

Ms Maureen O'Hara

Mocare

## Inspection report

Pendle Enterprise Haven  
138 Every Street  
Nelson  
Lancashire  
BB9 7EX  
  
Tel: 07532003323

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

We carried out an inspection of Mocare on 4 and 5 April 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because it is a community based service and we needed to make sure the registered person was available.

Mocare is registered to provide personal care to people living in their own homes. The agency's office is located in near the centre of Nelson, close to all local amenities. The agency provides a service to people residing in Burnley and Pendle. At the time of the inspection 16 people were using the service.

The service was managed by the registered person who is an individual provider. There is therefore no legal requirement for a registered manager. 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.

This was the first inspection of the service. During the inspection, we found there was a breach of one regulation relating to the recruitment of new staff. You can see what action we told the provider to take at the back of the full version of the report.

All people told us they felt safe when receiving care from the service. Staff had a good knowledge of how to identify abuse and the action to take if abuse was suspected. We found care was planned and delivered to ensure people were protected against avoidable harm.

People received their medicines safely and were supported to eat and drink in accordance with their care plan.

Staff arrived on time and stayed for the full time allocated to them. Travelling time was not deducted from any of the visits. People therefore received the full 60 minutes care if they had booked this. People were cared for by a sufficient number of suitably trained staff who had the necessary experience and knowledge to carry out their role effectively. There was continuity of care and staff understood people's needs. However, the provider had not always operated a robust recruitment procedure and we found some information was missing from two staff members' records.

People received safe care and support which reflected their individual preferences, likes and dislikes and promoted their independence. People were involved in the planning and monitoring of their care.

People were treated with kindness, sensitivity and care. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in

their care. People's consent was sought before care was given and they made choices and decisions about how this was carried out.

There was a quality monitoring system in place. The registered person undertook regular audits and spot checks were carried out to observe how the staff delivered care to people. People were asked for their views and feedback was acted upon to maintain or improve the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Whilst people told us they felt safe and secure using the service, we found a robust recruitment procedure for new staff had not always been followed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about the procedures to follow to help keep people safe.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure they were handled safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff were appropriately supported by the registered person to carry out their roles effectively through induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Where appropriate, people were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

### Is the service caring?

**Good** ●

The service was caring.

People were involved in making decisions about their care.

Staff supported people to maintain their dignity and independence and people were looked after in the way they

preferred.

People made positive comments about the caring and kind approach of the staff.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's care needs. Staff were aware of people's preferences and how best to meet their needs.

People were involved in their care planning, decision making and reviews.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

### Is the service well-led?

Good ●

The service was well led.

The registered person provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

# Mocare

## **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 was 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 4 and 5 April 2016. We gave the registered person 48 hours' notice of our intention to visit to ensure they were available at the time of the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. We used this information to decide which areas to focus on during our inspection.

The provider sent us 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.

During the inspection, we spoke with seven people using the service and three relatives over the telephone. We also spoke to four members of care staff and the registered person.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medication administration records, staff training records, two staff recruitment files, staff supervision records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. One person told us, "I trust them completely to carry out their work professionally" and another person commented, "I have never been so looked after, they are all absolutely wonderful." Relatives spoken with also expressed satisfaction with the service. One relative said, "I find they are all completely trustworthy." Staff told us people's safety was of key importance and described the steps they took to maintain people's safety. For example staff told us they made sure people were safe before they left their property and ensured all doors were secure. One member of staff also told us they were vigilant of unwanted telephone calls and with the person's consent had arranged for some calls to be blocked to protect against the risk of exploitation.

We looked at two staff member's files to assess how the provider managed staff recruitment. We noted the recruitment process included a written application form and a face to face interview. From the interview records seen, we saw staff were asked a series of questions which included the importance of maintaining people's well-being and safety. We noted a DBS (Disclosure and Barring Service) check had been sought before staff commenced work for the agency. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. There was a written recruitment and selection procedure in place which reflected the current regulations.

However, on checking the recruitment records we noted the two new staff had not provided a full history of employment and in one instance evidence satisfactory conduct of previous work with vulnerable adults had not been obtained. This meant not all checks had been carried out in line with the regulations.

The provider had not always operated an effective recruitment procedure. This a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the registered person told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they had adequate time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "They are very good time keepers and if anything they go over their time" and one member of staff commented, "We always have spaces on the rota to travel, none of the visits are crammed in." All people told us they received care from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. We noted the registered person had written in their provider information return, "Consistency is important to us and we match the same carers to clients to enable us to provide an effective service where clients can build relationships with staff."

We reviewed the arrangements in place for supporting people with their medicines. People were encouraged to manage their own medicines as far as practicable. People receiving assistance with medication told us they received their medicines when they needed them. We saw from the staff training

records that staff had been trained in how to give people their medicines safely and regular audits had been carried out to check medication had been managed in line with the agency's policies and procedures.

