

Moonlight Homecare Ltd

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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 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

Moonlight Homecare Ltd is a domiciliary care agency providing personal care and support to people in their own homes in the London Borough of Ealing. At the time of the inspection the agency was supporting 4 older people.

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

People and their relatives spoke positively of their care, the staff and how the service was managed. A person told us, "They're honest and excellent in how they're working with the people." Staff treated people with dignity and respect.

There were monitoring processes in place to ensure people received good care. Some care records were not always consistently clear or detailed enough and there was therefore a risk that a new member of staff reading those records would not know how to care for people appropriately.

We have made a recommendation about maintaining care records.

The provider developed care plans with people and their relatives and these set out their care preferences and communication needs.

People felt safe. There were systems in place to help protect people from abuse and to investigate and learn when things went wrong.

There were enough staff to meet people's needs and they visited people in a timely manner. People were supported by staff they were familiar with and who knew their needs and how they liked to be supported. The provider's recruitment processes helped to make sure only suitable staff were employed. Staff received regular training and supervision so they could support people safely. They felt supported in their roles by the registered manager.

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.

People and their relatives knew how to raise issues or complaints and found the registered manager responsive and approachable. People told us they were pleased with their care and nothing needed improving.

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

Rating at last inspection

This service was registered with us on 6 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Moonlight Homecare Ltd

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 conducted by 1 inspector and 1 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.

Service and service type

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

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. Inspection activity started on 16 May 2023 and ended on 25 May 2023. We visited the location's office on 19 May 2023.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR

is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 19 April 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since it registered. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people who used the service and 1 relative. We also spoke with 2 care workers and the registered manager. We looked at a range of care records, including 3 people's care and risk management plans, 4 staff files, and a variety of records relating to the management of the service. We continued to seek clarification from the provider to validate evidence found and looked at recruitment records, care plans and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse, including awareness training for staff.
- People and relatives told us they felt people were safe with the staff supporting them. One relative commented, "I really enjoy having [the staff] around. It makes me feel safe and comfortable."
- The registered manager and staff we spoke with knew how to recognise and respond to potential abuse concerns, including using 'whistleblowing' practices.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people's safety and well-being. Care and risk management plans considered issues such as a person's food and hygiene needs, skin integrity care, risks of falls, COVID-19, mobility needs and the equipment they used, such as a walking frame. Risk management plans set out basic actions for staff to lessen these risks and were reviewed regularly.
- The registered manager had also assessed risks that may be presented by a person's home environment, such as flooring, lighting, domestic equipment and fire safety to make sure it was suitable for staff to provide care safely.
- Staff we spoke with explained what they would do in the event of an accident or emergency.
- The registered manager had contingency plans in place to help the service continue in the event of an emergency, such as significant staff illness.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe.
- People and relatives spoke positively about their care visits and told us they had not experienced late or missed care visits.
- Staff said they had enough time to travel to and support people. People did not feel rushed. A relative said, "I used to have problems with rushing. These guys just came and they take their time. There's no rushing with them."
- People were supported by regular staff and this meant people could develop relationships of trust with them and staff knew their care needs.
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service 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

- The registered manager informed us the service did not currently support people to take their prescribed medicines. However, they had policies and procedures to provide this safely when required. This included having appropriate medicines administration records to document when staff did support a person to take their medicines.
- Staff had completed medicines support training and the registered manager was planning to assess their competency to provide this support safely. We also signposted the registered manager to relevant guidance on supporting people in the community with their medicines.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could provide care safely. Staff said they had sufficient supplies.
- Staff had completed training on infection prevention and control and using their PPE. People told us staff wore this and the provider checked staff used this appropriately.
- The registered manager had arrangements in place for responding effectively to risks and signs of infection and supporting people or staff in the event of someone becoming ill due to an infection, such as from COVID-19.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes in place for recording and responding to incidents or accidents.
- The registered manager stated there had been only one reported incident when providing care to people. They had recorded this clearly, worked with people and staff to identify what had happened and taken appropriate actions to address it. The registered manager had reviewed this and identified lessons learnt to avoid it re-occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager assessed people's needs and preferences before they started to receive support from the service and used this information to develop their initial care plans. These included issues such as people's mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, and ethnicity.
- People and their relatives were involved in people's care needs assessments. One relative described how the registered manager sat with the person and their family to establish their care needs.
- The service met people's needs in line with their agreed care arrangements. A relative commented, "I don't want to change anything. At the moment, I just want to keep them the way that they are."

Staff support: induction, training, skills and experience

- The registered manager made sure people were supported by staff who were suitably trained and supported in their roles. People said care staff were competent.
- Staff completed an induction and range of training to be able to support people. This included personal care, principles of person-centred care, understanding dementia, food safety, emergency first aid, safeguarding adults and children, effective communication and moving and assisting people. They told us they found the training helpful.
- Staff received regular supervisions and appraisals to discuss their role, performance and development and found these supportive.
- Care staff told us they always felt supported by the registered manager who they could contact when they needed. One commented, "[The registered manager is] easily accessible when you need them, they are there for you."

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

- Staff helped people to prepare or serve food or assist people to eat and drink where this was part of their agreed care arrangements. People and relatives told us they were happy with how staff supported them to eat and drink.
- Staff completed food safety training to help them provide this care safely.
- People's care plans noted their food and drink requirements and preferences. For example, ingredients they preferred because of their beliefs and if they used a particular cup that was easier for them to hold.

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

- The service worked with people and their families to support people to maintain their health and access

healthcare services if needed. For example, contacting a doctor or emergency services for a person. A relative said, "They let us know and they help us phone the GP."

