

Bethal Manna Care Ltd

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Inspection report

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Date of inspection visit:
27 September 2021

Date of publication:
20 December 2021

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

Bethal Manna provides personal care to people living at home and in supported living settings. The people they support experience mental health needs. At the time of our visit, the service supported five people with personal care needs.

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

Risks to people were assessed and managed adequately to reduce the likelihood of harm to them. Lessons were learned from incidents and accidents. People were safeguarded from abuse. There were enough staff available to support people with their needs. People's medicines were managed safely. Staff followed infection control procedures to reduce risks of infection.

People's needs were assessed before they started using the service. Staff supported people to eat and drink enough to maintain their nutritional and hydration needs. People had access to health and social care services they needed.

Staff were supported to be effective in their roles through regular training, supervisions and annual appraisals. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People consented to their care before they were delivered.

People were treated with dignity and respect. Staff also respected and promoted people's protected characteristics. People had individualised care plans in place which detailed their care and support needs. People were involved in planning and in the delivering of their care and support. People were supported to maintain their independence. People's communication needs were included in their care plans. People received support to meet their individual needs.

There was a complaints procedure available. People knew how to complain if they were unhappy with the service. The views of people were sought about the service. The quality of the service was regularly assessed through audits and checks. The provider worked in partnership with other organisations to develop 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 20/09/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based in line with our inspection programme for newly registered services.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bethal Manna Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bethal Manna Care Ltd

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and Expert by Experience who made phone calls to people and their relatives for feedback. 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 provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 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.

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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed

information we held about the service which included notifications of events and incidents at the service.

During the inspection

We looked at three people's care files including their medicine management record sheets, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using service, two relatives, two support staff, and two registered managers. We visited one person in their supported accommodation to observe how staff supported them.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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.

- The provider had systems and processes in place to promote and safeguard people from abuse. People told us they felt safe using the service. One person said, "The staff are nice and make me feel safe." Another person mentioned, "The staff are here to make sure I'm safe. I feel safe with them. I do not feel intimidated or threatened in anyway."
- Staff were trained in safeguarding adults at risk. Staff were aware of their duty to protect people from abuse. They knew how to report any concerns to the registered managers and to escalate their concerns if necessary, to external authorities.
- The registered managers understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were adequately managed to reduce the likelihood of harm occurring. Risks assessments were completed by the registered managers who were trained and experienced. Risks were assessed covering various areas relating to people's mental health conditions, physical health, behaviours, accessing the community and activities of daily living.
- There were management plans in place to support people's safety with regards to their mental health, and well-being and other areas of risks identified. Staff we spoke to were aware of people's risk areas and how to minimise such risks from taking place. For example, one staff member told us about people's triggers, signs to recognise them and actions to take in response. They said, "It is always better to prevent an incident by preventing any triggers and by intervening quickly."
- Staff completed daily updates on people's progress and activities. Staff reported incidents and accidents. The registered managers reviewed incidents and accidents and used them to inform people's risk management plans.
- Lessons were learned when things went wrong. For example, following an incident where a person had put themselves at risk of harm as a way of avoiding an upcoming appointment, staff had learned to provide emotional support, reassurance through regular key working sessions leading up to any appointments the person needed to attend to.
- Meetings were held with staff to debrief them after each incident to discuss lessons and actions to put in place. Handovers took place between shifts as a way of keeping staff informed of people's situations and to promote their safety.

Staffing and recruitment

- There were enough experienced staff to support people and meet their needs. One person told us, "The

staff come at the times agreed for them to come. They help me with what I need, and they stay their full time." Another person commented, "There is staff here day and night. I need staff here to make sure I'm safe."

- The service deployed staff based on people's needs. We looked at the rota and it showed staff was organised accordingly to the service commissioned. Where people required 24 hours support based in the supported living settings, this was covered. One person received scheduled visits at home, and we saw their care visits were covered by staff on time
- The provider had a pool of regular staff they used to cover the rota to ensure consistency and continuity with people's care. Both registered managers were experienced and were able to provide care and support to people if needed.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- There were systems and procedures in place that promoted the safe administration and management of people's medicines. Staff had completed medicines training
- People had care plans in place with regards to the level of support they received with managing their medicines.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed and dated. The registered managers completed regular audits to identify issues.

