

Morecare Limited

Morecare at Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 23 May 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived.

At our previous inspection on the 15 April 2015 the provider was meeting the regulations that we checked but we found that improvements were needed. This was because there were no recorded audits in place to regularly assess, monitor and improve the quality of care. At this inspection we found that recorded audits were in place to monitor the service and drive improvement. However further improvements were needed to ensure people's human rights were protected.

Morecare at Home provides personal care to people in their own homes. At the time of our inspection a total of 73 people were using the service, of these 55 people were in receipt of personal care support.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Where people needed support to make decisions, their capacity had not been assessed to ensure that it was clear why they could not make specific decisions. Consideration had not been made where people may be deprived of their liberty to ensure their human rights were upheld.

People received their calls as agreed and from a consistent staff team. People were protected from abuse as staff understood what constituted abuse or poor practice and their role in reporting concerns. Checks on staff were done before they started work to ensure they were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed.

People were supported by staff that received training to develop their skills and safely support the people they worked with. Staff were provided with supervision by the management team to monitor their conduct and support their professional development. When needed, people were supported to maintain their dietary requirements and preferences and to access healthcare services.

People felt that staff were kind and caring. People confirmed that the staff treated them with respect and ensured their privacy and dignity was upheld. The provider sought the opinions of people and their representatives to bring about improvements. People knew how to complain and we saw when complaints were made these were addressed. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement. The provider understood their responsibilities around registration with us.

We found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff that understood how to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were in place. The provider checked staff's suitability to work with people before they commenced employment. People were supported to take their medicines and there were sufficient staff to support them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People were able to make decisions about their care although where they lacked capacity to make specific decisions, assessments had not been undertaken. Where people were restricted of their liberty, applications to ensure this was lawful had not been made and it was not clear who had legal consent to make decisions on another person's behalf. Staff received training to deliver care and support to people. People were supported to have enough to eat and drink and people's health care needs were monitored.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence. People were treated with respect and their dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

The support people received was tailored to meet their

individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led

Quality assurance systems were in place to identify where improvements were needed. The registered manager and management team were available for staff and supported them to provide effective care. People were encouraged to share their opinion about the quality of the service.

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 visit took place on 23 May 2017 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak with people who used the service and their relatives as part of this inspection. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to formulate our inspection plan.

We spoke with three people who used the service and four relatives. We spoke with five care staff, the registered manager, the deputy manager, one of the care coordinators, the training coordinator and the business and administration manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People we spoke with confirmed they or their relatives felt safe with the staff who supported them. One person told us, "I'm happy, all of the staff that come to me are really nice, very polite and friendly." A person's representative told us, "Because of Morecare at Home [Name] is safe and able to carry on living at home. With us and Morecare they have a good support network in place that enables them to stay at home safely." Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I have reported a concern to the office today and they are contacting safeguarding to inform them. If I have any concerns I don't hesitate and they are very good here at following things through. I know we can report to the local authority or CQC but I have never needed to do that here." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We have safeguarding and whistle blowing training." Whistle blowing is the process for staff to raise concerns about poor practices. The management team demonstrated that they understood what incidents needed to be shared with the local authority safeguarding adult's team and confirmed we would be notified of these events.

People confirmed that the staff ensured their safety was maintained when they supported them. One person told us, "They make sure I'm safe when they help, without their help I wouldn't manage on my own." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people, such as on the equipment needed to support them to move safely and on their home environment. This showed us that risks were managed to keep people who used the service and staff safe. Staff spoken with knew about people's individual risks and explained the actions they took to keep people safe, this included any specialist equipment that was used for individual people.

Support plans instructed staff to ensure that life lines were on and accessible for people, this was to ensure that people could summon help in an emergency situation, for example if they had a fall. People confirmed that staff reminded them to wear their life lines. One person told us, "Before the staff leave they always check I've got my lifeline."

