

Morwenner Care Agency

Morwenner Care Agency

Inspection report

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Date of inspection visit:
28 June 2016
01 July 2016

Date of publication:
05 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 28 June and 1 July 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Morwenner Care provides a personal care service to people living in their own home. On the day of the inspection 26 people were supported by Morwenner Care with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were two managers in post who were responsible for the day to day running of the service and were supported by the registered manager. The registered manager was not available at the time of the inspection.

People had not had their medicines managed safely. Medicines administration records were all in place, but had not all been correctly completed. Staff had received medicine training but there were no systems in place to assess staff's ongoing competency to administer medicines.

People's risk assessments did not record all factors that affected risks for people, such as their weight or communication needs. They did not identify all steps staff needed to take to help ensure people were safe. Incident forms had not been completed to inform managers and put in steps to help ensure similar incidents were avoided in the future. Incident forms had not always been completed to help ensure risks were mitigated in the future.

The managers and staff had not attended training on the Mental Capacity Act 2005. People had not received mental capacity assessments as required and staff had not been given guidance about how people's mental capacity might influence the way they received care and support.

People's support plans did not always contain details of significant health or social care needs and how staff needed to support these; nor did they record information about people's every day preferences and routines.

The managers had not informed CQC of significant events in line with legislation.

Audits had not been carried out on records to help highlight and act on any gaps in recording. This meant the managers had failed to identify the concerns we found during the inspection.

Staff described what actions they took on a daily basis to help keep people safe and were confident recognising and reporting signs of suspected abuse. The provider had recruitment and selection processes in place and carried out checks when they employed staff to help ensure they were safe.

New staff undertook training relevant to their role and shadowed experienced staff members prior to working alone. Training needed updating for most staff and the managers were in the process of planning this.

People described the staff as caring and valued the interaction they had with them. Staff and the managers were keen to provide a good quality service to people and were responsive to requests made of them.

People and staff were complimentary about the management. Staff were supported by formal one to one and team meetings and were confident when raising any concerns or asking for advice.

We found breaches of the regulations. You can find details of our full concerns at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Accurate records were not always kept regarding people's medicines.

People's risk assessments did not record everything that contributed to the risk or all safety measures staff needed to take to reduce the risk.

Staff had not always completed incident forms to help ensure people were safeguarded from similar incidents in the future.

People told us they felt safe.

People were protected by staff who could identify abuse and who would act to protect people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not assessed in line with the Mental Capacity Act 2005 as required.

Some staff's training needed updating.

Staff asked for people's consent and respected their response.

People received sufficient food and drink and staff respected their likes and dislikes.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

There were procedures in place to protect people's confidential information. These were respected by staff.

People said staff protected their dignity.

Is the service responsive?

The service was not always responsive.

People's care plans did not always reflect their current needs. Changes to people's needs were not always communicated promptly and care plan were not always updated accordingly.

People told us staff were responsive to requests made.

Concerns and complaints were taken seriously, explored thoroughly and responded to. The service proactively used complaints as an opportunity for learning to take place.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

CQC had not been notified of specific events registered people are required to tell us about by law.

The registered manager did not have audits in place to ensure the quality of records.

People, relatives and staff said the service was well-led.

People and staff felt the managers were approachable.

The managers had developed a culture which was open and inclusive.

Requires Improvement ●

Morwenner Care Agency

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.

The inspection took place on 28 June and 1 July 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was made up of one inspector for adult social care.

Prior to the inspection we reviewed the records held on the service. This included previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with the two managers who were responsible for the day to day running of the service and five members of staff. We also visited three people in their own home and spoke with one relative. We looked at five records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at five staff recruitment files and records associated with the management of the service, including quality audits.

Following the inspection we sought the views of a number of professionals who know the service well; a community psychiatric nurse, a health care assistant and two community nurses.

Is the service safe?

Our findings

Staff had received medicine training and told us they understood the importance of safe administration and management of medicines. However, medicines had not been managed correctly as records did not show that people had been given their medicine as prescribed. Medicines administration records (MAR) were all in place, but had not all been completed. There were gaps where staff had not signed to say they had administered the medicines and hand written entries had not been signed or dated. This included medicines that had been changed or discontinued. This meant it was difficult to tell whether people had received their medicines as prescribed. A healthcare professional confirmed they had recently found one person's medicines had not been recorded correctly. This had made it difficult to identify whether recent changes to the person's medicines had been effective, as they could not be sure they had received it as prescribed.