We noted a full list of people's medication along with the possible side effects was maintained in people's files. Appropriate records were in place for the administration of medication. However, we found records had not always been maintained for the application of topical creams. We noted the registered person had already picked up this shortfall and assured us a record would be implemented with immediate effect. Guidance for staff on how to support people with medication was included in the care plan as necessary. The registered person told us they would introduce medication risk assessments to ensure staff were aware of any risks associated with the medicines.

Care was planned and delivered to protect people from avoidable harm. People had individual risk assessments and care plans gave staff information on how to manage identified risks such as, how to assist people who had mobility difficulties. People's risk assessments were conducted to help ensure their safety whilst respecting their right to independence. The risk assessments we saw covered a range of daily activities and their associated risks including helping a person access the local community. The assessments were updated every six months or more often if people's needs or circumstances changed. The registered person explained service level risks had also been assessed for instance lone working. To help with this staff were provided with a personal alarm.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The registered person viewed all accident and incident forms, so they could assess if there was any action that could be taken to keep people safe and prevent further occurrences.

The registered person had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff had received training in protecting people from abuse and knew how to report any allegations or evidence of harm. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. We noted there were records of all financial transactions and the staff obtained receipts for any money spent.

People and staff had information in their homes about what to do in an emergency. Staff confirmed systems were in place for out of hours support from the registered person either over the telephone or in person if needed. People's care records also contained information about services which staff might need to contact in an emergency such as next of kin and emergency services. Staff told us if they had to call for an ambulance or a GP, they stayed with people for as long as was needed.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE) and hand gel. People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene. One person told us, "The carers are very meticulous and always wear gloves and an apron when they are helping me."



# Is the service effective?

## Our findings

People were supported by staff who had acquired the skills and knowledge to meet their individual needs. One person told us, "They are very good and know exactly what they are doing" and another person commented, "The staff are competent. I don't have to keep explaining everything which is important." Relatives spoken with also expressed confidence in the staff team, one relative stated, "They are really good, excellent carers. The service is a class above others."

We looked at how the provider trained and supported their staff. From talking with staff and the registered person and looking at records we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures and ways of working, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

New staff shadowed the registered person for a minimum of a week to become familiar with people's needs and preferences. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

There was a training programme in place for staff, which included safeguarding vulnerable adults, infection control, equality and diversity, health and safety, moving and handling, food hygiene, fire safety, information governance, Mental Capacity Act 2005 and medication. The training was delivered both face to face within a classroom setting and on the computer. The computer based training courses included a test of each member of staff's knowledge to ensure they had understood the content of the course. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, both formal and informal, which included observations of their practice. They told us they had the full support of the registered person and could discuss anything that concerned them. One staff member told us, the registered person was "Always available and very supportive. Nothing is too much trouble for her and she sorts out any problems very quickly." We saw the registered person continually assessed and monitored staff skills and abilities.

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. Any application to do so must be made to the Court of Protection.

We checked the service was working within the principles of the MCA. Staff had received training on the MCA and there were detailed policies and procedures. Staff spoken with understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so. One member of staff told us, "I always ask people if they agree to me carrying out the tasks." We noted people had signed forms, as appropriate, to indicate their consent to the care provided, any emergency interventions and the management of their medication.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records staff had received food hygiene training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person told us, "It's my choice in everything and my carer is a brilliant cook." We saw food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at the way the service provided people with support with their healthcare needs. We found staff were given guidance in people's care plans, on how to monitor and respond to healthcare symptoms. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the registered person healthcare referrals were made as necessary, for instance referrals had been made to the dietitian, occupational therapist and physiotherapist.

## Is the service caring?

### Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "The carers are absolutely wonderful. They go above and beyond anything expected and I would recommend them to anyone" and another person said, "The staff are lovely, caring and respectful. They are always happy to go the extra mile. They are a blessing to me." Relatives were also complimentary about the approach taken by staff, for instance one relative commented, "They are all so friendly. It's not just a job to them they do it because they really care."

We noted the registered person had written in their provider information return, "We wanted to create a service where the principles of kindness, dignity, respect and empathy were paramount." During the inspection, the registered person explained the agency always provided people with a full hour or full half hour and did not deduct minutes for staff travelling time. We noted the majority of the visits were for an hour so staff and people were able to develop a good working relationship and care was not rushed.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance taking people shopping rather than doing it for them. One member of staff told us, "People's preferences are really important and we don't want to take over. People are encouraged and supported to do as much for themselves as possible." This approach was reflected in people's comments, for instance one person told us, "I have complete control over what they do. I notice the staff step back to allow my independence and ask me if I want a hand with anything."