We saw that the care provided was dependent on the level of support each person required. People and their relatives confirmed staff were available to support them as agreed and told us that staff usually arrived within the agreed time frame for their visit. One person said, "They turn up on time. It's very rare they are late and they would let me know." People confirmed they were supported by a consistent staff team. One relative told us, "They are absolutely brilliant. [Name] has the same carers for three visits; they have developed a really good bond."

Staff confirmed they had access to support from senior staff. A member of staff told us "The office staff are really supportive and there is an on call out of office hours, so we always have support if we need it." People who used the service told us they knew how to contact the office and confirmed that the contact number

was in the documentation they had been given.

Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people told us they received support to take their medicines as prescribed, and in the way they preferred. A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed they had undertaken medicine training and this included two monthly observations of medicines administration. For those people who required support, a MAR was kept in their home which was sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Capacity assessments and best interest decisions were not in place for people that lacked capacity to make decisions for themselves. The deputy manager told us the management team had not undertaken any capacity assessments but confirmed they were aware that some people lacked capacity. We identified from discussions with staff that one person who was living with dementia was potentially being deprived of their liberty. This was because they had restrictions placed on them as they were unable to leave their property independently. There was an arrangement in place to ensure the property was secure when this person was alone. However, the local authority had not been contacted to discuss if an application to the Court of Protection was required. Where people living in their own home may be deprived of their liberty, applications should be made to the Court of Protection, to ensure that decisions are made lawfully in their best interests.

Some people had information in their support plans that stated they had granted Lasting Power of Attorney (LPOA) to another named person. However this information did not confirm if the LPOA was for the person's care and welfare or for their finances. There was no evidence of this authorisation in the person's records. We discussed this with the management team, as this should be in place to show when another person has the legal powers to act on another person's behalf and what these legal powers allow them to do.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received information from the provider regarding the action they had taken to address the issues raised. We will look at this at our next inspection.

Care staff we spoke with understood the principles of the MCA and their responsibilities for supporting people to make their own decisions. The staff knew about people's individual capacity to make decisions and understood their responsibility to ensure people were supported to make their own decisions whenever possible. One member of staff told us, "Sometimes it's about showing people their meal choices rather than just asking them." Another person told us, "We can't force people to do anything but if someone refuses support we would do the best we could to encourage them and report back to the office." Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. We saw that where people had capacity, they had signed their care plans to demonstrate their consent.

People confirmed that they were happy with the support they received from staff and confirmed the staff had the necessary skills and training to meet their needs. Staff told us and we saw that they received training. One member of staff said, "The training is very good and we get updates as well. We are tested on what we've learnt to make sure we have understood."

People were cared for by staff that were supported to fulfil their role. Staff told us the support they received from the management team was good. One said, "We get supervision and spot checks but we can contact the office anytime they are all really supportive and approachable." The staff files we saw had evidence that staff received supervision on a regular basis, this included spot checks on their work and meetings with members of the management team.

Some people we spoke with were supported with meals and told us they were happy with how this was done. We saw people's specific preferences and diets were recorded in their care plans, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed. For example it had been identified that one person would forget to eat their meal without staff prompting them. One member of staff said, "Once they start eating they will carry on but we have to stay with them until they start or they will forget. Whoever is with them when they start eating records how much they've had and then the next person will check that they finished their meal and record this. That way we can monitor what they've eaten." This showed us people were supported to maintain a healthy diet.

People confirmed that staff noticed if they were unwell. One relative told us, "If the carers have any worries about [Name] they let the office know and then the office staff ring us. They are very good; they wouldn't leave [Name] alone if they needed urgent help." One member of staff told us, "If someone needs emergency support you can press the person's lifeline as it's registered to them so it's a lot quicker to get the paramedics out to them." We saw that the management team liaised with other health care professionals to ensure people had the equipment they needed to keep them safe and promote their independence.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "They are all so very nice, lovely people. They will sit and have a chat and a cuppa with me." A relative told us, "They are all so good to [Name] and so professional I can't fault them."