The manager told us systems were not in place to assess staff's ongoing competency and knowledge. The managers said they would, as a result of our feedback, consult a pharmacist for advice on best practice when administering and recording medicines.

Incident reports had not always been completed as required. For example, one person's daily records showed they had sustained bruising. This had been recorded in their daily notes but not recorded on an incident form or reported to the managers. This meant the managers were unable to identify if there were any safety concerns or if they needed specialist advice to help keep the person safe and avoid further incidents.

Risk assessments did not record all measures staff were required to follow to help ensure the person was safe. For example, a risk assessment about someone having a shower recorded the equipment they had been assessed as needing, but not how many staff they needed to support them. Neither did it inform staff how factors, such as the person's weight, skin integrity concerns or behaviour affected the risk or how they should manage this. This meant staff did not have all the necessary information available to help ensure the person was safe. The managers told us they would be attending a course on risk assessments soon and intended to update individual's risk assessments afterwards.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment practices were in place and records showed checks had been undertaken to help ensure the right staff were employed to keep people safe. However, staff files did not contain photo identification of staff members or a full career history. Staff confirmed checks such as references and disclosure and barring service checks (DBS) had been applied for and obtained prior to commencing their employment with the service. The managers were in the process of auditing all staff files and told us they would ensure improvements were made.

People told us they felt safe when receiving care and support from Morwenner care staff. People felt

comfortable speaking with staff and told us staff would address any concerns they had about their safety. Staff gave examples of how they kept people safe. Comments included, "We double check doors are locked before we leave. We leave lights on where needed and check key safes are closed properly", "We check people's lifelines once per month to make sure they are working and we make sure the environment is safe for people before we leave; including making sure people have everything they need to hand" and "We check the servicing dates on people's equipment and let the office know if something needs checking or if there's a problem."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff gave examples of when reported signs of suspected abuse had been taken seriously and investigated thoroughly. Comments included, "I do report any concerns if I have any. They [the managers] do listen and act" and "The service recently received safeguarding forms and booklets from social services which were given to all the staff." Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. New staff had received recent safeguarding training and the managers were putting in place plans to ensure all staff's safeguarding training was up to date.

There were sufficient staff to meet people's needs safely. For example, where people needed support from two members of staff to provide their support, people and staff confirmed two staff always attended. People told us staff did not rush them. A staff member commented, "When I'm with someone, I don't need to rush them or ask them to hurry up"; and one person confirmed a staff member had stayed with them longer that morning as the person had not been able to move as easily as they usually could.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff and managers told us they did not understand the requirements of the MCA and they had not attended training. The managers had not completed a mental capacity assessment for anyone and were not sure if anyone required one. Staff were not given guidance about when and how they might need to support people to make decisions and when they may have to make them in people's best interests. This meant people's right to make their own decisions may not be protected. The manager contacted a local training company during the inspection to request training on the MCA.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff always asked for their consent before commencing any care tasks and people confirmed this was the case.

New staff attended training relevant to their role and completed the new care certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. One staff member explained, "They wouldn't put me out to work alone or as a second person until I felt confident. I was asked and I requested extra shifts. I get staff shadowing me now and I know how they feel, so I tell them everything in detail. It's a good refresher for me too." One person confirmed, "When new staff start, they come round to watch first and get to know me." A senior staff member told us, "I try to work with new staff to find out how they're getting on. I review their work." However, these reviews and other induction activities had not been recorded. The managers were in the process of creating a more thorough induction programme for new staff which would all be recorded.

On-going training was then planned to support staffs' continued learning and staff told us they were able to request extra training they thought would benefit them. Staff comments included, "You can never do enough training" and "You can never know too much." A manager told us they were aware that some staff training was now out of date as was their own. They were planning to address this as a matter of priority.

One staff member confirmed, "Some of my training is about to run out so I've just been told it needs updating."

People felt supported by staff who effectively met their needs. People's comments included, "The staff are marvellous", "The staff are top class. Very good" and "They've got staff they can be proud of."

People were involved in decisions about what they would like to eat and drink. Comments included, "They make sure I eat well." Staff told us they always asked people what they wanted to eat and drink and had good knowledge of people's likes and dislikes. However, this detail was not always recorded in people's care plans. The managers told us this would be added as care plans were updated. Staff were responsive to requests from people, which helped ensure people got enough to eat and drink. For example, one person's records showed they had asked staff not to leave a large jug of water for them as they struggled to lift it. The person confirmed this had been respected and drinks were now left in a way that suited them better.

