

Manguni Makhosi Talent Management Limited

Mk Hospital@Home

Inspection report

134 Highgate
Kendal
LA9 4HW

Date of inspection visit:
20 January 2023
03 February 2023

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20 February 2023

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

Mk Hospital@Home provides personal care to people in their own homes. The service is based in Kendal and provides support to people in Kendal, South Lakeland and Furness. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 20 people were receiving personal care.

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

People were safe and protected from abuse and harm. There were enough staff, with the appropriate skills, to support people. People received the support they needed to take their medicines. Staff knew how to protect people from infection. The registered manager had systems to learn from incidents to ensure people were safe.

The registered manager carried out a thorough assessment of people's needs to ensure the service could provide the support people required. Staff received the training and support they needed to provide good care to people. Staff supported people, as they needed, with preparing and enjoying their meals and drinks. People made decisions about their care and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and respectful to people. They helped people to feel at ease when providing their care. People liked the staff who supported them. Staff asked people for their views about their care and respected the decisions people made. Staff respected people's privacy and dignity and promoted their independence.

The service was responsive to people's needs and wishes. People could request changes to their care, and these were agreed where possible. People received person-centred care which met their needs. The provider had a procedure for receiving and responding to complaints about the service.

People valued the support they received and said they would recommend the service. The registered manager had developed a positive, person-centred culture. The registered manager and staff understood their responsibilities under the duty of candour and were open and honest with people when incidents occurred. The registered manager asked people for their views about their care and used their feedback to further improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 August 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Mk Hospital@Home

Detailed findings

Background to this inspection

The inspection

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 January 2023 and ended on 3 February 2023. We visited the service on 20 January 2023. We contacted people who used the service, people's relatives and care staff to gather their views between 26 January 2023 and 3 February 2023.

What we did before the inspection

We reviewed the information we held about the service including feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and operations manager. We reviewed the care records for three people and three staff files in relation to recruitment, training and supervision. We also looked at a range of records relating to the management of the service.

We spoke with 6 people who used the service and 3 relatives to gather their views. We also contacted 3 care staff to gather their views 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe with the staff who provided their care. One person said, "Yes, I'm safe." Another person told us, "I'm absolutely safe."
- Staff were trained in how to identify and report abuse. They told us they would report any concerns to the registered manager and were confident they would take appropriate action.

Assessing risk, safety monitoring and management

- The registered manager had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way. A relative told us staff knew how to keep their family member safe. They said, "They [care staff] keep [relative] safe... They are careful to make sure that [relative] doesn't fall."
- Staff understood the importance of making sure people had the time and support they needed to move around safely in their homes. One person told us they needed to take their time when moving from sitting to standing. They said, "The carers [care staff] are discreet and allow me to stand up slowly and get my bearings. They move things in my room so that there are no obstacles and so I can be safe from falling down."
- Staff told us they had completed training to give them the skills and knowledge to ensure their safety and the safety of people they were supporting. One staff member said, "We are continually given refresher courses on safety."

Staffing and recruitment

- There were enough staff to care for people. One person told us, "They have enough staff." Another person said, "I think there are enough staff." They also said the registered manager had a contingency plan to ensure their care was provided if a staff member was unable to attend as arranged. They said, "Once a carer [care worker] was ill and someone else came to help."
- The registered manager only agreed to provide support to a person if they were confident they had staff with the right skills and knowledge to provide their care.
- People told us the staff usually arrived at the times arranged. They said they were informed if there was going to be a significant delay in their visits. One person said, "Carers [Care staff] are on time for visits. They were late only once and let me know."
- Staff told us there were enough staff to provide people's care. They said they were allocated the time they needed to provide people's care. One staff member told us, "There are enough staff. We don't compromise people's health by cutting corners."
- The registered manager carried out thorough checks on new staff to ensure they were suitable to work in

people's homes. This included taking up references to confirm new staff were of good character and checking staff against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- Staff gave people the support they needed to manage their medicines safely. Most people did not need staff to administer their medicines. They told us staff checked if they had taken their medicines and recorded this. One person told us, "I manage [my medicines] myself. The carers [care staff] make sure I've taken them and write it down."
- The registered manager sought advice from appropriate healthcare professionals to ensure people received their medicines safely and as they needed.
- Staff were trained in how to manage medicines safely. They completed clear records of the support they had given to people. This meant the registered manager could check people were receiving the support they needed with their medicines.

