

Mooncare Limited

Mooncare Limited (Domiciliary Agency)

Inspection report

Alpha Grove Community Centre
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Ratings

Overall rating for this service

Good ●

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

About the service

Mooncare is a domiciliary care service providing personal care to five people at the time of the inspection. The service provided care for people with learning disabilities, but was also available for people with other needs. Not everyone who used the service received personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider assessed the risks to people's health and safety and had clear, written risk management guidelines in place. People were safeguarded from the risk of abuse as care workers had received training in how to recognise this and knew what to do if they suspected someone was being abused. Care workers had received infection control training and demonstrated an understanding of good practice. The provider was not supporting anyone with their medicines, but did have an appropriate medicines administration policy and procedure in place if they were required to do this in the future. The provider had a clear accident and incident policy and procedure in place, but there had not been any accidents since the last inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported appropriate practice, but were not being followed.

The provider was not always meeting the requirements of the Mental Capacity Act 2005 as they were not completing mental capacity assessments to determine whether people were able to consent to their care. People's care was not always given in line with current standards as the provider was not meeting the requirements of the MCA 2005, but was meeting appropriate standards in other areas.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People's care plans did not always contain enough information about their likes and dislikes in relation to food, but the manager told us she would update these. However, despite the lack of written recording in this area, care workers demonstrated they knew people well and understood their preferences. Care workers

received appropriate support in the form of an induction, training, supervisions and annual appraisals to conduct their roles effectively.

People spoke positively about their care workers and told us they had a good relationship. People's care records contained a sufficient amount of information about their religious and cultural needs. Care workers showed people respect and protected their dignity.

At the time of our inspection, the provider was not supporting anyone with their end of life care needs. However, the provider written details about people's needs in the event of a sudden death. The provider supported people appropriately with their recreational needs and communication needs. There was a suitable complaints policy and procedure in place.

The provider had good processes for monitoring the quality of the service. The registered manager understood her duty of candour responsibilities, as well as her responsibilities in relation to the service, but was not clear about her responsibility to conduct mental capacity assessments. The provider worked effectively with other professionals.

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 'requires improvement' (published 9 July 2018) and there were three breaches of regulations. 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 was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always 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.

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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 Care Act 2014.

Inspection team

The service was inspected by one inspector.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 9 July 2019 and ended on 21 August 2019. We visited the office location on 10 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with two relatives of people who use the service about their experience of the care provided. We were not able to speak with people using the service as they were not able to communicate with us. We spoke with two care workers, the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including quality assurance records.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and reviewed policies and procedures. We communicated with one professional who visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our previous inspection we found the provider had not always ensured risks to people's safety were identified and properly mitigated. At the inspection we found the provider had clear and personalised risk assessments in place which related to the specific risks to people's health and safety along with clear guidelines for care workers in how to manage these. We saw examples of risk assessments relating to, for example, people's moving and handling needs, their risk of travelling on public transport and of cooking.
- Risks had been assessed to people's home environments along with any equipment they used. We saw records of checks of people's equipment had been conducted this year and the date of the next check was also included.
- Care workers demonstrated a good understanding of the risks involved in people's care as well as preliminary checks they conducted before using their equipment.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt safe in the presence of their care workers. One relative told us "I feel [my family member] is safe around them."
- Records showed that care workers had received annual safeguarding training and care workers we spoke with demonstrated a good understanding of their responsibilities. One care worker told us "We have to think about the different types of abuse and report anything unusual straight away."
- The provider had an appropriate safeguarding policy and procedure in place. This stipulated the responsibilities of staff to report and investigate concerns.

Learning lessons when things go wrong

- The provider had a clear process in place for the reporting and investigation of accidents and incidents, which care workers were aware of. One care worker told us "We must always report anything that goes wrong." Records indicated that there had been no accidents or incidents since the last inspection, but a review of those that had occurred before this date indicated that appropriate investigations had taken place.
- The provider had an appropriate accident and incident policy and procedure in place and this detailed the provider's responsibilities as well as care workers' responsibilities.

Using medicines safely

- At the time of our inspection, the provider was not supporting anyone with their medicines. However, the registered manager told us if they were required to provide this support at a later stage she would ensure only those with the appropriate training would assist people.

- The provider had a clear medicines administration policy and procedure in place. This included details of the provider's responsibilities to keep accurate records.

Staffing and recruitment

- The provider ensured there were a suitable number of staff providing people with support as people's needs were appropriately assessed and they were provided with the number of staff to match their needs. For example, we saw one person was receiving one to one support when in the community and another person was supported by two care workers when out in the community. People and their relatives told us care workers had enough time to carry out their roles and they felt they were enough staff employed to provide their relative with care.
- We reviewed a sample of care workers' rotas and found these indicated that care staff had enough time to do their work.
- We reviewed three staff files and found appropriate pre- employment checks were being conducted before staff were hired to work with people. Checks included people's right to work in the UK, their career histories, two references as well as criminal record checks.

