

Moorcare Devon Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Moorcare Devon Ltd is a domiciliary care service providing the regulated activity of personal care. This service provides care and support to people living in several 'supported living' settings, so that people can live as independently as possible. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care service. The service provided personal care to 24 people at the time of the inspection.

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

People told us they felt safe and were happy with the care and support they received. They told us their care was delivered by caring and consistent staff. Management and staff understood how to protect people from the risk of harm or abuse. People and staff told us there was enough staff to meet people's needs. Safe recruitment processes were in place and staff received an induction and training as well as competency checks to ensure people received safe care. Infection prevention and control routines were in place to reduce people's risk of infection.

We have made a recommendation about 'as required' medicines.

Staff provided people with support which reflected their needs and risks. 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.

The registered manager and staff team were clear about their roles and responsibilities. Systems were in place to monitor the quality and safety of the service. People's views about the service were sought and listened to. Everyone said the management team were approachable and supportive.

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

Rating at last inspection

The last rating for this service was good (published 5 December 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Moorcare Devon Ltd on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moorcare Devon Limited

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

This inspection was carried out by 1 inspector, an assistant inspector and 2 Expert by Experiences who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing such as Supported Living. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We visited 4 people who used the service and spoke with 6 people and 5 relatives by telephone. We spoke with 5 members of staff as well as the registered manager. We contacted 5 health and social care professionals for their feedback. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring audits were viewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The reason I feel safe is they are regular carers, and we have a good routine, they wouldn't let me do anything unsafe".
- Staff understood how to protect people from the risk of avoidable harm because staff knew people well and understood the actions to take to protect people from abuse.
- Staff received training on how to recognise and report safeguarding concerns. One member of staff said, "You would need to inform the office straightaway and if the office is not available, you would have the phone number of the social worker or the hotline for safeguarding."
- The registered manager ensured the required authorities were notified if a concern about a person's safety had been raised. These concerns were investigated thoroughly to help identify the cause and to reduce the risk of any incident happening again.

Assessing risk, safety monitoring and management

- Individual risks to people had been identified and care and risk assessments were in place to provide guidance for staff to follow. Risks to people were kept under regular review. Any changes in a person's needs were implemented in their care plan and risk assessment.
- Staff were aware of the risks and knew what to do to keep people safe. For example, in relation to moving and handling equipment or an individual's dietary requirements.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff received training to ensure they understood the principles of the MCA. One member of staff confirmed their understanding and said, "You always should assume [people] have capacity. You may not always think they are making the right decisions, but it is up to them, and you can try and guide people but in the end it is their decision."

Staffing and recruitment

- People and staff told us they felt the numbers, knowledge and skills of staff complemented the needs of the people using the service. One person said, "It's a small agency, and they have staff that have been with them for many years, which I always think is a good sign."
- We saw the service had a sufficient and consistent staff group to support the people they cared for. This included people taking part in activities and visits when they wanted.
- Staff told us they were willing to work flexibly to support the people using the service and to ensure people led an active and fulfilling life.
- Staff recruitment and induction training processes promoted safety. Appropriate checks were carried out to assess an applicant's suitability for employment, this included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine administration records were clear and accurate and, procedures were available to all staff.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). However, guidance to help staff make consistent, person-centred decisions about when a PRN medicine might be needed, particularly where people were unable to communicate their needs was not in place.

Recommendation: We recommend the provider refers to current guidance for 'as required' medicines.

- Staff had received training to administer medicines. One member of staff commented, "We do the training on medication, and we administer medication if it is in the care plans. Some clients self-administer but you would then always check if they have taken it. Medication is part of the spot checks."
- Regular auditing was completed to ensure people received their medicines as prescribed and staff were given clear feedback about the actions, they needed to take to improve the management of people's medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents and these were checked by the registered manager. Any trends or themes identified were actioned quickly to prevent reoccurrence.

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 good. The rating for this key question has remained 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

- The registered manager promoted a positive culture and encouraged feedback about all aspects of care provision.
- There was a consistent staff team who worked closely together. This resulted in safe, effective, and responsive care being delivered to people.
- Staff told us morale within the service was good and they felt valued and listened to by the provider and management team. One member of staff said, "It is a pleasurable job the staff are lovely, and everyone works as a good team and are there for each other and the clients."

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 role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- The registered manager understood their requirements to notify CQC of all incidents of concern such as, serious injuries and safeguarding alerts.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality monitoring systems were in place to provide an oversight of the service. For example, there were checks of care records, medicine administration, training and infection control.
- There was a clear management structure in place with clear lines of accountability. The registered manager was open and committed to making a difference to the lives of people using the service.
- Staff we spoke with understood their roles and responsibilities. One member of staff said, "All the care plans state what you need to know and have been easy to understand. They give you a lot of details."
- The management team had regular contact with people and or their relatives to ensure people using the service received good care and support. One relative commented, "What is good is that I have access to the App that the carers use, so I can see everything that has been going on. It's reassuring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team sought feedback from people and those people important to them to continually develop the quality of the service. People told us they were involved in the planning and review of their care

and support.

- People and relatives told us they knew how to complain if they needed too. We saw complaints had been reviewed and actions taken to avoid re occurrence.
- Staff told us they were supported, and the registered manager was approachable. Staff attended supervisions and meetings so that they could share their views. They felt involved with the company and the care people received.

Working in partnership with others; Continuous learning and improving care

- Staff worked closely with other professionals. They worked in partnership with key organisations to support care provision, service development and joined-up care. One healthcare professional said, "I always find Moorcare very approachable and professional as a provider. I think we have strong relationships with Moorcare as an agency and they always give us feedback if they feel someone's needs are changing."