

Morecare Services (Uk) Ltd

Morecare Services(UK)Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Morecare Services(UK)Ltd provides personal care and support to people living in their own homes. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 38 people, all of whom received personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People received a reliable service from staff who knew how to provide their care in a safe way. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and mitigate any risks involved in people's care. Medicines were managed safely. Staff helped keep people's homes clean and wore personal protective equipment when they carried out their visits.

People received their care from consistent staff who knew their preferences about their care and respected their choices. Staff encouraged people to be as independent as possible and provided support in way that promoted this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received person-centred care that reflected their individual needs. Staff treated people with respect and maintained their dignity and privacy when providing their care.

Staff monitored people's health effectively and highlighted any changes in people's needs so action could be taken to address these. Staff worked well with other professionals involved in people's care to ensure they received the support they needed.

Right Culture:

Staff were kind and caring. They had established positive relationships with the people they supported and people's families.

Staff had access to the training they needed to carry out their roles and were well-supported by the office team. Staff had opportunities to discuss their roles and any challenges they faced at individual supervision and team meetings.

People receiving care and their relatives said the service communicated well with them. Relatives told us the office team kept them informed about their family members' health and wellbeing.

People had opportunities to give feedback about their care and told us their views were listened to. Quality monitoring systems enabled the office team to maintain an effective oversight of the service. These included regular audits and spot checks to observe the care people received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 April 2021) and there were 2 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Morecare Services(UK)Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors carried out the inspection.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2023 and ended on 3 May 2022. We visited the location's office on 21 April 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications

of significant events. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a supervisor, and the provider's nominated individual about how the service was run. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 2 people who used the service and 8 relatives to hear their feedback about the care the agency provided. We received feedback from 2 professionals who had worked with the service and from 17 staff about the training, support and information they received.

We reviewed care plans and risk assessments for 5 people, recruitment records for 5 staff, accident and incident records, quality audits, and meeting minutes. We also checked records of training, supervision and spot checks, the complaints log, satisfaction surveys, and the arrangements for managing medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate systems and processes to prevent abuse of service users and to effectively investigate allegations of abuse.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider had nominated a supervisor as the safeguarding lead for the service. The safeguarding lead's responsibilities included ensuring any safeguarding concerns were reported to the local authority and notified to CQC, and that any information requested by other agencies involved in safeguarding enquiries was provided. Any potential safeguarding concerns people had raised had been reported by the provider to the local authority and notified CQC.
- Staff attended safeguarding training in their induction and regular refresher sessions. Staff understood their responsibilities in protecting people from abuse and were clear about how to report any concerns they had. One member of staff told us, "I understand safeguarding is important, and any concerns should not be overlooked. I would report to my line manager or supervisor and, if necessary, to the local authorities."

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved its recruitment procedures, which helped ensure only suitable staff were employed. The provider obtained proof of address, proof of identity and references for staff prior to employment, and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check. The provider also checked applicants' right to work in the UK, which included verification with the Employer Checking Service provided

by the Home Office where necessary.

- The service had enough staff to carry out all scheduled care calls. People told us they received a reliable service and said staff usually arrived on time for their care visits. One person told us, "They are very punctual." Another person said of the staff who visited them, "I have a regular one; she is always on time."
- Staff used an application on their phones to record their arrival at people's homes and their departure times. This enabled the office team to ensure staff stayed the full scheduled time of the visit and to take action if a member of staff failed to arrive for a visit.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff provided their care. One person said they had needed care after fracturing their hip. The person told us staff ensured they were safe when mobilising during their recuperation, saying, "In the early days when I was not so confident, they were very good at walking with me."
- Relatives confirmed staff provided their family members' care safely. One relative told us, "I have had no concerns with safety at all. [Family member] is bed-bound, so there are 2 staff at each visit. They use a slide sheet to roll him; they do that safely."
- Assessments were carried out to identify any risks to people and guidance provided to staff about how to mitigate these. Care records contained risk assessments in relation to falls, skin integrity, continence, and the environment in which care was to be provided.
- Accidents or incidents were recorded and there were systems in place to ensure that learning took place from adverse events. Staff had taken appropriate action in response to accidents and incidents to keep people safe. For example, staff found 1 person's pressure-relieving mattress was giving a low pressure signal and suspected it needed a technician. Staff informed the office team, who contacted the person's family and advised them to contact the company responsible for the equipment. There had been some instances in which staff arrived to find people had fallen or were unwell. In these cases, staff had called emergency services to ensure people received medical assistance.

Using medicines safely

- People's medicines were managed safely. Staff received training before being authorised to administer medicines and their practice was assessed before they were signed off as competent.
- Staff recorded any medicines they administered using an application on their phones. The office team's systems were linked to the application, which enabled them to check in real time whether people had received their medicines. The office team audited people's medicines administration records each month. The audits we checked demonstrated people were receiving their medicines as prescribed.