Preventing and controlling infection

- Care workers demonstrated a good understanding about how to provide people with safe and hygienic care. They gave us examples of how they maintained hygiene and this included using Personal Protective Equipment (PPE) as well as regular hand washing.
- Records indicated that care workers had received infection control training and there was an appropriate policy in place.

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 this key question was rated as 'requires improvement'. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- At our previous inspection we found people's care and support plans did not show the provider consistently operated in accordance with the MCA, as care staff did not have clear information as to whether relatives had the legal authority to make decisions about people's care and support. At this inspection we found the provider was still not fully meeting the requirements of the MCA.
- We found two people's relatives had signed consent forms in relation to their care, however, there were no associated mental capacity assessments in place which demonstrated whether or not people had capacity to consent to their care needs. We spoke with the registered manager and she told us that she was not aware that it was her responsibility to conduct these assessments. The registered manager had sought advice in this area, but was not clear about her responsibilities. She had developed a new consent form that was an improvement to their previous practice, but did not fully address the issues that had previously been identified.
- People's relatives told us their family members consented to their care and were happy with the care workers. Decisions to provide care had been made in conjunction with people's relatives and in their best interest. However, the registered manager agreed to conduct mental capacity assessments as soon as possible after the inspection to ensure that people were receiving care in line with their valid consent. She emailed us shortly after the inspection to confirm they were in the process of doing so.

Supporting people to live healthier lives, access healthcare services and support

- People were supported appropriately with their healthcare needs. We saw people's care plans contained information about their health conditions as well as how they manifested, along with other relevant information. We read that two people exhibited particularly challenging behaviours as a result of their

health conditions and we saw their care plans included details about triggers and how care workers should respond to these.

- People care plans also included information about how the provider could support them to be healthier. This included advice about diet and exercise. Care workers had a good level of knowledge about people's health conditions, how they presented and how they could respond to these.

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

- The provider assessed people's needs and choices and recorded these. We saw people had initial assessments conducted by the referring local authority. Care plans demonstrated people's needs were reassessed on an annual basis or sooner if people's needs changed.
- The provider did not always deliver care in line with current legislation, as they were not fully meeting the requirements of the MCA. However, we found they were seeking advice from registered professionals such as nurses in other areas of people's care and implementing this in line with their expert advice. This included advice from social workers.
- The registered manager confirmed care workers provided people with care in line with current standards in various areas as they were trained in numerous subjects every year and had policies and procedures in place which were also updated annually.

Staff support: induction, training, skills and experience

- Care workers received an induction before starting work with the provider based on the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers confirmed they found their induction useful and felt prepared to start their roles.
- Care workers were provided with appropriate support to perform their roles as the provider conducted regular supervision sessions and annual appraisals. Records indicated that supervisions were taking place every three months and appraisals were conducted annually. Care workers told us they found these useful to their role.
- Records indicated that care workers had received annual training in subjects such as safeguarding adults and first aid. Care workers spoke positively about the training they were given. One care worker told us "We get lots of training. There is another course every two to three weeks. We can ask for extra training and we will get it. There is always something going on."

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

- People's care plans contained some information about their nutritional needs. Care records were clear about people's dietary requirements and whether they had any allergies, however, there was a lack of information about people's likes and dislikes in relation to food. The registered manager informed us they had updated people's records with these details soon after our inspection.
- Despite the consistent recording of people's likes and dislikes in relation to food, care workers demonstrated a good understanding about the types of food that people liked and gave us examples of these. People's relatives also confirmed they were given the support they needed. One relative told us "They always ask [my family member] what [they] want and sort this out."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with other agencies to provide people with the support they needed. In correspondence records we saw evidence of joint working with social services teams.

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 this key question was rated as 'good'. At this inspection 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's relatives gave good feedback about their care workers and told us they felt well supported. One relative told us "They are very nice."
- People's care plans contained details about their preferences in relation to their care, but there was limited written information about people's current circumstances or their life histories. Care workers had a good understanding of people's personal circumstances including who they lived with and whether they had any siblings as well as their personal care needs. One care worker gave us clear examples of one person's likes and dislikes regarding their food, their clothes and other matters.
- People's care records included information about their religious and cultural needs and care workers demonstrated a good understanding of these. One care worker told us the religions of each person using the service and gave us examples of how these effected their care needs along with how they ensured they were met.

