

Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

Inspection report

Leah Manning Centre
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Harlow
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 September 2016.

Manorcourt Homecare provides a domiciliary support service to enable predominantly older people to continue living at home. When we inspected the service provided support with personal care to 135 people living at home in and around the Harlow area.

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

People were supported in their own home by staff that were able to meet their needs safely. Staff were able to demonstrate that they understood what was required of them to provide people with the safe support they needed to remain living independently in their local community.

People were protected from the risks associated with the recruitment of staff unsuited to the role by the provider's recruitment procedures. Comprehensive risk assessments were also in place to reduce and manage the risks to people's health and welfare. There were sufficient numbers of staff employed to meet people's assessed needs.

People benefited from a service that was appropriately managed so that people received their service in a timely and reliable way. The service was well-led, with quality assurance systems in place so that people were assured of receiving a service that was appropriately and conscientiously monitored by senior staff. People also benefitted from receiving personal care and support from trained staff that were caring, friendly, and responsive to people's changing needs. People's right to make day-to-day choices about how they preferred their care and support to be provided was respected and this was reflected in their agreed care plans.

People had the guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

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 protected from unsafe support and care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual.

People received staff support from competent staff that had been appropriately recruited and trained.

People benefitted from receiving support and care from staff that were mindful of their responsibilities to safeguard them from harm.

Is the service effective?

Good ●

The service was effective.

People received a reliable service. There were contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity to make decisions had to be taken into account and acted upon.

Is the service caring?

Good ●

The service was caring.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

People benefitted from receiving support from staff that respected their individuality.

People's dignity was assured when they received support and

their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

People's care plans were person centred to reflect their individuality and personal care needs.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from receiving a service that was well organised on a day-to-day basis as well as long term.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Manorcourt Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out by an inspector on 30 September 2016. The provider was given 48hrs notice of our inspection visit because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service. The provider 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During this inspection we visited the provider's office located in the Leah Manning Centre in Harlow. We looked at the care and support records of six people using the service and four records in relation to staff recruitment and training. We also looked at records related to the quality monitoring of the service, such as the survey questionnaires sent out by the provider and returned by people using the service. We spoke with the registered manager about the day-to-day management of the service. We also met and spoke with three of the care staff team about their role and the training and support they received to enable them to do their job. We spoke with five people on the telephone and with their prior agreement we also visited three people at home to ask them about their experience of using the service.

Is the service safe?

Our findings

People's needs were safely met. The registered manager ensured that staffing levels were consistently maintained to meet the assessed needs of each person that received a service. One person said, "Just knowing they [staff] are coming makes me feel I'm safe. They never let me down." There were contingency scheduling arrangements in place to take account of holiday leave as well as unexpected support staff absences due to sickness. One person said, "If they [staff] are going to be late they let me know so I don't think I've been forgotten."

People were protected from unsafe care. People had detailed care plans kept at their home, with copies kept up-to-date at the agency office at the Leah Manning Centre in Harlow. Care plans provided staff with the guidance and information they needed to provide people with safe care.

There was up-to-date information about people's specific care needs and how their service was to be provided. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. Care plans contained a comprehensive assessment of the person's personal care needs, including details of any associated risks to their safety that their assessment had highlighted such as the risk of falling because of impaired mobility.

There were policies and procedures in place with regard to the safe administration of medicines, for example with regard to prompting people to take their prescribed medicines.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions and references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited staff 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service. One member of staff said, "[Senior staff] also care about our safety as well when we are out there working on our own." There were environmental risk assessments that gave staff information about potential hazards they had to be mindful of when going about their duties, such as uneven pathways or poor street lighting on their route.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

Is the service effective?

Our findings

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job and provide people with personal care. People received care and support from staff that had acquired the experiential skills as well training they needed to care for people living in their own home. One person said, "They [staff] always know what to do when they come here [to the person's home]. They [staff] always take a look at the 'book' [care plan] just in case something has changed that I might forget to tell them about."

Staff had a good understanding of people's needs and the individual care and support they needed to enhance their quality of life. Staff worked with each individual to support and care for them in a way that encouraged them to retain their sense of independence. One person said, "I try to do what I can and they [staff] are ever so patient with me. They never 'rush' me along or make me feel I'm slowing them up. I'm sure I do but they [staff] always make sure there's nothing else I want them to do before they leave."

Newly recruited staff had received a thorough induction that prepared them for working with people. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their role. One staff member said, "There was lots of support for me when I started the job and they [senior staff] made sure I knew what I was doing before I went on the rota to do the job on my own."

People's needs were met by staff that were effectively supervised. Staff had their work performance regularly appraised at regular intervals throughout the year by senior staff. Staff said that the registered manager and other senior staff were readily approachable for advice and guidance at all other times.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in supporting people that may lack capacity to make some decisions for themselves. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005). 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.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated in a dignified way. The people we spoke with said that staff never gossiped about other people they supported at home. One person said, "They [staff] are ever so kind and they never make me feel embarrassed when they help me. I think they [staff] have a 'lovely' way with them. I look forward to them coming."

People's individuality was respected by staff that directed their attention to the person they engaged with. People said staff always used their preferred name when conversing with them and their manner was respectful.

People said staff were familiar with and acted upon their daily routines and preferences for the way they liked to have their care and support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support. People were supported to do things at their own pace and the people we spoke with took a pride in sustaining their independence and being able to continue to live in their own home. One member of staff said, "It's important to people that you always take time to put them at ease. Just explaining what you are doing goes a long way, and getting them [the person] involved in doing what they can is really important. Some people start off hating the idea of having a stranger coming into their house to help them have a wash but if you do your job properly you can make them feel better about accepting a bit of help when they most need it."

People received the information they needed about their agreed service and what to expect from staff. This information was provided verbally and in writing. It included appropriate agency office contact numbers for people to telephone if they had any queries or were worried about anything.

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to being offered a service in their own home. People's personal care needs, their family support, as well as how they managed on a day-to-day basis were taken into consideration when their care plan was agreed with them or, if appropriate, a relative acting in the person's best interest.

People's care plans contained information about their likes and dislikes as well as their personal care needs and provided support staff with the guidance they needed to adapt to changing circumstances. There was comprehensive information in people's care plans about what they were capable of doing for themselves and the support they needed to be able to put this into practice. People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support.

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There were options available to people if they were still dissatisfied with the service and information was available relating to the role of the Care Quality Commission (CQC) as well as the Local Authority and Ombudsman with regard to complaints.

Is the service well-led?

Our findings

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's suggestions for improvements to the service were listened to and acted upon as necessary.

People were assured of receiving support in their own home that was competently managed on a daily basis. The registered manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager or from any of the senior care staff in the team. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

People's care records were fit for purpose and the formats for recording information and setting out guidance was regularly reviewed by the registered manager and other senior staff. Care records accurately reflected the daily as well as long term care and support people received. Records relating to staff recruitment and training were also fit for purpose. They were kept up-to-date and reflected the training and supervision staff had received. Records were securely stored at the service office at the agency office in Harlow.

Policies and procedures to guide staff in good practices were in place and had been routinely updated when required.