

Mofor Solutions Limited

Mofor Solutions Limited

Inspection report

Enterprise House, Foleshill Enterprise Park
Courtaulds Way
Coventry
West Midlands
CV6 5NX

Tel: 02476662800

Date of inspection visit:
01 August 2019

Date of publication:
30 September 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Mofor Solutions is a domiciliary care agency and supported living service providing personal care support to people in their own homes. At the time of our inspection, staff were providing personal care to 15 people. This included older people (aged over 65), some of which, were living with dementia, mental health conditions, physical disabilities, learning disabilities or autistic spectrum disorder.

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.

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

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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 felt safe with the care staff who supported them, and risks associated with people's care had been assessed. Care plans confirmed the support people required in accordance with what had been agreed. However, care records were not always fully detailed to support staff in ensuring risks were safely managed. Staff followed safeguarding procedures if they identified any concerns to ensure people were kept safe.

People told us they received their medicines when they needed them.

People were treated with dignity, respect and kindness. Staff knew people well, so they could provide personalised care. People's preferences for care were recorded in their care plans to ensure they received care and support in accordance with their wishes. People confirmed they received the support as agreed and spoke positively of the caring approach of staff.

Staff recruitment records did not confirm all checks had been completed in accordance with the providers recruitment procedure to demonstrate staff had been recruited safely. There were sufficient numbers of suitably trained staff to support people's care needs and people told us staff took the time people needed to be supported with their care.

Staff understood their responsibilities to maintain good infection control practice to prevent the spread of

infection and people confirmed staff followed good practice when supporting them.

The registered manager completed a range of audit checks to make sure the service ran effectively. These checks had not consistently identified areas needing improvement that we had found such as those linked to care plans, recruitment, medicines and risk management. The registered manager arranged competency checks of staff regularly to make sure they continued to support people safely and appropriately.

Staff worked with other professionals so that people received support when needed. Staff supported people to make contact with health care professionals if required.

People knew how to raise any concerns with the agency if needed and there were quality monitoring systems to enable the provider to have oversight of the service. The registered manager told us of planned changes to ensure going forward areas for improvement were identified more effectively to drive improvement of the service.

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 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Mofor Solutions 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection

The inspection was announced.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and five relatives, three care support workers, the care manager and registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, medication records and three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service including accident and incident records, safeguarding records, complaints, compliments and policies and procedures.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and recorded when they started to use the service. However, records did not always contain detailed information about how to manage risks to keep people safe and ensure a consistent approach. Following our visit, the registered manager forwarded an action plan showing how risks we had identified would be managed.
- One person had health conditions that meant they needed specific procedures to be carried out associated with their urinary catheter and to address secretions in their mouth. Records were not sufficiently detailed to show how these procedures should be carried out, and by whom, to ensure they were managed safely. Information staff shared, suggested a procedure was being carried out that should have been completed by qualified nurses. The registered manager has subsequently confirmed all nursing procedures were completed by health professionals or relatives as appropriate.
- Another person's records made reference to staff applying belts once a person had been transferred to a chair. These can be used to keep people safe from falling. However, there was no further information, or risk assessment about the use of the belts to ensure these were used safely and in the persons best interests. Staff were not clear if these were still in use.
- Although records were not always clear about management of risk, staff knew about managing some risks such as risk of falls. For example, they told us how one person was supported using specialist equipment.
- Staff completed training which supported them to manage behaviours that could be challenging to themselves or others, so they could support people safely. Care plans included guidance for staff about how to manage people's behaviours such as using distraction techniques.
- A relative told us how staff closely monitored their family member for any change in their health to ensure they could respond to any potential risks. They told us, "[Name's] care plan is reviewed regularly because her condition can change overnight due to her long-term problems, it is filled in daily by the carer."

