Morecare Limited

Morecare at Home

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

Overall summary

We inspected this service on 15 April 2015. The inspection was announced. At our previous inspection on 19 July 2013 the service was meeting the Regulations we inspected.

The service provides personal care to people in their own homes. At the time of our inspection 40 people were using the service.

There was no registered manager in post at the time of our inspection. A manager had been appointed and they were progressing through our registration process. 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.

People told us they felt safe in their homes with the care provided by the staff. Staff understood how to safeguard people and the actions they should take if they had concerns about their safety or risk of harm. The provider had recruitment processes in place to ensure staff were suitable to work with people in their own homes. People's

Summary of findings

care plans included risk assessments and staff were provided with guidance on the actions they should take to minimise people's risks. People received support, when required, to take their prescribed medicines correctly.

Staff were provided with appropriate training to care for people and received regular supervision to discuss their performance and development.

People were offered support in a way that promoted their dignity and independence. Care plans were personalised and recognised people's choices and preferences. People told us the staff were kind and thoughtful.

People told us they knew how to raise complaints and felt the provider would respond appropriately. We saw there was a complaints process in place which included investigation of concerns received.

People told us they were supported by regular staff whenever possible. Some people we spoke with after the inspection felt there were breakdowns in communication between the office and care staff occasionally. The provider was not fully monitoring the quality of the service they provided.

Summary of findings

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. People were protected from abuse and avoidable harm in a manner that promoted their independence. Risks to people's health and wellbeing were identified, managed and reviewed regularly.The provider had processes in place to recruit staff who were suitable to work with people in their own homes. People were supported to take their medicines correctly.

Good

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs. Staff encouraged people to eat and drink enough to keep them well. Staff contacted health care professionals when specialist support was required.

Good

Is the service caring?
The service was caring. People were treated with kindness and respect. Their care was provided in privacy to promote their dignity.

Good

Is the service responsive?
The service was responsive. People and their families were involved in planning and reviewing their care to ensure it met their individual preferences and needs. Complaints were investigated and responded to in a timely manner.

Good

Is the service well-led?
The service was not consistently well-led. There were no recorded audits in place to regularly assess, monitor and improve the quality of care. People who used the service were able to share their experience of care through satisfaction surveys.

Requires Improvement

Morecare at Home

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.'

This inspection took place on 15 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the office would be manned.

The inspection was undertaken by one inspector.

We looked at the information we held about the service. This included statutory notifications the provider had sent us. A notification is information about important events affecting the service which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what they do well and improvements they plan to make.

During this inspection we went to the provider's office and spoke with the office manager, the newly appointed manager and five members of the care staff. This was to gain an insight into the way the service was run.

We reviewed the care plans for six people, recruitment records for five members of the care staff and records related to the management of the service.

We visited two people who used the service and spoke, by telephone, to another six people and two relatives.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and secure with the staff support they received. People told us, "I feel safe with them" and "Safe? Absolutely I do".

People were protected from the risk of abuse because staff understood how to safeguard people from harm. Staff described the different types of abuse people might be at risk of. One member of staff said, "If I had any concerns I would contact the manager or the person on-call straight away". Staff told us they received regular training to keep them up to date with safeguarding and new staff received training before they provided care. Records showed that staff reported any concerns to the manager and appropriate actions were taken to protect people. The provider had a whistleblowing policy. Staff told us they would be happy to use this to raise any concerns about the service or the quality of the care provided and felt they would be supported by the organisation to do so.

Staff told us, and records confirmed that there were effective recruitment processes in place. Checks were made before staff started work to ensure they were of a suitable character to work with people in their homes. This protected people from harm and the risk of abuse.

People's risk of avoidable harm had been identified and assessed. For example, records showed that management plans had been put in place to ensure people were moved correctly and safely. Staff we spoke with were familiar with each person's requirements. People told us staff were familiar with the equipment that was required to move them safely. One person said, "I feel safe when I'm being moved. They know what they're doing".

People told us there were enough staff to meet their needs and if they needed two members of staff to support them, they were always provided. People told us the staff arrived when, or very close to the time, they expected them. One person told us, "I understand they may be delayed a little bit sometimes, but they always come to me". A member of staff told us "I think we're ok for staff. We work together as a team to help each other out".

