

Mooncare Limited

Mooncare Limited (Domiciliary Agency)

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?

Good ●

Summary of findings

Overall summary

The inspection was conducted on 28 January 2016 and was announced. We gave the provider short notice of the inspection to make sure the key staff we needed to speak with were available.

Mooncare Limited (Domiciliary Agency) provides personal care services to people with a learning disability living with their relatives in their own homes. It is situated within a day centre owned by the provider, and some of the people who received a personal care service also attended the day centre. At the time of our inspection there were eight people using the domiciliary service.

At the previous inspection in January 2015 we found two breaches of regulation and made three recommendations in relation to improvements the provider needed to implement. The breaches of regulation were in regards to the provider not demonstrating safe recruitment and inadequate record keeping. Recommendations were made for the provider to improve the quality of guidance for staff about how to support people with prescribed medicines, improve staff training to meet individual needs and improve the quality of person-centred care planning. At this inspection we found the provider was no longer in breach of regulations and had achieved sustained improvements in regards to the recommendations.

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

The relatives of people who used the service told us their family members were provided with safe care, delivered by kind and trustworthy support staff. The provider had clear systems in place to protect people from abuse and the support staff we spoke with understood their responsibilities in relation to safeguarding people. Effective recruitment practices were in place to ensure that staff were appointed with suitable knowledge and skills to meet people's needs.

People were not ordinarily supported with their medicines, as this aspect of their care was provided by their relatives. However, staff had received medicines training and the provider's medicines policy advised staff about how to safely support people with prescribed medicines, if required.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA). Staff had received applicable training and showed they understood how to ensure their practice was in line with MCA legislation.

Staff received training, support and supervision in order to meet people's needs. Staff told us they could always speak with the registered manager or the care co-ordinator if they needed professional advice and guidance. Relatives told us that the standard of care and support was good, and staff were very reliable, punctual and polite. People were supported by staff to meet their needs in relation to nutrition and

hydration, and were encouraged to develop their culinary skills if they wished to.

People's social care and health care needs were assessed and the care planning records showed that their needs were addressed in an individual and sensitive manner. The staff knew how to meet people's cultural preferences including religious practices, food and activities. Risk assessments had been conducted and risk management plans developed to support people to be as independent as possible and participate in community activities, while promoting their safety.

People and their relatives were provided with straight forward information about how to make a complaint, which was produced in written and pictorial formats. Relatives expressed their view that the registered manager would respond to any complaints or concerns in a prompt and professional manner.

There were systems in place to assess and monitor how the service performed, in order to continually improve people's care and support. The opinions of people and relatives were formally requested through annual surveys, and the results demonstrated they were pleased with the quality of the service.

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.

The registered manager and the staff understood how to keep people safe from abuse and how to report any concerns.

Risk assessments were person centred and focused upon people's needs, activities and aspirations.

Recruitment practices were safely conducted in order to ensure that people received care and support from suitably experienced and skilled staff.

Staff were provided with appropriate medicines training and written guidance in order to support people with their prescribed medicines, if required.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and their duties to ensure people's rights were protected with regards to making choices.

People were supported by staff who received a range of training opportunities and supervision.

People were supported to meet their nutritional needs, taking into account their preferences and cultural needs.

People's care plans reflected their health needs, and the registered manager liaised with health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Relatives were very positive about the kindness and compassion demonstrated by support staff.

People were supported by care staff who promoted their entitlement to dignity and respect.

Staff understood and supported people to meet their cultural and/or religious needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before a care package was commenced. The assessments were used to develop individual plans for people's care and support, which were kept under review.

People had detailed care plans, which took into account their wishes and interests, and sought the views of relatives.

People and their relatives were provided with suitably presented information about how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Relatives told us the service was properly managed and staff said they were provided with support and helpful guidance from the registered manager.

Systems were in place to monitor the quality of care and support for people.

The record keeping was maintained in an organised manner to ensure that people received a good standard of care.

Mooncare Limited (Domiciliary Agency)

Detailed findings

Background to this inspection

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

The inspection of Mooncare Limited (Domiciliary Care) took place on 28 January 2016 and was announced. We told the provider three days before our visit that we would be coming. This was because the registered manager and other senior staff are sometimes away from the office location visiting people who use the service and supporting the support staff; we needed to be certain that someone would be available. One inspector carried out this inspection.

