Moorlander Assistance Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

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.

Although people's medicines were administered as intended by the prescribing G.P. On the first day of the inspection we identified medicines administration records did not always contain sufficient information, in line with good practice. We shared our concerns with the registered manager, who following the inspection developed a detailed medicine recording chart to remedy this issue.

The registered manager had developed risk management plans that were detailed and reviewed regularly, however guidance for staff on managing identified risks was not always clear. We raised our concerns on the first day of our inspection. Following the inspection, the registered manager had devised a clearer format enabling staff to swiftly identify guidance on mitigating those risks.

The registered manager did not have robust systems and processes in place to effectively monitor the service. Auditing processes were not in place in relation to medicines management, risk assessments and care plans. We raised our concerns, and following the inspection the registered manager had developed processes to ensure the overall governance of the service was regularly reviewed, monitored and action taken to drive improvement.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. There were systems in place to ensure there was enough staff to meet people's needs.

The registered manager was recruiting new staff and the service was not taking on any new care packages until staff had been safely recruited. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People had a care plan that provided staff with direction and guidance about how to meet their individual needs and wishes.

People told us they were involved in decisions about their care and were aware of their care plans.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an

individualised service in line with people's needs and goals.

People confirmed there was a stable staff team and that care was provided by familiar faces. People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided.

People told us they had their care visits as planned. Staff arrived on time and stayed for the allotted time. Nobody reported any missed visits.
Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's views on the service were sought and acted on.

Staff were respectful of people's privacy and maintained their dignity. There were processes in place to monitor quality and understand the experiences of people who used the service.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support. The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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.

People were protected against the risk of harm and abuse as staff received on-going training in safeguarding and were aware of the appropriate response to suspected abuse.

People were protected against the risk as the registered manager had developed risk management plans that identified the risk and gave staff guidance on how to mitigate those risks.

People's medicines were managed safely.

People were supported by consistent staff who knew them well and had been safely recruited.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to help ensure they delivered care safely and effectively to people who used the service.

Staff were supported through regular supervision and had access to good, effective support.

People were supported to access health professionals when required.

People were supported in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

People were happy with the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received care and supported that was personalised.

People and relatives were involved in regular reviews of care and staff were aware of changes in people's needs.

People and relatives knew how to raise complaints.

Is the service well-led?

Requires Improvement

The service was not always as well-led.

The registered manager did not carry out effective audits of all areas of the service. Following the inspection, the registered manager had implemented these.

There was a registered manager in post, and staff told us they were confident in the leadership of the service.

People's views were sought through quality assurance questionnaires, spot checks and regular visits.

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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 checked 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 was conducted on 9 and 11 July 2018 and was announced. In line with our methodology we gave short notice of the inspection visit. We gave 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector.

Before this inspection, we reviewed notifications that we had received from and about the service. We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We contacted the local authority commissioning team who were responsible for organising and commissioning the service on behalf of individuals and their families. This was to seek their views on how they felt the service operated.

During this inspection we spoke with three people who used the service and three relatives. We spoke with the registered manager who was also the provider, deputy manager, and three care staff. We reviewed six people's care records, six staff records and other records about the management of the service. Following the inspection, we received feedback back from one health and social care professional.

Good

Is the service safe?

Our findings

People were protected against the risk of avoidable harm. The provider had risk management plans in place to keep people safe. One staff member told us, "The purpose of a risk assessment is the safety of the client. Risk management plans were comprehensive and detailed the identified risk, what impact this may have on people and how to mitigate the risk. Although the risk assessments were comprehensive, it was not always clear what steps staff should take to mitigate the risks. We shared our concerns with the registered manager on the first day of the inspection. Following the inspection, the registered manager had devised a new format which enabled staff to clearly identify steps to take when faced with known risks. We were satisfied with the response.

People received their medicines as required. Most people we spoke with administered their own medicines with their relatives' support. Where staff gave people their medicines, staff were aware of the correct procedure in administering medicines, what to do if someone declined to take their medicine and how to report any errors. Staff records confirmed they had received medicines management training. However, some people had been prescribed additional medicines such as pain relief on a PRN (as required) basis. It is good practice to have PRN protocols in place for the use of these so that staff know when people might require them and the reasons why. There were no protocols in place. We shared our concerns with the registered manager. Following the inspection, the registered manager took action to ensure protocols were in place.