Staff commented they felt well supported through one to one supervisions that took place between them and one of the managers. Comments included, "You can bring up anything you want to bring up. They make sure there's enough time to discuss it. We talk about things I'm good at, any concerns, my role, the staff, the company and the rota." Staff also told us that they regularly contacted the managers or senior staff to ask for advice. Comments included, "I ask them questions about everything" and "I can ask [...] if I'm not sure, they're really approachable." This helped ensure staff felt supported in their work on a daily basis. Spot checks were completed on staff providing care, to ensure they were meeting the standards expected of them, but these were not recorded. The managers told us they would start to record these.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "I look forward to seeing them [the staff]" and "They're lovely ladies." Responses from quality assurance questionnaires stated, "The care received from the carers is excellent", "All the carers are very kind and thoughtful" and "[...] is treated with great respect and we are highly satisfied." A compliment received by the service said, "I have never met such a dedicated team of carers. Nothing was too much trouble for them, their care was excellent and their rapport with mum was beautiful." Staff spoke about people fondly and clearly cared about the people they supported. Comments included, "I love speaking to people, chatting to them, making sure they're ok and making sure everything we can do for them is done. I think they appreciate it too."

Staff had developed positive caring relationships with people. A compliment received by the service commented, "It was always a pleasure seeing you doing nan's nails and having a giggle." One person told us, "They're always laughing and joking"; and staff confirmed, "I love it. I love all of it. I love the clients. You build a relationship up with everyone", and "I have a giggle with them and they love it!" A healthcare professional reported they felt staff had developed a very positive rapport with someone who had behaviour that may challenge.

People told us their privacy and dignity was respected. One staff member explained, "If I'm supporting someone with personal care, I only undress them half at a time. I ask before doing anything and I leave them alone when it is safe to. It depends on what the individual wants. I treat people how I want to be treated." A healthcare professional confirmed they had observed staff protecting people's privacy and dignity when providing personal care. People told us staff respected their homes. They confirmed staff looked after their belongings and always put things away in the right place.

People were supported to be actively involved in making daily decisions about their care. People told us they were asked how they would like their care provided. People and their families told us they had been consulted about whether they were happy with the care which was being provided and whether any changes were required. Comments included, "They do ask me if I'm happy with my care and if I want anything changing."

People's confidential information was protected by clear procedures staff and managers followed. These were discussed in team meetings to ensure staff understood their responsibilities. For example, when staff were sent updates about people's care, codes rather than names were used, to help ensure only staff could understand them. The managers explained, "We always think, if someone lost the information whether anyone else would be able to get any confidential information about clients from it." Staff members confirmed, "It's not easily decipherable and if all the staff don't need the information, changes are often phoned through to us instead."

Staff showed concern for people's wellbeing in a meaningful way. One staff member explained, "I look at people's body language and expressions and I ask them too. You can tell if they're feeling concerned."

People confirmed this was the case saying, "I know they worry about me" and "The carers know when something's wrong with me."

Is the service responsive?

Our findings

Detailed information was not recorded in people's care plans to guide staff on how to meet their needs. Care plans contained some information about people's health and social care needs but often did not record key information, such as the person was living with dementia, was at risk of pressure sores, or had behaviour that may challenge staff. For example, one care plan recorded, "Carers to provide support with managing continence aids and needs". There was no guidance to tell staff how the person wanted this done. This meant staff did not have clear information about how to provide personalised care and support in a way that met the person's wants and needs.

Care plans did not always record details such as people's likes and dislikes, their preferred routines or how they communicated. This meant people may not have received care in a way that reflected their preferences. For example, one staff member told us they always held up two options when supporting someone to choose clothes. They explained the person did not always answer but they could still tell if the person didn't want to wear what they'd chosen by their reaction. However, this was not recorded in the person's care plan, and another staff member told us they always chose clothes for the person, without asking, as they didn't think the person could respond. This meant people were not always receiving consistent care that was based on their needs.

People's changing needs were not effectively communicated to the managers or other staff. Staff recorded changes they had noted but did not always record any action they had taken which meant it was unclear whether other staff members needed to take action or not. This resulted in some changes being left longer than necessary before being reported and actioned. For example, one person told us they had had a healthcare need that staff had known about for a few days but no-one had reported it to the managers until that day. This meant there had been a delay in providing the support they needed and that staff working with them had not been informed of the change before their arrival.