Preventing and controlling infection

- There were systems to reduce the risk of infection in line with government guidance. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff wore facemasks as required and used other personal protective equipment when needed. Staff had completed their vaccinations and they carried out regular COVID tests. People told us they had taken their vaccines and were also supported to follow government guidance on COVID.

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

- People's needs were assessed before they started using the service. The registered managers completed care needs assessment before they accepted people to use the service.
- The registered managers told us, and records showed assessments were completed with the person, their relatives and with the input of relevant agencies where possible such as mental health professionals in line with the Care Programme Approach (CPA). CPA is the programme of support offered to people with mental health issues. It examines what support people need, goals and how to meet these.
- Assessments covered various areas of people's physical health and mental health conditions, safety issues and other activities of daily living.

Staff support: induction, training, skills and experience

- Staff were supported to be effective in their roles. One person said, "[Registered managers] are very good. They understand my conditions and so do the support workers. They know what to do and how to support me to stay well and safe."
- Records showed and staff confirmed they completed an induction which involved working with the registered managers directly or an experienced member of staff to learn about the individual needs of people and how to support them. One staff member told us, "They [registered managers] spent a lot of time teaching me how to support people. They are very good; they don't leave you on your own. They provided me with the tools to enable me to do the job well."
- Staff told us, and records showed they received regular supervision and performance appraisals. The registered managers were available out of hours to support staff if needed in emergencies. Staff confirmed they were trained to develop their skills and experience to support people effectively. Staff had undertaken training covering core areas of the jobs such as safeguarding, medicine management, Mental Capacity Act; and training specific to the people they supported such as mental health awareness.

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. We checked whether the service was working within the principles of the MCA

- People gave their consent for the care and support they received from the service.

- Staff had received training in MCA, and they knew how to seek people's consent appropriately to make decisions.
- People told us they consented to the care and support they received, and staff always asked their opinions before supporting them. One person said, "They know to always ask me, and they always do check with me before they did anything. It will annoy me if they don't do so and they know this."
- Care plans documented people's capacity to make decisions and who supported them with specific decision making. The service knew to involve other relevant professionals or people's advocates if necessary, to support people in making decisions. The registered manager understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate.

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

- People were supported to eat and drink well to maintain good health. Care plans included information and details about people's nutritional needs. Where people required support with preparing their meals, staff provided them with the support needed.
- Staff supported people to do their food shopping and prepare their meals if needed. Staff knew to raise any concerns regarding people's nutritional needs appropriately so actions could be taken.

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

- People's healthcare needs were met, and people received effective and timely care. Care records showed people were supported by a range of healthcare services including the community mental health team (CMHT).
- People were supported to attend health appointments if needed. One person commented, "If I'm feeling unwell, I'm sure they would call the GP for me, but I have family who help me. I don't use any of the other services." Staff knew actions to follow if people began unwell. Each person had a crisis management plan in place and staff knew what to do and who to involve in such situations.
- Staff liaised and shared information appropriately with relevant services to ensure people's needs were met in a consistent and effective way.

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

- People were treated with kindness and respect. One person commented, "The staff are friendly, kind and caring. They are like family to me and they treat me well and I respect them too." Another person told us, "They are always very friendly, kind and helpful."
- Care plans included things important to people such as their likes and dislikes, preferences and routines. Care plans also provided information about what made people anxious and frustrated, so staff knew how to support them appropriately. One person commented, "The staff know me quite well. They know when I'm feeling low. The other day, [staff name] noticed I was having a bad mood. They called me for a chat. They asked what was going on and they sorted everything. They know what throws me off the edge and they avoid it."
- We observed staff interacting with people. They spoke to them politely and showed understanding and patience. The person was comfortable with staff and was confident in asking staff any questions or making their requests to them.
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment.