People felt safe. One person who used the service told us, "I am extremely safe with the carer, I trust them completely". Another person stated, "100% safe". The staff we spoke with told us they were conscious of people's safety and welfare, and took steps to ensure that the people they supported were safe. They had received ongoing training in safe moving and handling procedures and followed guidance when using lifting equipment. Where people had difficulty answering the door to let care staff in, key safes were used. Codes were kept securely. The staff we spoke with recognised that safety was not merely about people's security, but also reflected on their personal well-being. Staff took time to listen to people's anxieties, and help to put their minds at ease. A person supported by the service was full of praise for the staff, telling us the staff were, "Brilliant, they do everything, can't fault them."

All staff had access to the services' Safeguarding Adults policy. This provided guidance to staff on their responsibilities to protect vulnerable adults from abuse. Staff told us that they were aware of these procedures and understood how to safeguard people from different types of harm. Staff we spoke to said they had received training about protecting vulnerable adults. They were able to confirm signs that would alert them to potential abuse and the actions they would take. The service's safeguarding files confirmed alerts or concerns had been raised when required and appropriate action was taken to protect the individuals concerned. One staff member told us, "I did see issues with someone and their relative, I reported it to the registered manager and they reported it to the local authority and it was investigated". However, there had been no incidents reported in the last twelve months. The registered manager showed us at the back of every care plan there was a section that explained to people how the safeguarding process worked and who to contact. Where staff handled people's finances there were appropriate systems in place

to regulate this, and the registered manager undertook monthly audits to ensure all money was accounted for.

The service had a whistleblowing policy. When we asked, staff told us that they were aware of the policy but had not needed to report any concerns. A whistle blowing policy allows staff to report genuine concerns with no recriminations. One member of staff told us they believed if they were to raise an issue with the manager that this would be followed up appropriately. They said, "If there was a problem, I know the registered manager would act on it straight away."

We looked at six staff records. These contained the original application form that documented a full employment history and accounts for any gaps in employment, interview notes, three references, signed proof of identity and a recent photograph. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed.

People told us that they were supported by a consistent team of staff and there were enough staff to meet the identified needs of the people who used the service. Rotas stayed consistent. This ensured regularity of service provision and minimised the number of care staff who visited each person on a weekly basis and minimised the risk of missed calls. Where people were unavailable to work, either through sickness or annual leave, gaps were generally covered by staff or the registered manager who were familiar with the people who used the service.

Staff told us that they were allowed sufficient time to travel between visits and did not feel rushed. One staff member told us, "The work is do-able, and I absolutely love it. There is a good work life balance, and we can arrange to cover each other's shifts if necessary. Sometimes I'll be asked if I can cover for somebody but I don't mind." People confirmed that staff arrived when they were expected, and that where possible they would be contacted if there were any delays. one person told us "I know exactly when they are coming and they will stay longer if required, they don't clock watch." one relative said, "Sometimes times change, but not the care visits though just my housework visits. No, the care is never missed and if anything was wrong, I would always get a call."

Staff had received training around infection control and understood their roles and responsibilities to maintain high standards of hygiene. People who used the service told us staff wore personal protective equipment (PPE) such as disposable gloves and aprons when delivering personal care to people. Staff were well presented and wore full care uniforms. The people who used the service that we spoke with confirmed to us that staff always washed their hands and wore protective clothing when attending to their personal care needs, and would always clean and put away any used crockery and cooking equipment after preparing meals.

Good

Is the service effective?

Our findings

All people told us the regular staff who visited them were well trained and knew how to help them to meet their individual care needs. One person said, "[Name] is my main carer. Absolutely how I want my care and following it through" and "Was well trained to use the hoist by the company". Another person said, "I am happy with the care I receive. I have one main carer but I have been introduced to another three carers so I know them and they know my care just in case my main carer can't come". One relative told us, "Absolutely well trained, I have no reservations in saying how good they are."

The registered manager was responsible for staff training. All new staff completed a probation period during which they had an induction programme. This covered the necessary basic training such as safeguarding, health and safety, manual handling and safe medicines administration. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. People we spoke with confirmed this. People were supported by staff who had the skills and knowledge to meet their needs. Staff said they had access to a wide range of training opportunities. One member of staff said, "I get training what I need, I just have to ask, I am completing the Care Certificate". Staff said they received annual refresher training updates that included, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Staff were also offered the opportunity to attend training in areas specific to people's needs such as multiple sclerosis. Records confirmed staff had attended this training.

