

Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manorcourt Homecare is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of this inspection 110 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 received safe care. Risks were assessed, and staff knew people they supported very well. The previous registered manager had recently left the service and a new manager had been appointed. The new manager assured us that they were looking at care plans to make sure they were reviewed and current, so staff could refer to these for information if needed. The manager told us they had started to visit people in their own homes to check that the level of service provided was to standard and that care plans reflected this care.

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. People were supported to take their medicines safely and there were enough staff available to support people's needs. Following the inspection we were informed that some staff had unexpectedly left the service and as a result the manager had handed some care packages back to the local authority. A representative from the local authority told us they had never had any previous concerns with this provider and they were only handing back packages to remain sustainable and to keep people safe.

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.

People and relatives described staff as kind and caring. People had consistency in the staff who undertook their care calls, and this helped promote an understanding of how people liked their support delivered.

There were quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

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

The last rating for this service was good (published 24 January 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Manorcourt Homecare

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 two inspectors and an expert by experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to discuss people's experiences of the care and support received.

Service and service type

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

A new manager had been appointed by the provider and was currently in the process of completing their application to register as the manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before 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 judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the new manager and the regional manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 contacted two professionals following our visit.

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 good. At this inspection this key question has remained the same. 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 the risk of abuse. People and their relatives told us they or their loved ones were safe, and they did not have any concerns of abuse or discrimination. We asked one person if they felt safe and they told us, "Safe as houses." A relative said, "[Family member] could not be more safe."
- Staff had a good understanding and awareness of how to keep people safe, report unsafe care practices and training records confirmed they were up to date with the relevant training. One staff member told us, "If we are concerned, we report to the office straight away. The office or on call would take it further. Everything is logged. If they did not take me seriously I would go to social services, we are told all that in training."
- Safeguarding concerns were reported to local safeguarding teams and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their medicines, mobility, skin integrity, falls and home environment. Guidance was in place for staff to reduce these risks. The care plans were a mixture of previous care plans and newer documentation which did make it difficult to identify current information. The new manager had already identified this issue and was working through an action plan to ensure all care plans were reviewed.
- The manager requested support from an occupational therapist when additional equipment was required to move people safely and reduce risk.
- Staff understood potential risks and knew the level of support people required to reduce or prevent identified risks occurring. One staff member said, "There is a risk assessment done in every folder. You can pull that out and read it."

Staffing and recruitment

- There were enough staff employed to keep people safe and undertake the contracted care calls to people. One person told us, "They [staff] are quite regular and if they're running late they let me know. They're very good, I can't fault them at all." A relative said, "[Staff] arrive mainly on time, it's booked for 10.00am and that's a good time for [family member]."
- Staff said they were given enough time to complete the care they needed to provide during a visit safely and efficiently.
- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service. These checks included two references, right to work in the United Kingdom and criminal records checks.

Using medicines safely

- Medicines were managed safely. People and their relatives told us they were happy with the level of

support they received with their medicines. A relative told us staff always recorded all medicine given in their [family members] chart. They added, "They always make sure [family member] has taken them too."

- All staff had completed medicines training and their competency had been assessed. Staff told us they felt confident supporting people to manage their medicines.
- The management team checked how staff completed medicine administration records. Where any concerns were detected, staff were provided with additional training and support to ensure they worked in a safe manner.

Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised. Staff followed these procedures and were provided with personal protective equipment (PPE).

Learning lessons when things go wrong

- There were systems in place for recording events including any accidents, incidents and safeguarding concerns. Learning from these events was used by the management team to implement essential changes to achieve safer care.

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 good. At this inspection this key question has remained the same. 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 to ensure the service was suitable and could meet their needs.
- Information acquired from these assessments was used to develop individual care and risk management plans.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to carry out their role. A relative told us, "Yes they're well trained and any odd thing they [staff] ring me so we can sort it out." One relative was concerned about the amount of time new staff received to shadow experienced staff, we fed this back to the manager. The manager told us they would review this.
- Staff received a range of training to enable them to be effective in their roles. In addition to the providers mandatory training an extensive range of additional courses were available to staff to help them meet people's specific needs. These included, diabetes, mental health and challenging behaviour.
- Staff were supported through supervision, appraisal and supervision meetings. One staff member told us, "I feel supported, if I had a problem I could go to [manager]. We have team meetings and I feel listened to."

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

- Where staff supported people at meal times, people and their relatives said they were happy with the support received. Staff were aware of people's dietary wishes. One person said, "Staff say to me, 'what do you want today'." A relative told us, "They (staff) ask [family member] what they want and then prepare them something, usually a sandwich. They make sure they have plenty to drink."
- A staff member told us, "We always offer choices, we have one person that declines their meal. We spoke to their relative about us making a meal to be left as the smell and appearance might encourage them to eat once we have left and this has helped."

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

- The service worked in partnership with health and social care professionals including GPs, district nurses and occupational therapists to plan and deliver an effective service.
- The provider undertook a hospital admissions and discharge analysis. This was to identify if they could see ways in which admissions to hospital could be reduced for people using their services.
- People and their relatives told us staff supported them to meet their health care needs. One relative said, "One of the carers noticed that [family member] had shingles and reported it to the office and the office called me." Another relative told us staff had acted quickly after their [family member] had fallen at home.