We found staff administered medicines safely to people. We looked at medication administration (MAR) charts which showed medicines were administered in accordance with people's prescriptions. People told us, if they needed support with their medicines, staff ensured they took what they had been prescribed at the correct time. One person told us, "They [the staff] help me with my medicines". Another person said, "The staff arranged for me to get my medicines in packs, which made it easier for me". A member of staff told us, "If we feel a person is struggling with remembering to take their medicines we can talk to them about doing it for them instead".

Records were kept of any accidents and incidents which occurred. Staff told us they were responsible for reporting incidents which occurred during their visit and we saw that actions were taken to investigate what had happened.

Good

Is the service effective?

Our findings

People we spoke with felt the staff had the skills to support them. One person told us, "They know what they're doing".

Staff received an induction when they started working for the service and shadowed experienced staff before they worked independently with people. The staff induction also included spending time working in the provider's nursing home where they were observed by a member of staff responsible for training. Staff told us that their period of induction depended on their previous experience and the amount of support they required. One member of staff said, "Some new staff need a bit more support than others". Staff said they were not permitted to start providing care in the community until their skills had been approved.

The service provided a varied range of training so that staff could maintain the skills they required to care for people effectively. Staff told us they also undertook practical training sessions to support their learning. One member of staff told us, "When we do our manual handling training we have to be lifted in the hoist. It really brings it home to you how vulnerable and nervous you feel. It taught me how important it is to reassure people".

Staff were supported to deliver care through regular supervision sessions. A member of staff told us, "We have regular supervision. What we discuss is private and confidential and I feel I can talk about anything". Staff told us there were management arrangements in place to observe them providing care to people in their homes. A senior member of the care team told us, "Team leaders do ad-hoc post visit follow-ups to check that people have been happy with their care". We saw that the outcome of the observations was discussed with staff and if necessary, further training was arranged.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The legislation for this act sets out the requirements to make best interest decisions when people are unable to make their own decisions. The manager told us they were not currently providing care to anyone living with dementia or who lacked the capacity to make their own choices. Staff told us people made their own decisions about the way they were supported. One member of staff told us, "We listen to what people want". A person who used the service told us, "The staff always ask me if I'd prefer a bath or a shower. It's always up to me".

People were supported to eat food and have drinks of their choice. One person said, "They [the staff] sort my food out for me. They cook what I want. A member of staff told us, "Some people will just say they want a slice of toast for every meal. We try to tempt them with a healthy choice". One person told us, "I didn't used to eat at lunchtime but the staff spoke to me about eating a bit more so now they make me a sandwich". We saw staff kept a record of people's daily dietary intake and raised concerns whenever a person was not eating as well as usual.

Staff, people and relatives told us the care staff worked well with other health care professionals to maintain people's health and wellbeing. A member of staff told us, "We know people well and can spot when people aren't quite themselves". We saw from people's care plans that other health care professionals were involved in people's care. Staff told us they contacted the GP and community nursing staff directly if they felt people needed additional support. A person we spoke with told us, "The girls get the Dr when I need him".

Good

Is the service caring?

Our findings

People and their relatives told us the staff treated them well. People commented, “I’d give the staff 100%”, “They’re absolutely wonderful” and “They’re always very nice to me”.

Care staff understood the importance of building relationships with people. The manager told us whenever possible, they sent the same members of staff for people to provide consistency of care. One member of staff told us, “I have regular clients. I’ve been going to them for a long time”. A person we spoke with said, “I have the same main carer every day. I told the office I really liked her and they arranged for her to do my calls”.

People told us that staff showed an interest in them and listened to them. We saw one member of care staff chatting to a person about their family and were familiar with the person’s close relationships. A person who used the service told us, “They know all about me and my family”. Another person said, “They always have time to listen to me, even though I know they’re busy”.

People’s dignity and privacy was protected by staff. People told us the staff always ensured that their care was delivered privately. One person told us, “They always ask me if I’d prefer to be left alone in the bathroom”. Another person said, “The staff always keep the curtains closed whilst they care for me in my bedroom”. A member of staff told us, “We have training in protecting people’s privacy. We use one of the vacant rooms in the care home and another member of staff acts as the person being cared for. We get marked on remembering to close the curtains, closing the door and making sure people are covered”. The manager told us that they were planning to introduce ‘Dignity Champions’ to ensure the staff understood the importance of providing care which recognised the person’s diversity and independence.

Good

Is the service responsive?