Staffing and recruitment

- There were sufficient numbers of staff to support people's care and people told us staff took the time they needed to be supported with their care. One person told us, "I am never rushed to do anything and the carers work around me and I get up when I want and the same with going to bed."
- Recruitment records did not contain all of the necessary information to confirm checks had been completed in accordance with the providers recruitment procedure. References were not always provided by present or previous employers, so the provider could assure themselves staff were safe to work with people. Following our inspection Information has been received from the registered manager to confirm necessary checks have been completed.
- Staff told us DBS (Disclosure and Barring Service) checks had been completed before they were able to

work with people to check they had no criminal convictions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff that provided support. A relative told us they felt their family member was "Very safe" because the care staff were "Well trained to do the things [Name] needs."
- Staff understood how to identify abuse and knew what to do if they had any concerns about people's well-being or safety. One staff member told us, "Safeguarding is looking out for any form of abuse emotional, physical, financial." They went on to tell us they would speak to staff in the office if they identified any concerns and would record these in a staff communication book to ensure they were followed up.
- The registered manager understood how to report safeguarding concerns to the Local Authority.
- Both people and staff had access to a 24-hour emergency telephone number to access management staff in the case of any emergencies linked to people's safety.

Using medicines safely

- People who received support with their medicines had records that showed they received them as planned. One person told us, "I take my own tablets but [Care Worker] always reminds me when its time." A relative told us, "[Name] receives their medication from the care staff when they need them, and they are signed to say they have been given in their care plan."
- Care plans included information about the medicines people had been prescribed and the support people need to take them.
- Staff told us some people were prescribed medicines 'as required' (PRN), such as pain relief and there were instructions in care plans about how to administer these safely to ensure the person did not exceed safe dosages.
- Staff completed training on the administration of medicines and their competency had been assessed to confirm they were competent to administer them safely. One staff member told us how their training had been helpful. They said, "Training takes you through different medicines, how to administer this, orally or on the body, drug dosage any side effects and usage."
- Training records confirmed training and competency assessments completed by staff.

Preventing and controlling infection

- Staff confirmed they had completed infection control training and there was a good supply of disposable gloves and aprons in people's homes for them to maintain good infection control practice.

Learning lessons when things go wrong

- Accident and incident forms were completed, and these contained a 'lessons learned' section for management staff to review and consider when assessing risks.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and planned for. Assessments included varied aspects of people's lives such as their mobility needs, preferred outcomes and religious beliefs.
- The registered manager told us, "We carry out an initial assessment before the service starts and match staff to the person's needs. Staff know people really well so know their strengths."

Staff support: induction, training, skills and experience

- Staff new to the service were supported with an induction which included training. Some staff had achieved the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff worked alongside more experienced and established staff to assist them in understanding their role and how to support people safely.
- Staff spoke positively about the training they received and said it supported them to carry out their roles confidently. One staff member told us, "My induction was focused on the person I would be supporting. This included understanding their protocols, care plan, likes and dislikes and their routines, which is very important to them."
- Staff completed training to meet people's specific needs such as Autism, epilepsy and medication.
- Staff had individual meetings where they discussed their personal development and any issues they required support with.

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

- People told us they received the support they needed with food and drinks. Staff knew people well and understood how to support them with their nutritional needs.
- People were assisted by staff to prepare and cook meals and were provided with drinks as required. A relative told us, "[Name] goes shopping for food and is helped with preparation of their meals." They went on to say how care staff encouraged healthy eating.
- Another relative explained how their family member needed fortified food (calories added to food) as they were reluctant to eat, and stated care staff took their time with the person to encourage them to eat.
- People had nutritional care plans which included their likes and dislikes as well as any information about how they may need supporting to eat. For example, one care plan stated, "[Name] requires all food prepared and cut up in smaller pieces."
- Food and fluid charts were used where appropriate to record what food was prepared and eaten for people at risk of ill health from not eating and drinking enough.

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

- People were supported to make contact with health professionals if needed to support their health.
- People's care records contained information about their health conditions and health professionals involved in their care, so staff could support people as appropriate to access support.