Discussions with staff demonstrated that they knew people well; which enabled them to support people effectively. For example one member of staff told us about the innovative way they supported a person living with dementia to maintain their personal care needs. They told us, "It can be quite difficult to get them to agree to help but it can be done you just need to be a bit creative. I have suggested we wash a soft toy they like and they enjoy doing that. Then when the toy is clean I suggest the person has a wash too, so that they don't get the toy dirty. It works quite well."

People told us that staff were respectful towards them and supported them to maintain their dignity. One person said, "They make sure the curtains are drawn when they are helping me. I never feel embarrassed they are very professional."

People were supported and encouraged to maintain their independence. One person said, "The staff know what I can do for myself and what I need help with." A relative told us, "[Name] is very independent and the staff respect that, they never try and take over. Everything is done at [Name's] pace; they aren't rushed by the staff." One member of staff told us, "I always encourage people to do as much as they can for themselves." Another member of staff said, "We don't want to de- skill anyone, it's important that they do what they can for themselves."

People confirmed they were asked for their preference in staff gender for providing personal care and confirmed this was respected. One person told us, "I only have female staff; they asked me my preference when I started using Morecare." Another person told us, "I was asked and told them I only wanted female staff for personal care, which I get, so I am happy with that."

Is the service responsive?

Our findings

Staff supported people with a variety of tasks such as personal care support, support with meals and taking their medicine. People told us that the staff understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "They definitely know what help I need and they do things how I like them done." A relative said, "The staff know how [Name] likes things done and they respect that. They are all very capable."

Discussions with people confirmed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One relative told us, "We have had a couple of meetings so far to check everything is going ok." Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "We keep logs of the support provided and if we identify any changes or concerns we would let the office know."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "If I had any problems I would ring the office, they are all very approachable." Another person said, "Whenever I ring they always know who I am and are very helpful." A complaints procedure was in place and this was included in the information given to people when they started using the service. One person confirmed, "The complaints information is in the folder." We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

At our last inspection there were no recorded audits in place to regularly assess, monitor and improve the quality of care. At this visit we saw the provider had recorded audits in place to monitor the quality of the service and in general areas for improvement were identified and actions taken as needed. We did identify that one person's care plan did not accurately reflect the support they received from the staff team. However the staff we spoke with had a good understanding of this person's needs and how to support them. The deputy manager confirmed that this person's care records would be updated to reflect their current support needs.

Weekly meetings were held with the management team to discuss any issues or changes in service provision. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided. Meetings for care staff were held as needed to address any shortfalls in service. For example we saw that a meeting had been held at the beginning of May for staff that covered particular calls. This was to address issues raised regarding infection control practices and an action plan was in place for staff to work to.

A registered manager was in post. People and their relatives told us that they felt the service was managed well and told us they found the registered manager and office staff approachable. One relative said, "They are all very friendly and keep me updated if there are any changes to [Name's] care."

We saw that people were encouraged to express their views through satisfaction questionnaires, review meetings and telephone reviews. We saw the management team reviewed people's responses to ensure any improvements required could be identified and action taken as needed. We looked at the results of the last audit completed in November 2016 and saw that the majority of people were happy with the support received from the service. Where improvements were identified these had been addressed. For example some people stated they had not received up to date information regarding the services provided. Following this audit, new service user guides were sent out to people to ensure the information they had was up to date.

Staff confirmed they were happy with the support they received from the management team. We saw that a training plan was in place and this was ongoing along with staff supervisions and checks on the care they provided. This supported staff in their professional development and enabled the management team to monitor staff conduct.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office and on their website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Capacity assessments and best interest decisions were not in place where people lacked capacity to make specific decisions. Where people living in their own home may be deprived of their liberty, applications to the Court of Protection had not been considered: to ensure that decisions were made lawfully and in the person's their best interests. Where another person was recorded as having has the legal powers to act on behalf of a person using the service, a copy of this authorisation was not in place to evidence that this had been legally authorised.</p>