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

- People were involved in making decisions about their care and support and were supported in expressing their views. One person told us, "I speak for myself. I ask for what I want, and they respect my choice." Another person said, "They tell me and my relatives what they are planning. We are involved and we have a choice."
- People were supported in planning their day to day activities. Staff told us they followed what people wanted to do. One member of staff said, "It's all about what the person wants – where they want to go or do. We can only advise and suggest and encourage but we let them do what they feel comfortable with. That's how to build trust and a relationship with them."
- People had individual keyworkers who supported them to express their needs and views. Keyworkers spent time with people to understand how they were progressing and if they had any matters bothering them. One person said, "I talk to [staff name] a lot about anything and they listen and help me." A keyworker is a member of staff who has the responsibility to support people individually.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. People were encouraged to do things for

themselves with minimal support and supervision from staff in line with the service's objectives.

- Care plans stated what people could and couldn't do for themselves and staff supported them in areas they needed support. One person stated, "The service has made a great difference to me. It has given me more confidence and independence. I do my personal care myself. The staff only help me where I need them to help me."

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 meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People were supported in a way that met their individual needs and preferences. Each person had a care plan personalised to them. It contained details about their past needs and history, present conditions and situations, social connections, personalities, likes, dislikes, routines and goals.
- The service was planned to support people with their needs and staff were trained to work with people to meet their needs and achieve their goals. People were supported to manage and maintain their mental health needs, physical health needs, social and activities of daily living.
- People were supported to follow their interests and do things which they enjoyed. Care plans included a programme of activities people found enjoyable, and therapeutic. One person told us how staff supported them to visit places of interests and do things they enjoy. They commented, "I like doing gardening and going to college. The staff are helping me to arrange that again."
- People's support plans were reviewed regularly and updated to reflect their current needs. The input of relevant professionals was sought and reflected on the care plans.
- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.

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.

- People's communication needs were stated in their care plans and staff communicated with people in the way they understood using both verbal and non-verbal means.
- The registered manager told us that they would produce information in other formats such as audio, video and Braille depending on the needs of people.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or complain if they were unhappy with the service. One person commented, "I will speak to [Registered manager's name] if I'm not happy. I have spoken to them before about something that happened, and they sorted it out immediately and it hasn't happened since then." Another person told us, "I don't have a complaint at the moment as everything is going well. If I do, I will, or my relatives will discuss it with the registered managers."

- There was a complaint procedure in place and the registered managers were committed to ensuring people's concerns and complaints were addressed appropriately.

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 were supported to improve their quality of life. One person said, "A lot is going well for me here. They help me stay out of trouble. I go out more with staff to do activities I like. This helps me stay distracted and focused." Another person commented, "The service is good. The staff are nice and kind. They have helped me become more independent."
- The service had been developed to support people maintain their mental health well-being in the community. Staff worked with people to achieve their goals. Staff we spoke with were clear about their roles and responsibilities. They understood people's needs and how to support them.
- There were policies and procedures which enabled people to be at the centre of the service provided and the registered managers supported staff through training and supervision to ensure they followed these.

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

- The service had two registered managers who were experienced and demonstrated they understood their role and responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.
- They complied with the requirements of their registration and had notified us of significant events as required.
- There was an open culture in the service. Staff and the registered manager were open when things went wrong. They kept a record of incidents and investigations were carried out. Staff knew the importance of reporting incidents.

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

- People's views were sought about the service and used to improve it. One person told us, "I did a survey a couple of weeks ago, and I had a review of my care. I've no complaints." Another person stated, "The registered managers always have a chat with me to find out how things are going. I speak to them when I have a problem and they always sort it out."
- The registered managers considered people's needs and how compatible they were with other people when matching them to a supported living accommodation. People were involved in deciding prospective

tenants who came to share a house with them. The registered managers told us this was important to enable people to settle well in their accommodation.

- The registered managers held regular meetings with staff to discuss various aspects of the service. Meetings were also used to discuss people's needs, lessons learnt from incidents and accidents and staffing.
- The quality of the service was constantly reviewed by the registered managers. They completed audits and checks including medicine management, care plan reviews, health and safety checks, and recruitment checks. Both registered managers worked closely to maintain the standards and quality of the service. They took actions to improve where needed. For example, they improved staffing levels following an incident.

Working in partnership with others

- The provider worked in partnership with other agencies and services to achieve outcomes for people. They worked with various local authorities, housing providers and voluntary organisations to meet people's needs.