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

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

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

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

- People's capacity to consent was considered when planning their care. Staff understood what decisions people could make for themselves and those they needed support with. Staff told us people they supported were able to make daily decisions about the care and support they received.
- Not all staff we spoke with were able to tell us what MCA was or how they put this into practice. However, they knew about the importance of making sure people were given choices about their care and support. One staff member told us, "They choose, I always ask, like they might say, 'I don't want a shower today', we go by what they say. Their choice."
- Care records showed some people had advocates to support them to make more complex decisions. One staff member told us, "[Name] has limited capacity, they are able to make decisions about their care and the staff who works with him. They need support with decisions about finances and medicines."
- When people had the capacity to make decisions, but not the physical ability to sign to indicate their consent, family members had signed on their behalf (where appropriate).

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 the same. 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 and relatives told us staff were caring in their approach and treated them well. One relative described staff as, "Kind, caring and very thoughtful."
- Staff completed training in equality and diversity and understood the importance of ensuring people were treated as individuals so that their needs were met effectively.
- Staff worked with the same people so knew them very well. One staff member told us, "We know them very well, I only work with [Name], I know her like a family member."
- Staff spoke kindly of the people they supported. A staff member who supported one person told us, "I am passionate to see the difference in somebody's life... I just give [Name] care and reassurance. We talk about things and encourage [Name], that keeps them going."

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

- Staff spoke of always asking people about their care and knew how important it was to include them in decisions about their care.
- A relative told us, "[Name] and the carers discuss their needs and what help [Name] will need for all tasks to be undertaken." They went on to tell us how the care staff also took the time to speak to the person in a way they could understand which they appreciated.
- Staff explained how people made daily living choices such as what they ate and drank and what they wore. One staff member told us how they needed to give one person time to express their wishes. They said, "It can be frustrating for [Name], I give them time and ask them to spell it for me. We do discuss the care plan with [Name] as they have a large team supporting them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and maintained their privacy and dignity. A relative told us, "[Name] is kept covered when they are having their bed bath."
- Staff confirmed people's privacy and dignity was respected. One staff member said, "[Name] has showers... I lock the door and they allow me in. I ask family to go out and cover [Name] up. I make sure they are covered with towels. I always talk with them when doing care."
- Staff understood the importance of maintaining people's independence and individual routines. For example, one staff member told us, [Name] has specific routines in the morning to get up, [Name] watches TV comes into the lounge - staff prepare their breakfast and medicationgive options for clothes, they like to be involved in tasks."

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 the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives felt staff were responsive to people's needs. One relative told us, "I am very impressed with the care and support [Name] gets from the carers, they care that [Name] is getting everything they need."
- People had contributed to information in care plans which contained some personalised information to ensure their needs were met in accordance with their choices and preferences.
- A staff member had been responsive to a person's needs when they had noticed equipment used to support the person was no longer helping them. They raised this with management staff which had resulted in the person having a new piece of equipment.
- Staff said they had "Plenty of time" during the day to support people to do things for themselves to help them maintain their independence and ensure they received personalised care.
- Staff were kept updated when people's support needs changed through contact with office and reading daily records kept in people's homes. Staff also had a handover at the start of each shift (where appropriate) to keep them up to date with the person's needs and any changes.

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.

- The provider understood the importance of the Accessible Information Standards. People's care records clearly detailed people's communication needs. This included the use of technology, sign language and the support of a family member where appropriate.
- Staff took the time needed to communicate with people effectively. A relative told us, "[Name] has difficulty communicating so it does help having carers they know, it takes a while for the carers to understand [Name] and due to the fact that that English is not the first language of the staff, it takes a while for everyone to understand each other."

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 and relatives told us they shared good relationships with the care staff that supported them. One relative told us, "It has taken a weight off my shoulders and I now can relax knowing [Name] is being looked after how I want them to be." They went on to tell us how staff supported the person with an activity they

enjoyed.