We reviewed the information we held about the service before the inspection visit. This included the previous inspection report, which showed that the service had not met all of the regulations we inspected on 16 and 19 January 2015. Following the publication of the January 2015 inspection report, the provider sent us an Action Plan, which explained how they would address the two breaches of regulation within an agreed timescale. We also checked any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

People who used the service used direct payments to purchase their own personal care and had been supported by their relatives to arrange their individual personal care packages. During our inspection we spoke with one member of the support staff and the registered manager, and afterwards we spoke by telephone with the relatives of four people and two support staff. We looked at a wide range of records that related to people's care and support, which included three care plans, various policies and procedures, the complaints log and audits carried out by the registered manager. We also checked other records such as staff files, which contained documents in regards to staff recruitment, training, appraisal and supervision. We contacted two health and social care professionals involved in the care and welfare of people who used

the service but did not receive any responses.

Is the service safe?

Our findings

Relatives said their family members were safe using the service. One relative told us, "[My family member] finds it hard to engage with people and needs to feel comfortable with a new carer. The care workers are all so lovely and make us feel [he/she] is very safe." Another relative said, "[He/she] is a good carer and is very kind, I have no worries about [my family member's] safety."

Staff understood about the different signs of abuse and how to report it. Support staff told us the actions they would take to protect a person if they witnessed abuse or suspected that a person was either being abused or at risk of abuse. The provider's safeguarding policy and procedure stated that any safeguarding concerns must be reported to the local authority safeguarding team and staff had attended safeguarding training. The registered manager understood that she needed to report any safeguarding concerns about the service to the Care Quality Commission (CQC); however this was not documented on the provider's policy and procedure. This was amended during the course of the inspection visit. Staff were provided with a whistle-blowing policy in the staff handbook, which explained how to raise concerns about the service to the provider and to external organisations, and provided details of a charity that staff could contact for independent advice. Whistleblowing is a term used when staff alert the provider or external organisations when they are concerned about the conduct of other staff and/or the management team. Staff told us that depending on the individual circumstances they would whistleblow to the registered manager or the proprietor, or external organisations such as the local safeguarding team and the CQC if required.

Risk assessments were conducted for daily living activities including sporting activities, moving and positioning people, supporting people to cook, playing in the park, and supporting people to safely access amenities in the local community. This meant people were supported to be as independent as possible, taking into account their safety and wellbeing. At the previous inspection we found that some risk assessments were in place for perceived risks which did not apply to people. At this inspection we found that the risk assessments had been thoroughly reviewed and any irrelevant risk assessments had been removed from people's care and support files. This ensured that staff had accurate and person-centred guidance in place to enable them to safely meet people's needs. Environmental risk assessments were in place, which identified risks within people's own homes and were reviewed annually or more frequently if there was a change in people's home circumstances.

The rotas showed that people ordinarily received their care and support from the same one or two members of staff, which enabled people and their families to benefit from a consistent approach. It also meant that staff were able to get to know people well and understand their needs and wishes. People asked for care staff of their own gender and the service was able to meet these requests. Staff told us they could always contact the registered manager or the care co-ordinator if they needed guidance or support.

At the previous inspection we checked four staff files and found only one reference in each staff file, which had not been verified for authenticity. This demonstrated that staff recruitment practices did not ensure that newly appointed staff were suitable to work with people who used the service. At this inspection we found that there were effective recruitment and selection processes in place. The staff files we looked at showed

that staff had at least two references and any new appointments were now subject to verification of the references to check their authenticity. Appropriate checks were made prior to new staff commencing employment, which included proof of identity, proof of eligibility to work in the UK and Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking staff members are not barred from working with vulnerable people. These actions showed that the provider took robust steps to make sure that people who used the service received their care and support from staff with suitable qualifications, skills and experience for their roles and responsibilities.