Preventing and controlling infection

- People were protected against the risk of infection. Staff were trained in preventing and controlling infection and handling food safely.
- Staff told us the registered manager had ensured they had appropriate PPE, including face masks, disposable gloves and aprons. They said they had been trained in how to put on, take off and dispose of PPE safely.

Learning lessons when things go wrong

- The registered manager had systems to identify and learn lessons to improve the service. This included sharing learning from incidents with the staff team to ensure the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a thorough assessment of people's needs before they agreed to provide their care. This helped to ensure the service was suitable to meet people's needs.
- People and those who knew them well were included in developing the needs assessments. One person told us, "An assessment was done, and the plan correctly included what I wanted and how. It [the care] is done in my way."
- The registered manager used the needs assessments to develop individual care plans which gave staff guidance about how to support people. People's needs assessments and care plans were reviewed regularly to ensure they gave staff accurate and up-to-date guidance to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had completed training to give them the skills to provide people's care. People told us the staff were trained and skilled. One person said, "They [care staff] are skilled and trained. They have knowledge of my needs and my medicines." Another person said, "They [care staff] have the skills to do the job."
- One person said some aspects of staff communication could be improved. We shared this with the registered manager for them to address. Another person said some staff had not been skilled when they first provided care. They said this had been resolved and told us, "They [care staff] had a lot to learn at the beginning. It took a while but now they are up to standard."
- New staff worked with, and under the supervision of, an experienced staff member before working on their own. People told us this gave staff time and support to gain skills and confidence. One person said, "I usually have one carer [care worker] at each visit unless someone is being trained as well. They don't just 'dump' new carers. They are growing in confidence and are more relaxed. They are well trained."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's care. They told us they felt well supported by the managers in the service. One staff member said, "The manager [registered manager] proactively oversees the operation of the service and is always on standby to step-in and guide us on what to do if any challenges or incidents are experienced."
- The registered manager held supervision meetings with staff where they could discuss their roles and any training needs. The registered manager also carried out working supervisions where they observed staff delivering support to assess their performance and identify if there were any areas where staff needed further support or training.

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

- People told us staff gave them the support they needed to prepare and enjoy their meals and drinks. One person said, "They [care staff] help with cookingThe carers open the tins and the plastic tops on milk

containers, that I can't do ... they have taken the hard work away."

- People's care records included details about any assistance they needed to eat or drink. They also included people's preferences about their food and beverages and instructions for staff to give people choices about their drinks and meals. One person told us, "I can make choices of my meals." Another person said, "They [care staff] help me with food. I choose my meals."

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

- The registered manager and staff worked effectively with other agencies to ensure people received the care they needed to maintain good health. If people's needs changed, the registered manager asked for advice from healthcare professionals who supported them to ensure they received effective care and support.

- Most people did not need support from staff to arrange or attend healthcare appointments. People told us staff identified if they or their relative needed medical support and gave them advice. One person said, "Just once, I [was unwell] and the carer [care staff] told me I needed a doctor. My daughter arranged it."

- Staff told us they could identify if an individual was unwell and may need to call their doctor. They said they would share any concerns with the registered manager who would seek advice from the person's doctor to ensure people received support as they needed.

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.

- People made choices about their care and maintained control of their lives. Staff respected people's rights. They gave people choices about their care and respected the decisions they made. One person said, "I can refuse if I don't want to do anything." Another person said, if they chose to refuse an aspect of their care, their decision was "absolutely respected".

- The registered manager and staff understood their responsibilities under the MCA. Staff were trained in the principles of the MCA. They told us they would respect a person's right to refuse care. They said they would inform the registered manager if someone refused an important aspect of their care which may place them at risk. This meant the registered manager could take action if a person placed themselves at risk by refusing care.

- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were friendly and caring and treated people with respect. People told us they liked the staff who visited them. One person told us, "The carers [care staff] are dedicated, friendly and they listen." A relative told us, "My [relative] thought the world of her two carers, who she loved to bits." They told us the care provided to their relative had been "outstanding and excellent".
- People were comfortable and confident with the staff who visited their homes. Staff understood people may not be comfortable receiving care and took time to put people at ease. One person told us, "They [care staff] are friendly and natural. They don't make me feel uncomfortable."