Preventing and controlling infection

- Staff received training in infection prevention and control and people told us staff wore personal protective equipment when they carried out their visits. One person said of staff, ""They always wear their masks, aprons, and gloves."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection in which we assessed this key question, we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. They told us new staff always visited with their existing care workers to understand their needs before providing their care. One person said, "Before a new person does my care, they always come with someone else so they can see what I need doing."
- Staff had an induction when they started working for the service, which included a mix of face-to-face and online training. Staff told us their induction had prepared them well for their roles. One member of staff said, "The induction was helpful to me as it equipped me with all I needed for the role, as domiciliary care was new to me."
- Staff had access to refresher training in key areas and completed the Care Certificate, a nationally recognised set of standards developed for the health and care support workforce. Staff were confident the training they received equipped them well to provide people's care. One member of staff said, "I've had all the training needed to meet people's needs, from the Care Certificate to moving and handling, using the hoist, medication administration, and all the rest."
- Staff met with their managers for supervision, which provided opportunities to discuss their roles and any support they needed. One member of staff told us, "Supervision is used to provide guidance, support, and also to monitor us in our work."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Assessments considered areas including healthcare, mobility, continence, skin integrity and any protected characteristics under the Equalities Act 2010.
- Relatives told us they and their family members had been encouraged to contribute to their assessments and that their views had been listened to. A relative said, "I felt really listened to by [registered manager] when she came to do the assessment. I found it reassuring that she wanted to know what was important to us."
- Staff told us they received information about people's needs before they began to support them, and guidance about how to provide their care safely and effectively. One member of staff said, "There is always a care assessment and a care plan for the client, which we must go through and understand it well."

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

- Staff were observant of any changes in people's healthcare needs. Relatives said staff highlighted any

concerns they had, which enabled relatives to obtain advice and input from healthcare professionals. One relative told us, "They spotted [family member's] skin was getting red, they alerted me about that. They said he is getting sore and you need to get hold of the district nurses. We have now got a pressure mattress and a profiling bed. His skin is now a lot better." Another relative said, "They pointed out a sore patch on [family member's] shoulder to me. I was not aware of it, so I was very grateful for that, and they told me when her feet needed attention. They always let me know if they have noticed a change."

- Healthcare professionals told us staff worked well with them to ensure people's needs were met. They said staff implemented any guidance they put in place and provided feedback about whether this was proving effective.

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

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted. Relatives told us staff encouraged their family members to make choices about what they ate. One relative said, "They take the trouble to cook for [family member], fresh things rather than something out of a packet; something like a boiled egg."
- Staff supported people to maintain adequate nutrition and hydration. One relative told us their family member had lost a significant amount of weight as their appetite had decreased. The relative said of staff, "They know [family member] has lost a lot of weight and they do encourage him to eat, as he can be reluctant."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights under the MCA were respected. Staff received training in the MCA and understood how the principles of the Act applied in their work. People told us staff asked for their consent before providing their care on a day-to-day basis. One person said, "They will always ask me before they do anything."
- At the time of the inspection, none of the people being supported by the service a Court of Protection order in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection in which we assessed this key question, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person said of staff, "They are all very friendly, very caring." Relatives confirmed the staff who cared for their family members were kind and considerate. One relative told us, "We are happy with them. They are all nice people. The one we have at night is absolutely excellent."
- Relatives praised the attitude and approach of the staff who supported their family members. One relative said, "They have a positive demeanour and a positive attitude. Nothing is too much trouble for them." Another relative told us, "They are very positive in their approach."
- Relatives told us they and their family members had developed positive relationships with their care workers. One relative said, "[Care worker] has a good rapport with [family member]. She knows her so well." Another relative told us, "We are quite friendly with them after all this time. We have developed a good relationship with them."
- People told us they saw the same staff regularly, which they said was important to them. One person told us, "It has been very consistent. I see about 5 carers but there is 1 that comes more than anyone else."
- Relatives confirmed their family members received consistent care from regular staff. One relative told us, "[Family member] needs the consistency and they provide that. She has the same person 5 days a week. If [care worker] is on holiday and they send somebody else, it is always someone that has supported [family member] before."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff listened to and respected people's views about their care. People told us they saw the same care workers regularly, which meant staff understood their needs and preferences.
- Relatives said staff treated their family members with respect and maintained their dignity. One relative told us, "They are very good with [family member] dignity. When they have a chat with him, they do not treat him like a child, they talk to him as a normal human being. And they seem to appreciate they are coming into people's homes; they are very respectful of that."
- People told us staff respected their privacy. One person said, "They are all very respectful of what I would like as far as modesty is concerned. They have been very good like that." Relatives confirmed staff maintained their family members' dignity when providing their care. One relative told us, "They are respectful of [family member's] privacy. They shut the door when he is being changed and they make sure he is covered up when they are taking him to the bathroom."
- Relatives said staff supported their relatives to be as independent as possible. One relative told us a

member of staff supported their family member to participate as much as possible in the activities they attended at a day centre. The relative told us, "If they are cooking, [care worker] will get [family member] to hold the spoon and help her stir, or [family member] will hold the bowl on her lap and [care worker] will do the stirring. Another relative said, "They care about the independence aspect. They get [family member] out of the chair and get her moving. They were keen to get her walking from the moment they arrived."