They said, "They [staff member] called the ambulance, then the office, then the office called me." They added the staff member had stayed with [family member] throughout.

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 working within the principles of the MCA. People and their relatives told us staff sought their (where appropriate) or their family members consent before supporting them.
- The new manager was currently reviewing all people that used the service to identify if they required more information related to best interest decision making. They sent us an example of the mental capacity assessment they would use following this review.
- Staff were aware of how to apply the MCA to their work practice and told us they would encourage people to make decisions by giving them choice. A staff member said, "We would always ask people, or I would give them a couple of options and see what they would prefer."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring. One person said, "They're all very nice. I have never had any problems with any of them, I know most of them now, sometimes there's someone new but they're all good." Another person told us, "All I can say to you is that they're wonderful." A relative said, "When I've been here, they are always excellent, and [family member] loves them."
- People's support plans contained a pen picture about the person and staff were able to tell us about people's needs, likes and dislikes without referring to care plans. They spoke about people positively and told us how proud they were for being part of people's lives. One staff member told us, "I would like to think people are getting a good service. I would be happy for a family member to use the service."

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

- Staff told us they supported people to make decisions about their care. They explained and discussed with people what needs they had, and people made the decisions which were respected by staff.
- People and their relatives were encouraged to be involved in the care planning process and to make decisions about their care. Records showed people's involvement in services provided.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of customer quality assurance forms and telephone monitoring.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to improve or maintain their independence. One relative told us their family member had formed a very positive relationships with their carer. They said, "[Named carer] has been instrumental in helping [family member] to rehabilitate. It's a good relationship, [staff member] understands and doesn't treat [family member] in a patronising way." Another relative told us "They let [family member] be as independent as they can, and they always have and a chat with them."
- People and their relatives told us staff treated them with dignity and respected their privacy. One person said when we asked them him if carers were polite said, "Without a doubt, nothing but praise for them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Whilst we did find or was able to clarify the current care requirements for people, some elements of people's care plans contained both older and newer versions of the care plan. The manager had already identified care plans needed work and an action plan was in place to address this. An overview of people's care needs was in place in care plans we looked at which was current.
- People and their relatives told us they received support in line with their preferences and wishes and staff we spoke with were clear about people's needs and requirements. One relative told us, "We were totally involved, and we had a review, me and [family member] went."
- People`s care plans did contain personalised information about how people communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and preferences..

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.

- Support plans contained information about people's communication needs. One care plan recorded, "As I walk I like the carer to prompt me by saying 'hip'(which reminds me to twist)."
- Staff understood how best to communicate with people they supported. One staff member said, "For one person we know them well and will try to lip read. They are softly spoken so we listen carefully."

Improving care quality in response to complaints or concerns

- People told us they would talk to staff if they had any complaints. One person told us, "They [staff] always get me what I want, I've no complaints." Another person said, "If I did need to complain I've got the numbers here, but I've never had to, it's fine."
- The provider`s complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

End of life care and support

- No end of life care was being delivered at the time of this inspection. End of life planning was discussed with people at assessments and care plan reviews.

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 good. At this inspection this key question has remained the same. 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 told us they were very happy with the way the service was managed. They described positive communication between them and the service. One relative told us, "They (office) always keep me well informed about [family member], and if there is ever a problem I have the numbers on the folder." Another relative said, "I've got all the numbers and they (office) are good at getting back to me. The service was recommended to me and I have already recommended them to someone else."
- Staff also spoke positively about the support they had from the senior team and provider. One staff member told us, "I cannot fault them at all with their support with my health conditions. The company has made reasonable adjustments, so I can continue working." Another staff member said, "it is rewarding and as an employee I feel that I have been treated well."

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 manager had a sense of responsibility and accountability related to their new role and had already carried out visits to check people were receiving the support required as indicated by their care plan. The manager was new to the service but not to the organisation so was aware of the policies and procedures they needed to follow. A registered manager from another service was supporting the manager as their buddy.
- The management team completed regular spot checks of the care being provided to people. This included observing staff communication, approach, skills, medicines management and record keeping. Feedback was provided to staff to address any areas of improvement.
- Audits were completed by senior staff. Audits showed where concerns were identified these were addressed. For example, letters sent to staff when medicine recording errors were found.
- The provider was clear on their responsibility to be open and transparent when things went wrong. They ensured notifications of significant events were submitted to the CQC in line with requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service provided were regularly sought. Phone calls and quality assurance visits were made to people or their relatives regularly to ask their opinion of the care they received. Comments were largely positive, and any concerns were addressed immediately by making changes to care plans.

- A survey had been sent to 63 people by the local authority in April 2019 with 42 surveys returned. 100% of these recorded positive feedback.
- Staff said they attended regular staff meetings which they found helpful. Records showed these focused on the needs of individual service users as well as discussing concerns and issues relating to improving the service. Staff meeting records also evidenced staff meetings were used to refresh on training, for example, we saw a quiz on dementia had recently been completed with staff.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and district nurses.
- The registered provider kept the service informed of new guidance and best practice. Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the complaint policy and procedure had recently been reviewed and updated.