- There was information about people's health conditions in their care plans. These also described the support they needed to brush their teeth and manage their oral care. A member of staff described to us how they encouraged a person to do some of this independently.

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 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.

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 the time of our inspection the people who used the service were able to consent to their planned care arrangements.
- Staff had completed training in understanding the MCA. Staff explained how they promoted people's choices about their care, such as always first seeking a person's permission to provide their care, and how they worked with people who may refuse their care. A relative told us, "[Staff] are really understanding." This indicated a practical awareness of peoples' rights to make their own decisions about their care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by staff who were caring, respectful and treated them well.
- People and relatives spoke well of the staff who visited them. One person told us staff were, "Nice and helpful. Honest people, good people." Another person said, "They are respectful and gentle and very caring. They say if they have done something that is not good for you, tell us."
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care. A person told us that "It's my choice" about their care and support the staff provided.
- Staff explained how they offered people choices about their care, such as how they wanted to be supported and helping them choose their clothes to wear.
- People said they had care plans in place that were reviewed and they were involved in this.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence.
- People and relatives gave us examples of how staff promoted people's dignity and privacy, such as when supporting people to use a commode or toilet.
- Staff told us, "We have to be careful about giving dignity" and described how they did this. This included making sure an area was private, not letting others enter the room, making sure the person was comfortable and speaking with them person, so they always knew what was happening.
- Care plans stressed promoting people's dignity and independence at each care visit. Staff explained how they helped people to be independent with their care where possible, such when supporting a person to wash themselves while bathing.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Some care plans did not always provide appropriately detailed information about the personal care a person required. However, we found people received person-centred care and support that met their needs and preferences because staff knew the people they supported well.
- People's care plans set out some personalised information about their support needs and preferences. This included some short life history information and things that were important to them, such as "Being around my family" and "Being independent with personal care is very important to me."
- People and relatives spoke positively about the care service. People said they were happy with this and a relative told us, "They listen to you and they follow through with the needs of the [the person]."
- Staff said they found the care plans helpful. They staff told us, "It is the plan for them and you check all the things that are needed" and "It says all you need to do, what to help them with, what they need." A relative told us staff read the person's care plan and daily care notes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- When asked what they thought the service did well, a relative told us, "Their communication skills and the respect they show my relatives."
- Care plans set out if people had communication needs and how staff should support these. For example, if a person need help or reminding to wear a hearing aid or where to position oneself or something so a person could see this more clearly.

Improving care quality in response to complaints or concerns

- There had been no complaints since the service was registered. The provider had systems in place for receiving and responding to these when needed.
- We saw the provider had used a quality questionnaire to check that people were aware of the complaints procedure and how to raise a concern.

End of life care and support

- The service did not support anyone requiring end of life care at the time of our inspection. However, we saw the provider had discussed end of life with some people and their preferences and arrangements were noted in their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that although there was consistent service management and leadership and the culture they created supported the delivery of high-quality, person-centred care, some of the systems in place did not always do so.

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

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. However, these had not always ensured that accurate, complete and up to date records of people's care arrangements were maintained at all times. While we found no evidence people had been harmed, recording issues meant there was a risk some people might receive inconsistent care.
- Some people's care plans did not always provide appropriately detailed information about the personal care they required and which staff were actually providing.
- Records of people's daily care gave basic accounts of the care that staff provided. However, some records were mainly task-orientated with little detail about a person's well-being or other aspects of their care, such as the food and drink they were supported to take and the situation staff may have found and left them in during the care visit.

We recommend the provider implement national guidance on records keeping to ensure people's records are accurate, contemporaneous and complete.

- We discussed this with the registered manager so they could make improvements. They demonstrated they had updated a person's care plan shortly after our visit. We will check their progress at our next inspection of the service.
- The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and staff files, monthly recorded telephone monitoring calls to people and their families, as well as additional calls in between these, to check people were still satisfied with the service. Records of these indicated people were happy with their care.
- The provider conducted unannounced checks on staff in people's homes. These monitored a staff member's personal presentation and approach, infection prevention and control practice, moving and handling support, their provision of care, and their communication and relationship with the person. A member of staff told us, "[The registered manager] is careful to make sure we are doing the correct things."

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

- There was a positive, person-centred culture to the service. The registered manager and staff demonstrated empathy for the people they supported and their families.

- Staff said they liked working for the provider and felt supported to provide good care. People and their families felt the service was good. A relative told us, "We have peace of mind just knowing they're coming."

Continuous learning and improving care; 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 demonstrated a commitment to continuously learning and developing the service. For example, they had recently introduced improved recording of staff supervisions so these were more detailed and aligned clearly with CQC's key lines of enquiry.
- People and staff could not identify any areas for improvement. One person commented, "[There is] nothing to be improved." Another person told us, "I'm pleased with them. They're good people."
- Staff said they could give feedback about the service and felt listened to.
- The registered manager understood and explained their duty of candour responsibilities and had protocols in place to promote this.

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

- People, their relatives and staff were involved in the care provision. The registered manager worked with them to assess, plan and review people's care.
- A relative told us, "It was easy to get in touch with Moonlight by phone."
- The registered manager held regular team meetings with staff to discuss the running of the service. Records showed these were used to discuss topics such as training, care and risk management plans and business development. Staff said these were helpful and one commented, "They tell us about everything, what's happening and what we have to do." Staff were able to contribute to these meetings.
- The registered manager had conducted formal feedback surveys with people and their relatives which also enabled them to comment on and influence the service. Records showed respondents were happy with the service.

Working in partnership with others

- The registered manager worked in partnership with other services, such as a person's GP and a person's other domiciliary care agency. This helped people to receive joined-up care to meet their needs.