People were consulted about their support plans and they had felt listened to. All were happy with the support they received from staff. People we spoke with told us they had not received any missed calls. One person said, "I have had no missed calls". One relative told us, "The only missed call we had was when the weather was bad and I knew the carer would try and get to us but I told them not to bother."

People received their care from staff who were well supported and supervised. The registered manager told us that they had a weekly "Wellbeing" meeting. This was led by a member of staff who was the "Wellbeing" champion, with all staff using technology to connect with each other if they were unable to access the office. Staff confirmed they attended this and regular team meetings and they told us that the registered manager carried out regular spot checks to monitor and observe the support they provided to people. People told us that the registered manager made regular telephone calls to them to assess their satisfaction with the care and support they received from staff. Any comments arising from either of these checks were discussed in supervision with staff.

Staff told us the open-door policy that the registered manager operated meant they could seek and get advice and support whenever they needed it. Staff felt well supported and this was evidenced in the feedback we gained. One person told us, "I like to go to [Name] registered manager because she listens and really wants to help."

Staff supported people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare

professionals such as GPs, occupational therapists and district nurses to provide additional support when required. One person told us, "They take me to all my appointments". Care records showed staff shared information effectively with professionals and involved them appropriately.

Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to support people in their day to day choices and decisions.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. 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. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff told us they always asked people for their consent before providing care and support. People we spoke with confirmed this with us and staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Good

Is the service caring?

Our findings

People and their relatives felt staff were caring. One person said, "I have one main carer, I am bowled away with how fantastic they are". Another person told us, "Yes they are very nice." One relative said, "Couldn't ask for more brilliant carers". Another told us, "She is kind and I have built a relationship with her". The registered manager and staff worked in ways which demonstrated a caring attitude towards the people they supported. For example, one staff member had visited someone in their own time when they went into respite care and took them out as they knew their relative was away and couldn't do it. A health and social care professional said, "The carers appeared very kind and caring and did appear to go the extra mile to make the care package work."

Staff knew the people they supported well and could describe their daily routines and preferences in the way they received support. People told us they had developed strong relationships with the staff supporting them. One person explained that this made them feel comfortable in accepting support, for example with personal care. They told us, "I feel respected and there's no embarrassment". Another person commented that they felt able to rely on the staff who regularly visited them to help them to deal with any day to day issues. For example, they told us a member of staff had recently sorted out a nightlight for them so they could see during the night as they had fallen because it was so dark.

People were involved in making decisions about the support they received and were consulted on their care needs. Staff told us they let people lead on decisions about how they liked to be supported during their visits. One staff member said, "The people I support have the freedom to choose, how do they want their care, what do they want to do". People confirmed staff sought their views on the support they received. One person said, "Absolutely how I want care and following it through – [name] involves me in the process and maintains what independence I still have". Another person told us, "I am more than happy with my care, we do what I want to do, they take me out in my wheelchair when I want to go out". Staff treated people with dignity and respect. One person told us, "[Name] treats me with total dignity, far more than I give myself". Another person said, "It would be easy to feel embarrassed when you need help with certain things, but they don't make me feel that way at all". One relative commented, "Totally [name] asks and offers choice and it's up to us – they give total respect to my loved one."

Staff respected people's privacy. One staff member told us, "I always make sure I close the door and I am always asking is there anything you would like me to do, I try always to make sure people are comfortable". Another staff member said, "It's a privilege to work in someone's home, so it is not for us just to walk in without being invited". People confirmed their privacy was respected and one relative commented, "There have been no issues; the bathroom door's always been closed if I've turned up whilst the carers have been supporting [their loved one] to wash."

Good

Is the service responsive?

Our findings

The Provider Information Return (PIR) stated that care plans and risk assessments would be reviewed timely to ensure people's needs are still being met. Where reviews had taken place, changes had been made to the risk assessment and the care plan where needed. For example, one person's care plan and risk assessment we looked at showed that there had been a discussion regarding staff starting to support with medicines in the near future. This had been reviewed and changed in the risk assessment and care plan to ensure staff knew their role and the updated information, this was confirmed by the person who told us "They don't do my medicines as yet but the protocols and plans are now in place if they need to."

