

Moor and Coast Care Limited

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Inspection report

Unit A3
St. Hildas Business Centre, The Ropery
Whitby
YO22 4ET

Tel: 07867790487

Date of inspection visit:
17 December 2020
21 December 2020
30 December 2020

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29 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Moor and Coast Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people living in and around the Whitby area. At the time of this inspection, 17 people were using the service

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoke highly of the care and support they received and told us they felt safe. People were supported by a consistent team of staff who were familiar with people's likes, dislikes and preferences.

The registered manager had worked hard to ensure improvements were made. Risks to people were assessed and recorded. Improvements had been made to medicine management and safe recruitment processes were in place and followed.

Staff had been provided with sufficient induction, training and support. Staff spoke highly of the registered manager and the support and guidance they provided. Government guidance had been followed in relation to Covid-19.

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. Signed consent was in place and people confirmed their views were listened to and respected.

Quality assurance processes were effective, and audits had been completed on a regular basis. The registered manager had requested and listened to feedback provided by people who used the service, relatives and staff. Regular staff meetings had taken place to ensure staff were kept up to date with any changes to 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 and update

The last rating for this service was requires improvement (report published 11 April 2019).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service 11, 14 and 19 March 2019. Breaches

of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the recruitment processes and governance systems in place.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moor and Coast 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moor and Coast 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 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.

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

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.

Inspection activity started on 17 December 2020 and ended on 30 December 2020. We visited the office location on 21 December 2020.

What we did before the inspection

We looked at information we held about the service such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report.

During the inspection

Prior to the inspection site visit we asked the registered manager to send us some documentation electronically. This included records relating to staff induction, supervision and training as well as staffing rotas and meeting minutes.

During the inspection site visit we looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care and medication records, two staff recruitment files and a selection of records used to monitor the quality and safety of the service.

During the office site visit we had discussions with the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted five people who used the service and three relatives to ask their views on the service provided. We also contacted two members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At the last inspection the provider failed to keep complete, accurate and contemporaneous records in relation to assessing risks to people. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people's safety was monitored and recorded. Details on how to manage and reduce risks in relation to people's needs were recorded, regularly reviewed and updated when changes occurred.
- Staff training and competency assessments had been completed to ensure staff had the skills to provide safe care in areas such as using a hoist.
- A process was in place to record accidents and incidents. Learning was shared with the staff team when things had gone wrong.

Using medicines safely

At the last inspection the provider failed to keep accurate and complete records in relation to medicines. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Medicines were now stored, administered and recorded appropriately.
- Staff had received appropriate medicines training and had their competencies in this area assessed.
- Where people were prescribed 'as and when required' medicines, appropriate guidance was not always in place. The registered manager took action to address this following the inspection.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance in relation to recruitment processes and took action to update their practice. The provider had made improvements.

- Safe recruitment process was now in place and followed.
- All appropriate pre-employment checks had been completed prior to employment commencing.
- There was enough staff to support people with their needs. People told us they were supported by a

consistent team of staff who arrived at the correct times. Comments included, "Staff arrive promptly each morning. They are excellent carers and know what they are doing. I can't fault them. They are brilliant."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff had received appropriate training and knew the process to follow if they had any concerns.
- People told us they felt safe. Comments included, "I feel 100% safe with the carers I get. They are all so lovely and I can't fault them. They always go the extra mile for me."

Preventing and controlling infection

- Staff followed infection prevention and control policies and procedures that were in place. They were provided with up to date information and guidance in relation to Covid-19.
- Staff had access to appropriate personal protective equipment which was stored and disposed of appropriately.
- We have signposted the provider to guidance in relation to Covid-19 risk assessments for people who use 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to provide staff with appropriate support and training to carry out their roles safely. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were provided with sufficient support. A regular program of one to one supervision was in place.
- New staff completed a thorough induction to the service. They were introduced to people who used the service before providing care and support.
- The registered manager had developed a training program to ensure all staff completed training relevant to their role.
- Staff spoke highly of the registered manager and support they received. Comments included, "I couldn't wish for a better manager. They are always available, and I feel 100% supported."

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

- People were supported with meal preparation where this was required; healthy, balanced meals were promoted by staff.
- Appropriate monitoring forms were completed when concerns were raised regarding a person's food and fluid intake.

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

- Staff were knowledgeable about action they would take if they had concerns about a person's health needs; they had contacted professionals in a timely manner and followed any advice provided.
- People were supported to medical appointments if this was required.

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

- Assessment of people's needs was completed to ensure an appropriate service could be provided for them.
- People were involved in making everyday decisions and choices about how they wanted to live their lives. Comments included, "They always ask if I am happy with what they are doing for me" and "The team are

always happy to accommodate any changes that I might want to make."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was not currently supporting anyone who lack capacity to make decisions. The registered manager and staff were clear of the process they would follow if they had any concerns.
- People were actively involved in decisions around the care and support they received; signed consent was in place.
- Staff had completed training in relation to MCA.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to ensure systems were in place to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A thorough auditing system was now in place and used to monitor the quality and safety of the service provided.
- Audits had been effective in identifying shortfalls. Records showed action that had been taken as a result of the shortfalls found.
- Policies and procedures had been updated and were accessible by all staff.
- The registered manager had acted on the feedback provided following the last inspection. They had worked hard to ensure improvements in areas such as record keeping were implemented, and regulations were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive culture that was open, honest and inclusive.
- The registered manager had built relationships with other providers and attended provider events. They continued to work with the local authority to further drive forward improvements.
- People spoke highly of the registered manager and staff team and their commitment to the service. Comments included, "The manager came this morning. They are so easy to get on with and are always ready to chat" and "[Registered manager's name] is very approachable and always asks if I need anything changing. Nothing is too much trouble."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 engaged with everyone who used the service, relatives, staff and professionals on a regular basis; this ensured the service provided person-centred, high-quality care.

- The registered manager understood their responsibility to be open, honest and apologise if things went wrong.
- Staff had good knowledge of the local area and shared details of events taking place with people to promote social interaction.
- Any changes in government guidance in relation to Covid-19 was shared with people to ensure they understood and were kept up to date.