Is the service responsive?

Our findings

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

At the last inspection in which we assessed this key question, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individualised and person-centred. They outlined the support people needed at each visit and how they preferred their care to be provided. Staff had access to people's care plans via an application on their phones.
- Staff told us care plans contained the information they needed to provide care that met people's needs and preferences. One member of staff said, "Information about the service users is always provided in the care plan, which enables us to know how best to care for them."
- People told us the service had been responsive to any requests they made for changes. One person said, "If I need them to come early, if I have a hospital appointment or something, they will always do their best to accommodate me. That has been very helpful. They have been very willing on that score."
- Relatives confirmed their family members received a service which was flexible and responsive to their needs. One relative said, "They always do their best to accommodate any requests for changes. They are very responsive." Another relative told us, "We mentioned it would be better if the lunchtime call was later, which they responded to. They are pretty flexible."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were discussed during their initial assessments. Any needs identified were documented in people's care plans. Staff attended communication training and people told us their care workers understood their individual communication needs.
- Relatives also said staff understood their family members' communication needs well. One relative told us their family member did not use speech to communicate but indicated their wishes through facial expressions and hand gestures. The relative said their family member's regular care worker had gained a good understanding of their family member's communication methods, telling us, "You know by [family member's] expressions. If she wants to be left alone, she will push her hand away. If she wants your attention, she will grab your hand. Once you know her, you know her ways. [Care worker] is very good like that. She really does understand [family member]."
- The provider information return confirmed important information, including the complaints procedure could be made available in accessible formats, such as large print.

End of life care and support

- People had the opportunity during their initial assessment to record the care they wished to receive towards the end of their lives. If people chose not to discuss this aspect of their care, the provider respected this.
- No one using the service was receiving end of life care at the time of our inspection. The service had access to support and advice from specialist healthcare professionals in the provision of end of life care if necessary.

Improving care quality in response to complaints or concerns

- The provider had a written procedure which set out how any complaints received would be managed. Records demonstrated that any complaints received had been managed in line with this procedure, including investigating the concerns raised and responding to the complainant.
- People who had complained or raised concerns told us they were happy with the provider's response and said action had been taken to improve. One relative told us they had complained once about lateness when a care worker arrived at 11am for a 9am visit. The relative said, "[Registered manager] said I promise it won't happen again, and it hasn't." Another relative told us, "Once they left [family member's] tablets on the table without seeing her take them. I rang them and told them about that. They apologised and it has not happened again."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to effectively assess, monitor, and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, some people told us the service did not communicate effectively with them, for example if staff were going to be late for their call, or if a different care worker would be visiting them.
- At this inspection, people told us communication from the service was good. One person said, "If they are going to be late, they phone, which is very helpful." A relative told us, "If they are running late, they call and let us know."
- Relatives said they could always contact the office team if they needed to, and told us the office team kept them updated about their family members' wellbeing. One relative said, "The communication is very good. [Registered manager] contacts me if there is anything I need to be aware of. She is very responsive if we call her. If she is not available, she always calls back."
- Relatives said care staff and the office team worked well as a team to ensure people received a consistent, reliable service. One relative told us, "The management and the carers seem to communicate well between themselves; you don't get mixed messages."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People receiving care and their relatives said the office team contacted them to ask for feedback. One person told us, "They ring me up to ask how things are going and I always tell them I am happy." A relative said, "They send us a survey to fill in every now and again."
- One relative told us the service worked in partnership with their family in providing their family member's care. The relative said, "If they have got any concerns, they discuss them with us; we are all part of a team. I could not keep [family member] at home without them."
- Staff told us they received good support from the office team. They said their managers were available for support and advice when they needed this. One member of staff told us, "Ever since I started working here, I

have gotten all the support I need from my line manager and the management team. The one thing I enjoy about Morecare is that they treat us like family. Everybody works together as a team."

- Staff felt able to raise concerns with managers without fear of what might happen as a result. They told us they were able to speak up about any concerns or suggestions they had and said the office team were responsive to their feedback. One member of staff told us, "I can speak up if I have suggestions or concerns, the management is very receptive to any ideas."
- Team meetings took place regularly, which staff said were useful opportunities to discuss their work and any issues they encountered. One member of staff told us, "Staff meetings take place monthly either via Zoom or physical meetings and they are mostly to ask how we are doing at our assignments, how our clients are doing, and to find out if we are having any issues. It's an open meeting where we share our experiences and we get advice from our line managers on how to better deal with those situations."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if concerns were raised. When necessary, notifications of significant events had been submitted to CQC and the local authority.
- There were systems in place to monitor the quality and safety of the service. This included regular audits of key areas of the service and spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.

Working in partnership with others

- The service had established effective working relationships with other professionals involved in people's care, such as GPs and district nurses. The professionals we spoke with told us the service worked well with them to ensure people received the care they needed.