

Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

Inspection report

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12 April 2018

13 April 2018

19 April 2018

20 April 2018

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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

This announced comprehensive inspection took place on 12 April 2018 when we carried out a visit to the office. We also carried out telephone calls to people who used the service and staff on 13, 19 and 20 April 2018.

At the last inspection in September 2016 we found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the report from this comprehensive inspection by selecting the 'all reports' link for Manorcourt Homecare on our website at www.cqc.org.uk.

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

Not everyone using Manorcourt Homecare receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 24 people were using the service.

There was 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. People and their relatives knew the manager and were able to see them when required.

There were processes in place to protect people from avoidable harm and staff were aware of their responsibilities to report them. Risks to people were assessed and managed appropriately.

Staff had been recruited using a robust recruitment process. There was enough trained staff to support people with their needs. Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection.

The provider had processes in place to learn from investigations if or when things went wrong.

People could make choices about their food and drink and were provided with support when required.

Staff would access additional health care professionals to ensure people received effective care or

treatment if and when required.

Staff gained consent to care before supporting people; this was sought in line with legislation. Staff treated people with kindness and compassion. People were treated with dignity and respect, and had the privacy they required.

People's needs had been assessed prior to them receiving care visits. Care and support plans were personalised and reflected people's individual requirements. People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints procedure in place and people knew how to complain.

The provider had a clear vision, and were open and transparent. Quality monitoring systems were in place and were effective and staff were involved in developing the service.

Further information is in the detailed findings below.

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

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed prior to them receiving visits.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals when required.

Consent to care was sought in line with legislation.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the manager and were able to contact them when required.

The provider had a clear vision, and were open and transparent.

Quality monitoring systems were in place and were effective.

Staff were involved in developing the service.

Manorcourt Homecare

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 12 April 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection activity started on 12 April 2018 and ended on 20 April 2018. It included reviewing documentation, speaking with people who used the service and their relatives. We also spoke with staff. We visited the office location on 12 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

Prior to the inspection we spoke with the local authority and we checked the information we held about this service and the service provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with people and their relatives and spoke with staff. We reviewed records of people's care, medication records and records relating to the management of the service.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the provider's regional manager, the provider's quality assurance officer, the office administrator, one team leader and four care staff.

We reviewed four people's care records, eight medication records, four staff files and records relating to the management of the service, such as quality audits and staff training.

Is the service safe?

Our findings

At our inspection in September 2016 we found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had employed a medicines manager. Their role was to ensure the proper and safe use of medicines. Monthly audits had been carried out on every person who staff assisted with medicines. This audit compared the persons Medication Administration Record (MAR), daily notes and medicines.

The provider had developed a new policy for when errors had been found. Where an error had been found an error form had been completed and the medicines manager had investigated. A copy of the form and findings was kept in the person's file, the file of the staff member who made the error and the main medicines audit file.

There were a number of actions which could be taken against the staff member. These included formal supervision, retraining or suspension of administering medicines. The registered manager told us that the number of errors had dropped since the new processes had been in place.

People we spoke with who had assistance with their medicines had no concerns and received their medicines as prescribed.

People told us they felt safe when staff visited to assist them. One person said, "Oh yes, I am safe with the girls (care staff)." A relative told us they had no concerns regarding the safety of their loved one.

Staff had received specific training regarding safeguarding adults and were aware of how to report any concerns. Staff we spoke with were all aware of what to report and how to do so. One staff member said, "I would report it immediately to the office." There was information displayed in the office which contained contact addresses and numbers for anyone to report any issues or concerns. This information was also available within people's service users' guide to enable people who used the service to report any concerns they might have.

Within people's care plans staff had developed risk assessments to enable people to be as independent as possible whilst keeping safe. These had been reviewed as and when required.

All accidents and incidents had been reported and recorded. These had all been reviewed by the registered manager and investigated if required. The registered manager told us this was to ensure actions could be taken if necessary to try to stop the same thing happening again. Records viewed showed this had been the case.

There were sufficient numbers of staff employed to provide care and support for people's assessed needs. Rotas' showed that the same staff provided support to people where possible. One person said, "I usually

have the same group of carers." Another said, "I usually have [name of care staff] apart from when they are off."

The provider had a robust recruitment process. Staff files we looked at contained information including; a copy of the application form, proof of identity and address, references, Disclosure and Barring Services (DBS) check and copies of offer letters. Staff we spoke with told us checks had been carried out before they could start to work. One staff member said, "I had to wait for my checks to be done before I started."

Staff had received training for infection control. The provider supplied uniforms and Personal Protective Equipment (PPE). One staff member said, "There are plenty of gloves and aprons." We saw in staff meeting minutes that staff had been reminded of the importance of wearing their correct uniform.

All care staff had received training in food hygiene and nutrition. This was because some people who used the service had support with cooking and serving their meals.

The provider and registered manager were responsive when things went wrong and had taken action to ensure lessons were learnt and improvements were made. The registered manager went on to give us examples.

Is the service effective?

Our findings

Within people's care records we saw that assessments had been completed prior to a care package being developed. This was to ensure that the correct care could be provided. Care plans had then been developed to cover all areas where the person needed support.

People told us staff had the right skills and training to deliver effective care and support. One person said, "The staff are well trained." Staff we spoke with told us they completed a variety of training as part of their induction and other training was on going. One staff member said, "The training is good, we had to do some before we started." We saw the training matrix and copies of certificates within staff files. Training was appropriate to people's job roles. Staff told us they had received regular probationary or supervision meetings. We saw records of these in the office.