- People shared information about family and friends who were important to them when their needs were assessed prior to using the service (where possible) so they could be supported to maintain contact with them.
- Staff supported people to pursue their interests, where this was part of the care the person wanted. For example, one staff member told us, "Depends on their mood and what they want to do, I give them choices and they will choose." They were able to tell us about the activities the person liked to do."
- Some people who received a supported living service had been on holiday or had holidays of their choice planned with the support of care staff.
- Some staff were recruited specifically to work with individuals to ensure their needs were met effectively.
- Staff knew about people's interests through discussions held with people when providing care and from information held on care plans.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or complaints if they needed to. A relative told us, "I would ring and speak to [care manager] if I had any concerns and I am confident she would help me sort out the concerns."
- Staff said people would let them know if they were unhappy about anything. There was complaints information in people's home if they needed this to refer to.
- A complaint being investigated did not show there had been regular communication with the person to keep them informed of actions being taken to show timely action had been taken

End of life care and support

- End of life care and support had been considered for some people and documents on their care files confirmed their wishes regarding care interventions for when they approached the end of their life.
- Staff told us a discussion had taken place between a person and palliative care nurse about their wishes. These had included their wish not to go to hospital and if medicines were not successful to receive care at a hospice.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The system for checking how medicines were managed had not identified the amount of medicine received had not always been recorded. This was important to check medicines received, administered and remaining were accurate, and there were no medicine administration errors.
- There was no detailed analysis of accidents and incidents that had occurred to demonstrate patterns and trends were identified for the provider to monitor.
- The assessments completed before people started to use the service were not kept. The registered manager told us this information was directly transferred into care plans. This meant there was no baseline to check if people's health had improved or deteriorated. The registered manager told us following our visit, a new form had been implemented.
- The system for managing complaints did not demonstrate these were always managed in a timely way and in accordance with the providers complaints procedure. The care manager said this would be addressed.
- Staff received regular support and told us they could obtain help and advice when needed from their managers. They were clear about their roles and responsibilities and received regular training to continually help improve their care delivery.
- Staff said there was always someone to respond to them in emergencies or give advice. One staff member told us, "The managers are always available... There is an 'on call' (telephone number to call) when the office is closed, this is always answered."

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

- People were given the opportunity to share their views of the service through quality questionnaires and telephone calls to discuss their experiences. People and relatives spoke positively of the management of the service. One relative commented, "We are both very happy with the company, and yes, I would recommend it to another person if I was asked."
- People were involved in periodic reviews of their care to check the support they received continued to meet their needs and review any requests for changes as necessary. One person told us, "My care review is due in November, it will be about a year since the last one."
- Staff attended regular meetings where issues relating to the running of the service were discussed. Staff

told us their views were listened to. One staff member told us, "Really good - they listen to staff, we have staff meetings three to six monthly, there is an 'open door' office to share opinions." They went on to tell us there was nothing they felt needed to improve.

Continuous learning and improving care

- The system for checking care records were accurate and clear was not consistently effective. For example, one person had a health condition that meant they could have seizures, but records did not inform staff about any triggers and what to do if this should happen. These records were updated with clear information following our visit.
- Systems for checking staff understanding of the MCA were not fully effective as some staff were not clear what this meant in practice. One staff member said, "I can't remember what this is about".
- Care staff received spot checks of their practice by management staff to ensure they worked in accordance with the providers policies and procedures. They also had individual meetings with the care manager to look at their personal development.
- The registered manager told us of new improved systems recently implemented to help improve quality monitoring of the service. They told us, "I do check what they are doing.... I am auditing everything.... I will now be saying 'show me'. Spot checks will be two weekly longest going forward."

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

- People and relatives spoke of people receiving positive outcomes as a result of the care and support provided. The one exception was staff using their mobile phones when caring for people. Comments included, "I have one issue with the care staff constantly using their mobile phones all the time ... I don't really know how to tackle this without causing upset with the carers, but I feel that it is not appropriate." We reported this to the registered manager who told us action would be taken.
- Staff spoke positively of the management staff and working for the service. One staff member told us, "I find it really good,if there is a problem, I ring them (managers). It's the support we get when we need, it is really good. Another staff member told us, "Working for Mofor is beautiful, the beauty of it is you have a sense of understanding that management and staff are working together for the benefit of the client."

Working in partnership with others

- The registered manager was aware of reportable events, such as serious accidents and incidents, they needed to notify us of. Where one incident had not been reported to us as required, they told us this had been on the advice of another health professional. The registered manager said they would ensure notifications were made to us in the future as appropriate.
- The service worked in partnership with other organisations and health professionals to support the needs of people and keep up to date with current best practice.