At the previous inspection we were informed by the registered manager that people were supported with their medicine needs by their relatives, which was confirmed through reading care plans and speaking with relatives. However, we had noted that although staff had received medicine training, there was no written guidance to advise staff if they needed to temporarily administer medicines to support a person with a short-term medical need. The registered manager told us that this had never happened and acknowledged that the situation could arise. At this inspection we found that the medicines policy had been updated and there was now comprehensive guidance in place for staff. The provider was not supporting people with any medicine needs; however, new staff received medicine training and the staff we spoke with were familiar with the updated information in the provider's medicine policy.

Is the service effective?

Our findings

Relatives told us they were pleased with the standard of care and support provided by the registered manager and the support staff. Comments included, "The carers are good at what they do" and "They really know how to support [my family member]."

Staff said they felt supported by the registered manager and the care co-ordinator. Records showed that staff had one-to-one supervision every three months, monthly team meetings and an annual appraisal. Staff told us they were pleased with the training they received, which included training about how to support people with behaviour that challenged the service. At the previous inspection we found that staff had limited opportunities to attend training about the needs of people who used the service, for example training to update their knowledge about developments within the learning disability sector. The registered manager acknowledged that the training programme was limited and said that new training was being introduced. At this inspection we saw that the training programme had been developed and now included a wider range of relevant training, including mental health awareness, mental capacity, and equality and diversity. The registered manager demonstrated that the provider had made positive links with local colleges in order to offer staff additional training opportunities. The training records also showed that some staff were undertaking qualifications in health and social care. This demonstrated that people who used the service received their care and support from staff who were aided by their employer to regularly develop their skills and knowledge.

At the previous inspection we found that the care co-ordinator and some members of the care staff did not demonstrate a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make specific decisions for themselves. Staff could not state any of the key principles of the MCA and did not appear clear about what a best interests meeting was. (A best interests meeting may be needed where an adult lacks capacity to make a significant decision for themselves and needs others to make that decision on their behalf). This meant there was a risk of people not making their own decisions whilst being supported by staff. At this inspection we found that staff had received MCA training and were able to give us an overview of its meaning and its impact on their work, for example how they assisted people to make choices and decisions. Staff told us that some people who used the service were not able to communicate verbally; therefore staff used non-verbal communication such as gestures, smiles and objects of reference to support people to express their wishes.

Care plans demonstrated that people received prompting or assistance with eating and drinking, in accordance with their assessments and wishes. A relative told us that staff prepared halal food for their family member and another relative told us that staff took their family member out for a snack as part of a community activity. Care plans showed that some people received regular support with learning new kitchen skills, such as food preparation and baking. This showed that people's individual nutritional needs and wishes were understood and flexibly met by staff.

The registered manager told us that people were supported by their relatives to meet their healthcare needs, liaise with healthcare professionals and attend healthcare appointments. Where applicable, the

registered manager spoke with health and social care professionals involved in people's care; for example, in order to obtain up-to-date moving and positioning advice if a person had been assessed by an occupational therapist or physiotherapist. This showed that appropriate actions were taken by the provider so that a person's care plan and risk assessment could be updated and staff could obtain any necessary training, if required.

Is the service caring?

Our findings

Relatives told us that staff were caring and compassionate. Comments included, "They are all so nice" and "I would not use this service if I didn't think that the staff are very special people. I trust them and they make [my family member] happy." Relatives confirmed they were asked to contribute to the agency's initial care planning process for their family member and the subsequent annual reviewing of the care plan and associated risk management plans.

Staff told us how they respected people's privacy and maintained their dignity. They described how they ensured that doors were shut and curtains or blinds pulled when they supported people with their personal care. Staff understood how to maintain people's confidentiality. For example, one staff member told us they spoke in a discrete manner if they needed to contact the registered manager for advice when they were out in a park or busy food market with the person they supported.

People and their relatives were predominantly from Bengali speaking communities, although the service provided care and support for people from other cultural backgrounds. Staff told us they supported people to say prayers, visit their chosen place of worship and follow other practices related to their religion, if they wished to. The care plan for one person described how they were supported to attend an Eid party. The provider employed staff who spoke Bengali, Hindi and other languages known to people using the service. This enabled people to be matched with support staff who understood their cultural needs.