Supporting people to express their views and be involved in making decisions about their care

- People's relatives told us their family member's views were taken into account and they were involved in the drafting of their care plans. One relative told us "They listen to [my relative] and do exactly what [my relative] asks."
- People's individual needs and preferences were prioritised within their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us their family member's privacy and dignity was respected and promoted. One relative told us "They are very gentle and respectful with my [family member]."
- Care workers gave us examples of how they respected people's privacy and their dignity, particularly when providing people with personal care. One care worker told us "I always make sure nobody else is around and I explain everything I am going to do to make sure it's ok."
- The provider supported people to be as independent as they wanted to be. People's care plans contained aims that were geared towards them living as independently as they were able. This included information about what support they needed to perform tasks such as cooking. Risk assessments were also clear about what level of support people needed as well as what they were able to do for themselves.
- People's relatives told us their family member was given the support they required and that care workers encouraged them to do what they could for themselves. One relative told us "They are very encouraging and don't assume [my family member] can't do something."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained 'good'. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end of life care needs. We spoke with the registered manager and she confirmed she was aware of people's cultural and religious needs and would liaise with people's families as well as other agencies, if they required support in this area.
- The provider had a clear end of life policy and procedure in place which included details about how to prepare an end of life care plan. The provider had separate instructions in place for care workers about what they were required to do in the event of a sudden death.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records included information about how staff supported people with their recreational needs. We saw details of people's hobbies as well as assessments of any risk that surrounded these activities. We saw some people using the service were supported to attend a day centre which was also run by the provider and was located within the same building as the service. We saw detailed risk assessments in place for people's use of public transport which was required by people to access some of their activities.
- Care workers were clear about the support they provided to people and gave us examples of the types of things people enjoyed doing.

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

- People's relatives told us their family members were given choices in relation to their care and acted on people's needs. One relative told us "The carer always asks what [my family member] wants to do, or what [they] want to eat and does what [they] say."
- People's care plans contained some personalised detail in relation to their needs. This included people's preferences regarding their hobbies as well as details about their behavioural needs and how care workers managed these.
- The provider's service user guide contained clear information about the importance of choice for people and contained details about how they ensured these were met. This included avoiding compulsory timings for activities in order to ensure people were in control of the timings and delivery of their care.

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 care records contained clear details about people's communication needs, as well as advice for care workers in how they were communicated with them. For example, one person was not able to communicate verbally. We found their care plan contained clear details about how they communicated through the use of signs, sounds as well as behaviour. Care workers had a good understanding about how to communicate with people and they gave us examples of how they did so.
- People were given information in a format they could understand. We saw information such as the provider's complaints policy was available in an easy read format for people.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure in place. This stipulated the process for investigating complaints as well as timeframes within which the provider was to respond to these.
- We found the provider had received no complaints since the last inspection, but the registered manager was clear on the process to be followed to ensure these were appropriately acted on.

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

Continuous learning and improving care

- At our previous inspection we found the provider did not operate suitably robust systems that identified and addressed issues, and developed the service in line with new legislation and models of good practice. At this inspection we found the provider was appropriately auditing the quality of the service.
- Care plans were reviewed on an annual basis or immediately if there was a change to people's care needs. Further audits were conducted in areas such as cyber security, staff training and competence as well as policies and procedures. The provider had implemented improvements to the service through working with an independent social care consultant and working through an action plan of areas that required improvement.

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

- The provider sought regular feedback from people using the service through spot checks and an annual service user and advocates survey. We saw spot checks had taken place quarterly and the results of feedback from the three people whose files we checked was consistently positive. We reviewed the provider's feedback survey which had taken place in September 2018 and saw this asked numerous questions in line with the Care Quality Commission key lines of enquiry. The results were positive.
- The registered manager confirmed she sought staff feedback during supervision sessions as well as monthly team meetings. She confirmed that if care workers raised any concerns these would be dealt with individually.

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

- People's relatives and care workers gave good feedback about the culture of the service as well as the registered manager. One relative told us "I like the service. I feel like they really listen to us as a family. The manager is really good." Care workers told us "The registered manager really cares and listens to us" and "She is supportive. She is a very good manager."
- People's relatives gave good feedback about the quality of care being provided. One relative told us "My [family member] seems to be doing really well under their care. He/ she looks well and seems happy."

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 her duty of candour responsibilities and was open in her

communications with external professionals and organisations.

- The provider understood their responsibility to send notifications of significant events to the CQC and ensured this was done.

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

- The registered manager had a good understanding about most of her responsibilities towards people using the service, although was not clear about her responsibilities to conduct mental capacity assessments. She demonstrated a good knowledge about people's needs, her requirements towards her staff as well as understanding quality performance. We found the registered manager and other members of staff had taken appropriate action to plan for and implement improvements to the service.
- Care workers had a good understanding of the requirements of their role. They told us their responsibilities were made clear to them when they applied for their roles and their duties had met their expectations. We reviewed the provider's job descriptions and found these met with care workers understanding of their responsibilities.

Working in partnership with others

- The provider worked in partnership with other organisations. People's care records contained information about other organisations that provided people with care and the provider liaised effectively with them. This included social services teams.