Some people who used the service needed staff assistance with their meals. One person we spoke with told us staff cooked for them every day. They said, "They ask me what I want and cook it for me." They went on to tell us the type of things they had and enjoyed.

Records showed staff worked together to ensure people who used the service received consistent care and support. Where additional support had been required, we saw that it had been in a coordinated way and in a timely manner.

Most people who used the service had family who would arrange additional healthcare if required. The registered manager told us that staff knew how to act in an emergency and have in the past called for the doctor or ambulance if they had concerns when they arrived at someone's home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

We checked whether the service was working within the principles of the MCA. Staff told us that all of the people who were using the service had capacity. Those we spoke with had a good understanding of MCA and DoLS. One staff member said, "If I thought someone's capacity had changed I would speak to people in the office and they would then be reassessed."

Within people's care records we saw that people had signed consent for the care they required. People we spoke with told us staff always asked for consent. One person said, "They always ask for consent." A relative said, "They are talking to [name of person] all the time telling them what they are going to do."

Is the service caring?

Our findings

People who used the service told us they were treated with kindness. One person said, "They are friendly but professional." Another said, "They are all very nice and kind." They went on to name some staff that they had a special relationship with.

People told us that staff responded to their needs in a timely way. One relative told us that their loved ones needs had recently changed and additional calls had been arranged. They were in the process of meeting the new care staff who would be visiting. A staff member told us they would stay to assist someone after their call time if it was needed and the office would be informed to enable another care staff member to carry on with any planned visits.

The registered manager told us that all of their documentation could be made available in alternative versions including; large print and different languages. This would enable all people who used the service to access the same information.

People were encouraged to express their views. People we spoke with told us they had been involved in the writing of their care plan. One person said, "I have been involved since the beginning, they go through it and read it out and ask if I am happy." A relative said, "Her care plan is here and we know what is in it."

Rotas we looked at showed they had been organised to allow staff the time to carry out people's assessed needs. People we spoke with told us they did not feel rushed when staff visited and they stayed for the full time.

People told us that their privacy and dignity had been respected at all times. One person said, "They are always respectful. They make sure I am comfortable all the time."

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely in the office although records in people's own homes were kept where they wanted them to be kept. Staff we spoke with were aware of their responsibilities regarding confidentiality.

People told us staff encouraged them to be as independent as possible. They said staff let them do what they could for themselves but would assist when required.

Is the service responsive?

Our findings

Care plans we looked at were person centred and showed that people and their families had been involved in their development. They fully reflected people's needs and included; a personal profile, risk assessments, support plans and preferred call times. There was also a step by step overview of what was required at each call and how the person wanted that activity to be carried out.

Within one person's records we saw that when they were admitted to hospital their usual carer visited daily to give additional support so that they had someone they were used to assisting them in hospital. The registered manager told us that had been appreciated by the person and their family.

Staff told us that they had no one with communication needs at the time of our inspection other than people who wore hearing aids, which they made sure were in and working. The registered manager told us that they would access additional support if any one did need assistance aids for communication.

The regional manager and registered manager told us they were in the process of developing new technology for the online call systems.

The provider had a complaints system in place. People we spoke with told us they were aware of how to complain. One person said, "I have complained in the past and it was sorted out immediately." We looked at the records regarding complaints and found they had been responded to and actioned as their policy stated. All complainants had been satisfied. Copies of the complaints process was in each person's file in their own home and was available in the office.

The quality assurance officer told us that the provider was in the process of developing new records for people's end of life wishes. They had realised that what was in place was not appropriate. They showed the inspector the new forms and explained how they would be used. This would ensure that the correct information would be in place for each person who used the service.

Is the service well-led?

Our findings

There was a registered manager in post who was aware of their registration requirements. 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.

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the service as they were in the office on a daily basis. The provider representatives visited regularly and were supportive of the registered manager. The regional manager and quality assurance officer were available on site on the day of our inspection. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection.

Staff we spoke with told us that there had been changes since the registered manager had joined them. One staff member said, "There has been a lot of changes but for the better." Another said, "The manager is always available for us and the senior staff are very supportive."

A team leader we spoke with had only recently been promoted to their role. They explained they had been well supported in the transition.

The registered manager told us they were supported by the regional manager who visited regularly and by any of the provider representatives when required. During our inspection the registered manager, regional manager and quality assurance officer were discussing how the provider was working to develop the services.

The provider used an annual survey to gather the views of people who used the service. The 2018 surveys were just being returned but the results for 2017 were available. Some comments included, 'Staff are usually prepared to go out of their way to help me.' 'Care workers always happy and bright. It helps my day.' And, '[name of staff] have been exceptionally efficient and kind. My family and I are grateful for this.' The registered manager had developed an action plan where there had been any negative comments. This had been completed and signed off. Telephone monitoring and quality visits to people who used the service were also carried out.

Effective quality audits had been completed in various aspects of the service. These included; care plans and medication. The provider also carried out visits. If any issues had been found, action plans had been put in place and signed off when complete.

The registered manager told us of a number of issues that had happened before they arrived and how they had put new processes in place to change practice and how they had learned from these. Staff meetings had been held and any changes had been explained at these. We also saw that the registered manager sent

out memos if staff needed to be told of any important information. One staff member told us these would be sent out with their rotas. This ensured staff were kept up to date.

The service had open working relationships with other organisations, including the local authority and safeguarding teams. At the time of our inspection they were working with the local district nursing service with a trial regarding the prevention of pressure ulcers.