People were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They go out of their way to make sure things are done how I like them doing." The registered person and staff knew people well, including their preferences and how they liked to be supported. They demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times when staff were in their home. One person told us, "The staff are always very aware of boundaries and they always wait to be called if I need help in the bathroom." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support and we noted the registered person carried out unannounced observations to ensure they were adhering to best practice.

People were respected and treated with dignity. People's preferences for how they were communicated with were highlighted in their care records. We noted staff had worked hard to help a person regain their

speech. The person's relative told us, "The respectful and patient approach taken by staff has really helped."

People enjoyed visits from the staff. One person told us, "I didn't know how I would manage with people coming to the house every day, but now I look forward to it. It is like a friend coming to see me." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I thoroughly enjoy my job. I like making people's day and improving people's lives for the better."

People told us they were able to express their views about the service on an ongoing basis, during care plan reviews, spot checks and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service. People were also given leaflets advising where they could access advocacy services.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

## Is the service responsive?

### Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People confirmed they had care plans and said they felt part of the care planning process. One person commented, "I have a care plan, but the carers are flexible and will do other things to help if I ask them to" and another person said "My care plan was thoroughly discussed and lets the staff know what I want doing."

An assessment of needs was carried out before people used the service. People spoken with could recall meeting with the registered person to discuss their needs and confirmed they were asked how they wished their care to be delivered. They said the registered person listened to their views and took into account their preferences, likes, dislikes and wishes. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by risk assessments and included people's preferences and details about how they wished their care to be provided. There was documentary evidence to demonstrate people had been involved in a review of their plans every six months or more frequently if there had been a change in their needs or circumstances. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and confirmed they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also said there were systems in place to alert the registered person to any changes in needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. All records were read when they returned to the office to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people were referred to in a respectful way.

People were complimentary about the services provided and the support they received to access community facilities and pursue leisure interests. One relative told us, "(Family member) goes out and about shopping with the carers. It means a lot to her and she really enjoys it." We noted people were supported to participate in a variety of activities including, dog walking, gardening projects and arts and crafts. People were also supported to go out to local restaurants and a community café.

The registered person confirmed steps were taken to prevent social isolation. For instance, the registered person had researched and introduced one person to a local book club. Joining the club had resulted in the

person meeting new people and developing new relationships within the community. People also regularly contacted the registered person for emotional support with any personal difficulties.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of the care staff or the registered person if they had a concern or wished to raise a complaint. One person told us, "I can't think of any problems at all, but if I had a concern I feel I can discuss anything. I really can't fault the service in any way." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered person would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed. The registered person confirmed she had received no complaints about the service.

The registered person and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, whilst providing care essential information including the care plan would be given to ambulance staff.

# Is the service well-led?

## Our findings

People and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "Everything runs very well. I would give them eleven out of ten" and a member of staff said, "It's really well managed, very person centred and people have a great input." All people spoken with told us they would recommend the agency to others in a similar position.

As the registered person is an individual provider there was no legal requirement for a registered manager. Throughout all our discussions it was evident the registered person had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. The registered person explained her achievements during the last 12 months were developing and building the service and establishing a person centred culture. She described her planned improvements over the forthcoming year as improving the recruitment procedures in order to employ more staff and developing the staff training.

We found staff were enthusiastic and positive about their work. There were clear lines of accountability and responsibility. They were well informed and had a good working knowledge of their role and responsibilities. Staff told us they had received the training they needed and were well supported. Staff spoken with made positive comments about the registered person and the way she managed the agency. One staff member told us, "(Registered person) is just amazing, she is always available for support and advice" and another member of staff commented, "She is a good manager, always available and always introduces us to people so everyone is comfortable." People using the service also expressed confidence in the registered person, one person told us, "She is very caring and conscientious and completely in the right job" and another person commented "She is doing an excellent job. Her and the staff have such an incredible attitude."

The registered person had formed a peer support relationship with a similar provider in the Greater Manchester area. This enabled her to discuss new ideas and best practice and gain support.

We saw regular unannounced spot checks were undertaken to review the quality of the service. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being delivered in accordance with the person's wishes.

The registered person monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the results of the survey carried out in January 2016 and noted all respondents indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had wrote, "Excellent caring service" and another person had written, "We are always given a choice of what we require and Mocare is always happy to accommodate if they can."

People were provided with feedback and any news about the service in a quarterly newsletter, for instance

we saw an article in a recent edition of the newsletter introducing new staff.

The registered person carried out regular checks and audits. These included checks on files, medication records, daily communication logs, staff training and supervision. Records showed action plans were developed in the event of any shortfalls. The registered person kept up to date with changes in legislation and best practice, through training and working closely with health and social care professionals.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

According to information in the service user guide the aim of Mocare was "To make a difference to the lives of vulnerable people by providing a safe, flexible, responsive, person centred approach to care". The registered person demonstrated her commitment to achieving this aim throughout the inspection.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not always operated an effective recruitment procedure. (Regulation 19 (2)).</p>