Changes to people's care needs were not always updated promptly in people's care plans. This meant staff did not always have up to date guidance about the care and support each person needed.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and where appropriate, those who mattered to them, were involved in reviewing care plans annually to help ensure their views and preferences were recorded.

The service had a policy and procedure in place for dealing with any concerns or complaints. Staff confirmed they communicated any concerns people had to the managers who would follow it through. People did not have a copy of the complaints policy. The managers said they would ensure people received one. Complaints had been recorded, investigated, actions taken and feedback given to the complainant. One person told us, "You won't get any complaints from me."

People told us the staff and managers were responsive to requests they made. People told us, 'They'll do anything I ask of them. They'll change my call times if I need to' and 'They listen to us and change things when we need to.' A compliment received by the service stated, 'Life was so much easier with Morwenner. Nothing was too much trouble.' A staff member told us, 'I think we do everything we ought and more.'

Is the service well-led?

Our findings

The provider had not always notified the Commission of significant events which had occurred, in line with their legal obligations. For example, when someone had passed away.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Audits on records had not been carried out to ensure the quality of the service. There was no system in place for the managers to regularly check records, highlight any concerns and implement changes to improve the service. For example, they had failed to identify gaps in recording and reporting that we found during the inspection, such as staff recording people's changing needs but not reporting them immediately. Where they had identified gaps in records, for example, incomplete MARs charts, they had not taken sufficient action to ensure these were completed accurately in the future.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The managers told us they were working hard to put new care plans in place, ensure staff recruitment files were complete and update training. When all the new systems were in place they would begin to complete and record audits and spot checks. One person confirmed however, that the managers did always check records when they came to visit saying, "[...] is very efficient. Nothing is ever a problem."

The service had a registered manager who oversaw the running of the service. The managers had not been in post long and were in the process of learning all aspects of running the service. They had daily contact with the registered manager and told us they could seek advice whenever they needed to. One person told us, "They're still learning but they're doing very, very well." One of the managers told us, "Morwenner Care has a good name and we want to make sure we maintain that." Throughout the inspection, both the managers were open and honest about things that needed improving and were receptive of feedback about the service.

People and staff spoke positively about the managers. People told us, "I think they're very good" and "I've been with them for 12 years, that tells you what I think of them. I've recommended them to friends"; and a staff member told us, "They look after their employees." There were clear lines of responsibility and accountability within the management structure. Staff confirmed they understood which managers or senior staff to contact depending on their query.

People, visitors and staff all described the managers to be approachable, open and supportive. Staff told us, "I am confident to be open and honest with them. They accept any concerns and find a way to help", "I don't ever worry about ringing to say I can't do something" and "The managers are easy to talk to, so it makes bringing up problems so much easier."

Staff meetings were regularly held to provide a forum for open communication. A recent team meeting had

been used to explain changes to the rota, which had been made according to staff suggestions. The managers told us they intended to hold a team meeting after the inspection so they could provide staff with feedback and explain any changes they planned to make as a result. The managers also used team meetings to gain feedback about themselves and the company, allowing staff to comment anonymously, if they preferred.

Staff told us they were encouraged and supported to question practice and action had been taken. One staff member told us, "I highlight if I'm not comfortable with something and they listen."

Staff were happy in their work and every staff member we spoke with told us they loved their job. The service inspired staff to provide a quality service. A compliment received by the service stated, "Morwenner care gave me peace of mind. You went above and beyond and I am truly grateful."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the managers or registered manager, and were confident they would act on them appropriately. Comments included, "If something wasn't dealt with, I would carry on going, even to social services if I thought it wasn't being dealt with."

Feedback from people was sought in order to enhance the service. Questionnaires were conducted that encouraged people to share ideas that were implemented into practice. For example, several people had commented that they had difficulty contacting the office. The managers told us they had made sure people now had their mobile numbers as well as the office number to help ensure people would always be able to speak with someone.

The managers promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. One person confirmed, "No-one's perfect and if staff have done something wrong, they'll apologise straight away. It's never a problem."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not ensured the commission was notified without delay of incidents of injury which required treatment and any abuse or alleged abuse in relation to people who used the service.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always meet people's up to date needs and preferences. Changes to people's needs were not always communicated effectively to help ensure people received the support they needed.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity and ability to consent to their care and treatment were not being assessed in line with the Mental Capacity Act 2005
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the safe recording and administration of medicines.

Incident forms had not been completed or incidents reported accordingly to help ensure risks were mitigated.

Risk assessments were not always reflective of people's individual needs.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

There were no systems in place to monitor the quality of the records kept about people.