Our findings

People said the care staff understood their preferences for care because they had been asked for the information before their care started. People told us they had been visited by a member of staff from the service to discuss how they would like to be supported. One person said, "They sat with me and asked me loads of things about my life and what I liked or didn't".

The care plans we read contained information about people's likes and dislikes. Staff told us they knew people well because there was good information in the care plans, which they were encouraged to read. One person said, "They don't have to ask me anything, they know me well". One member of care staff told us, "We know what people's interests are so we can find familiar ground to talk about. For instance we might say, 'Did you watch Corrie on TV last night' because we know they like it".

Care staff told us they had the opportunity to read the care plans, which were stored in people's homes. We saw the care plans had important information on the front of the file. A member of staff said, "Some information, such as, a person's preference for a drink and their favourite breakfast is on the front of the file which means if you haven't visited the person before you have some information that's easy to see".

Care plans were reviewed regularly to ensure the care provided still met people's needs. A member of the care staff told us, "I found that someone had fallen before our visit. I reported it to the office and the person's care was reviewed immediately".

Staff kept detailed records of people's care and how they spent their time. We saw the information described how people were, how much they had eaten and the care they had received. One person told us, "The staff are very willing to do anything. I keep my records here and I can see they write everything down". Staff told us they always checked the daily records when they first arrived at the person's home to see if there were any messages from the staff who had attended the person before them. A member of staff told us, "Some people can be a bit reluctant to eat and drink so we need to let other staff know what they've had".

People told us they were provided with information about making a complaint or raising concerns. People told us they felt happy to discuss complaints and concerns directly with the care staff or the manager. One person told us, "I feel I'd be listened to. They know me". A relative told us, "I had a few niggles but the office sorted it out". We saw, when complaints had been made, there had been a full investigation and the complainant received a timely response.

Requires Improvement

Is the service well-led?

Our findings

All of the people we spoke with told us they were happy with the care they received. One person said, "I've been very satisfied with the service here". Another person said, "I'm very happy". A relative told us, "They've been very good to [Name]". Staff told us they felt they all worked together as a team. One member of staff told us, "We're very lucky in having a good team. It feels like a family". Another said, "The seniors are very supportive".

There was no registered manager in place at the time of our inspection. A new manager had been appointed and they had started the process required to register with us. The day-to-day management of the service was the responsibility of the office manager who was supported by a newly recruited care co-ordinator.

People told us their staff were reliable. One person said, "Occasionally there's a hiccup but generally they come around the time I expect them". Another person said, "If they are running a bit late it's because they've had to stay with someone who's poorly or because they've had to slot someone extra in". The office usually ring, but if they don't I've got their number". The manager told us, "Occasionally late calls do happen and we have arrangements in place to deal with that". Staff told us there were support arrangements in place for them if they found themselves running behind. There were also company vehicles available for staff who had transport problems. One member of staff told us, "If we ring the on-call we'll always get a reply. If they can't answer immediately because they're in someone's home, they'll call back as soon as possible".

Staff told us the provider was receptive if they identified that changes were required to provide a person's care safely and appropriately. A member of staff told us, "We can influence a change in a person's allocated time slot if we don't think we can provide all their care in the time we have". People we spoke with told us the staff always completed their care before leaving them. One person said, "I don't feel rushed". Another person said, "They make sure everything's done for me before they go". A member of staff said, "We make sure we leave people comfortable and safe".

We saw that the office manager had identified some changes which were required to improve the service. Action plans were in place to monitor the progress of the recruitment of additional staff and the implementation of an electronic call monitoring system. The office manager told us there were no written audits to monitor the quality of the service which meant no one was collating or using the information to make improvements to the care people received. The provider had sent us a Provider Information Return (PIR) which told us about the plans the service had for the future, including the development of monitoring systems to improve the care people received.

People were given the opportunity to provide feedback about the service. The provider distributed satisfaction questionnaires to people on an annual basis. The last survey was undertaken in 2014. We saw the survey responses had been analysed and indicated that most of the people who had returned the questionnaire were very happy with their care. Some people and relatives felt the communication between the office staff and the carers could be improved. One relative told us, "Communication can be a bit chaotic at times. For example, the carers don't always know there's been a change in the visit time allocation". Staff told us they had regular meetings to update them about any changes which might affect them. One member of staff said, "When the care coordinator started we were told what their role would be". The manager told us the care coordinators role would be to improve the systems and streamline the care provided.