People and relatives felt involved in the care planning process and that people's needs were reviewed regularly. One person said, "She [registered manager] met with me and my wife a couple of times and discussed the care plan. It is left here all the time and I am more than happy with what's in it". A relative we spoke with said, "She [registered manager] came out to see us. It was all agreed". Another relative said, "They [the service] involved us. They follow up and I speak to [registered manager] whenever I need to." From records we looked at that reviews were held every six months or sooner if required due to changes in a person's needs.

The PIR stated that when complaints are received, they are responded to quickly. Most people and relatives we spoke with said they had not had to make a complaint but would feel comfortable in doing so. One person said, "I have no complaints but I know the registered manager would take it more seriously than I would myself". Another said, "I am more than happy with my care, I don't think I have any complaints". A relative we spoke with said, "Absolutely they would take me seriously and investigate if I complained". Another relatives told us, "No complaints at all." The provider had a complaints policy in place and a log was kept of complaints made. Complaints had been investigated and responded to in an open, honest and timely way and discussed with staff where appropriate. At the time of inspection, the complaints policy was not available in other formats for people if required. We discussed this with the registered manager and they advised us of their plans to implement this.

The service had received many compliments and the registered manager was really proud of the staff as it was new service. Compliments included; "Both myself and my family are extremely satisfied with the support we receive from the care team" and "Moorlander are providing a top-quality service – we consider ourselves fortunate to have found this excellent company."

The service was not currently supporting anyone who was receiving end of life care. People's wishes with regards to their end of life care were not clearly documented. The service did have documentation to record people's wishes, however these were not always completed. We raised our concerns with the registered manager. They said, "People do not always wish to discuss this as they don't know me, however they do tell staff when they start to get to know them and I will make sure staff note their wishes in the care plan and I will check this."

Requires Improvement

Is the service well-led?

Our findings

At this time of the inspection the service did not have a fully implemented system to monitor particular areas the service, for example the missing PRN protocols. We identified risk assessments, MAR and people's end of life care wishes as areas for improvement. We raised our concerns with the registered manager. Following the inspection, the registered manager told us, "Since the inspection we've now fully documented the areas referred to". We will review actions taken at our next inspection to ensure the changes they introduced have been sustained.

People felt confident the service was well-led. One person said, "Name [registered manager] is very efficient and wonderful". Everyone we spoke with told us they would recommend the service. One relative said that they had recently told their friends about the service and recommended it to them. They told us, "It's amazing the total set up, I recommend it all the time."

There was a registered manager in post at the time of the inspection. Staff felt well supported by the registered manager. One staff member said, "I am happy, very happy with the manager, I can tell the difference between a good manager and not". Another member of staff stated, "Name's [registered manager] door is always open, I feel 100% supported by them". A health and social care professional told us, "The manager was easily accessible when needed."

The service conducted regular monthly staff meetings which were well attended. We looked at the minutes of the last staff meeting. Topics discussed included information about relevant changes to people's health and care needs, personal protective equipment (PPE) such as the use of aprons and gloves when providing personal care. use and coordinating annual leave for staff. The service did not conduct analysis of incidents or complaints for trends and themes because these were so infrequent that they could be analysed on a case-by-case basis.

People were actively engaged by the service so that their feedback could be used to drive improvement. People and relatives told us they received questionnaires about the service and had also received frequent spot check visits by the registered manager. One relative said, "Yes, I've did a survey, it was asking for suggestions to improve the service, in every area they are faultless, nothing could be improved." One person told us, "They observe the carer regularly. [Name] registered manager is very hot on that, very committed to making sure things are right". During spot checks, people were asked if staff followed their care plans, if they were flexible, if they were happy with staff and if they had any complaints. All people asked provided positive feedback.

The registered manager understood their obligation to submit notifications to CQC of serious incidents such as deaths, serious injuries, police investigations and changes to their registration. We found they submitted notifications correctly and in a timely way.

The registered manager was working within the General Data Protection Regulation (GDPR), by ensuring people, and staff had the relevant information about how it affects them. GDPR was designed to ensure

privacy laws were in place to protect and change the way organisations approach data privacy. We saw that the office had been set up to hold very little paper work and steps taken to ensure confidentiality.