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

- The registered manager and staff asked people for their views and respected the decisions they made. One person said, "They [staff] don't tell me what to do. They ask me what I want them to do." A relative told us, "They [staff] are very kind and respectful of [relative] as a person. They work with us as partners."
- People were asked how they wanted to be supported when their needs were assessed. They were included in developing their care plans to guide staff on how to support them. One person told us, "There were discussions with the manager [registered manager] at the very beginning. These have been followed up with chats." The registered manager also asked people for their views about their care when their care plans were reviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. They treated people and their homes with respect. One person told us, "They treat me with great respect. We have a laugh and a joke."
- Staff gave people the time and guidance they needed to carry out tasks themselves. They supported people to maintain their independence. One person told us "I can keep my independence and have a laugh with them [care staff]." Another person said, "[Care staff] help me to do things for myself."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were included in planning their care and received person-centred care which took account of their wishes and met their needs. One person told us, "I have a care plan. My [relative] and I were involved, and my views were taken on board."
- People could ask for changes to their planned care or their visits and the registered manager agreed to this where possible. One person told us, "I can change visit times and have done it. Usually visit times suit me to 'a T'." Another person said, "I have only once changed a visit time, as I had an appointment. They listened to me."
- Staff told us they knew the support people needed because this was detailed in their care plans. People confirmed staff knew what was important to them and provided support to reflect their wishes. One person said, "I think the carers [care staff] know what is important to me. I tell them what I want and don't want, and they listen to me." Another person said, "They [care staff] do know what I need. I talked to them and said 'I need help with that'. They are very good and follow what I asked for."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had identified people's communication needs and how they needed staff to share information with them. This was recorded in people's care records to guide staff as they worked in people's homes.
- Most people told us staff knew how to communicate with them. One person said, "They [care staff] are very good and friendly. We can communicate easily."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they knew how they could contact the registered manager if they had any concerns about their care and support. One person told us, "I have their office number and have no concerns or complaints. They are doing everything perfectly fine. I'd say if I wasn't happy." Another person said, "I speak to the company office to [operations manager]. He's alright. I've no concerns. They are easy to get in touch with."
- Staff knew how people could complain about the service. They said they would be confident supporting people to make a complaint if they required assistance to raise any concerns. One staff member told us, "We have a complaints procedure which informs us to either attend to the person's concerns and/or escalate the

same to our supervisor."

End of life care and support

- The service was not supporting anyone who required end of life care and support. The registered manager had links with local and specialist services which they would work with if a person required support as they reached the end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care which promoted positive outcomes for them. One person told us, "They are absolutely person centred." Another person said, "They are a little agency that gives a fabulous service."
- The registered manager had developed a positive, person-centred culture which placed people and their choices at the centre of their care. One person said, "I'm happy because the manager [registered manager] understood I wanted a flexible service rather than traditional care. For example, if I was having a 'bad day' then my needs would be different from needs on good days. They listened and do what I want."
- People valued the care they received and said they would recommend the service. One person said, "I'd recommend them. To me, they are brilliant, they really care and give us help." People also said, "I have already recommended them" and "I'd give them 11/10."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was clear about their role and responsibilities, including under the duty of candour. They had notified us of significant events, as required, and had been open and honest with relevant people when incidents occurred.
- People told us the service was well-managed and said they knew the registered manager. One person said, "I do think it [the service] is well managed. They are caring and efficient." Another person said, "She [registered manager] is very approachable. From my point of view the service is running very smoothly."
- The registered manager had robust systems to monitor the quality and safety of the service. They identified risks to service delivery and would not agree to provide care to a person unless they were confident they could meet their needs.

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

- The registered manager had systems to gather people's views about the service. They had asked people to complete a quality survey to share their views and had used feedback received to improve the service. The registered manager also worked providing people's care and sought people's feedback as they supported them.
- People confirmed the registered manager asked for their views. One person told us, "We have had a form

that my [relative] filled in. We were very happy with the service." Another person said, "The manager [registered manager] 'drops in' and does spot checks on the care and the carers [care staff]. I have the service that I want."

- Staff told us, if they raised a concern with a member of the management team, they took action promptly to address any issues. One staff member said, if they raised concerns with the managers, "Actions are always taken."
- The registered manager was committed to the continuous improvement of the service. They had identified issues where the service could be improved and had made changes to ensure this happened. One person had noted the improvements and said, "At first, [when the agency started] the carers [care staff] were not on time and it was disorganised but now it's been sorted out."
- The registered manager was open to advice from people who used the service, staff and partner agencies about how the service could be further improved.

Working in partnership with others

- The registered manager and staff worked effectively with other services to ensure people received the care they needed. People confirmed staff liaised with other services, such as their doctor, to ensure they received the support they needed.