people and their relatives to ensure that records were up to date and reflected people's needs and preferences.

People's care plans captured people's diverse needs, such as how they communicated, their mobility and their specific conditions. We saw people's care records included a care and support needs assessment and a support plan on how to best meet the person's identified needs in areas of daily living such as eating, drinking, practical support, and medicines.

We saw care records contained a summary breakdown of the times of each call and the tasks to be undertaken during each time period. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident people's plans contained accurate and up to date information that reflected the person.

The care records were well organised and each identified area of support held a corresponding risk assessment so staff were provided with comprehensive information to reduce risk whilst promoting independence. This showed important information was recorded in people's plans so staff were aware and could act on this.

There was a complaints procedure in place. Each person was provided with a copy with their support plans.

The registered manager was aware of the complaints procedure and informed us a record would be kept of any complaint received and would include the actions taken and the outcome of the complaint.

People told us they knew how to make a complaint and were confident that any concerns would be addressed. Records of complaints showed that they were listened to, addressed and used to improve the service. For example, the registered manager told us they had met with a complainant to agree a resolution to improve the person's experience.

People told us how the service responded to their individual needs. One person said that the service was flexible, for example if they needed to attend an appointment, their care visits were provided at a different time to allow them to attend. Another person commented, "I don't have to ask twice, if I need it, it gets done, they are the best service I have ever had."

Is the service well-led?

Our findings

People told us that they were happy with the service they received and it was well led. One person told us, "The service is absolutely wonderful; they do everything they possibly can for you."

The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. The registered manager promoted an open culture where people, relatives and staff were asked for their views of the service provided. This included regular telephone monitoring calls to people. Where comments from people were received the service continued to address them. This included informing care workers that they must advise the office if they were running late to enable the staff to let people know. This showed that the service used feedback from people who used the service to improve service delivery.

Staff meetings and surveys were an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people who used the service. Meetings and surveys give staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I love working here, and there is something very special about working at Manu Integrity. The managers are lovely." Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service.

One member of care staff spoken with said the service was well led and that if they had any concerns the management team addressed them. The service operated an employee of the month scheme where care staff were recognised for their good work and practice. Where care workers had gone 'an extra mile,' they were telephoned and thanked. This showed that as well as valuing care staff, people's comments were valued and acted on.

The service carried out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, training, care records and observations of care workers practice. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records and discussions with the registered manager demonstrated that these were acted upon. This demonstrated to us that the director and the registered manager were committed to continual change and improvement.

We reviewed the daily care records which had been returned to the office from people's homes. We found these were adequately detailed and gave the reader an insight into the visits and how care staff had found

people to be on each visit. We found the records which were kept electronically were of the same standard and included all relevant detail.

We saw the service had a comprehensive set of policies and procedures covering all aspects of service delivery. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.