The staff and registered manager told us that they had discussions about the principles of person-centred care during one-to-one supervision meetings and team meetings, which was recorded in the records we looked at. Person-centred care considers the whole person, taking into account each individual's unique qualities, interests, abilities, needs and preferences. It also means treating people with dignity and respect. Staff told us that they enjoyed getting to know people very well, so that they understood how people wished to be supported and cared for. One relative told us that their family member was supported to attend college, visit the library and local park, attend a trampoline class and listen to their favourite Bengali and Hindi music. They praised the support worker for enabling their family member to participate in fulfilling activities and acquire new interests.

The service had produced pictorial guidance for people, including information about safeguarding people from abuse and how to make a complaint. People were not provided with details about advocacy services that could help them to make a complaint. The registered manager told us she would refer people to their local social services if they wanted an advocate.

Is the service responsive?

Our findings

Relatives told us they felt that the service valued their views and the views of their family members. One relative said, "The manager would make changes if we said [our family member] wanted to try something new for their outings or their health needs changed. We feel listened to always." Relatives said that the support staff understood the needs of their family members, provided a person-centred service and arrived on time. Some of the relatives told us that they had important commitments at work and the punctuality and reliability of the staff meant their own employment was not disrupted. The registered manager told us that people received care from the same one or two members of care staff and arrangements were made to minimise any disturbance for people when their regular member of support staff was on leave. As some people who used the service also attended a day centre owned by the provider, they potentially met their regular member of support staff at the day centre and/or they got to know other staff who could provide their home-based care for a short period. Relatives and the registered manager told us that this level of continuity was helpful and reassuring for people.

The care plans had been produced in consultation with people and their families. The registered manager explained that although some people could not make their views known verbally, staff had developed ways of communicating with people to find out what they wanted. This included the use of pictures and objects of reference so that people could indicate where they wanted to visit in the community or what activities they wanted to engage with at home.

The registered manager told us that she met with new people and their relatives, and the allocated social workers where applicable, in order to assess people's needs before a care package started. We saw that the care plans did not contain recent assessments and reviews carried out by external professionals such as people's social workers, psychologists and/or occupational therapists. The registered manager said she requested up-to-date relevant documents but they were difficult to obtain. Care staff confirmed that they were always introduced to a new person and either the registered manager or the care co-ordinator provided increased support and guidance for the initial first few visits. This meant that care staff were given appropriate information and assistance to meet people's health and social care needs.

We noted at the previous inspection that some of the care plans did not consistently reflect how staff provided personalised care. There was limited information about people's likes, dislikes, interests and background. Relatives and staff had told us how people had developed confidence and made noticeable progress with life skills, however we did not find written evidence that goals were being reviewed and where applicable, new objectives discussed and agreed. At this inspection we found that the care plans had been extensively revised and now demonstrated the person-centred work undertaken by support staff. Care plans were reviewed annually or when a person's care needs changed, in consultation with people and their relatives. People also had reviews conducted by their social workers, which were attended by people, their relatives and the registered manager.

At the previous inspection the registered manager showed us a complaints notice which was given to people and their families, which advised them to request a copy of the complaints policy if they wanted to

make a complaint. The registered manager told us that this appeared incorrect to her and showed us a complaints form, which was the document the provider sent to families who informed the registered manager or another staff member of their wish to make a complaint. The complaints form did not advise people about how their complaint would be managed, for example there was no information about length of time for investigation and what actions they could take if they were not satisfied with the provider's investigation. The written protocols for making a complaint appeared confusing and the registered manager said she would design a more straight-forward approach. At this inspection we saw that the provider had introduced new written and pictorial guidance and forms for people and relatives to make complaints, which were straight forward. We noted that the provider had used an incorrect address for people and their relatives to contact the Care Quality Commission. The registered manager assured us that she would amend the address immediately after the inspection and send out a new complaints leaflet to people and their relatives. The complaints log showed that there had not been any complaints since the previous inspection and relatives told us they were confident that the registered manager would respond in an open and professional manner if they expressed any concerns or complaints. People and their relatives were asked for their feedback about the quality of the service through annual surveys. The surveys completed since the previous inspection showed that people and their relatives were very satisfied with all aspects of the service.

Is the service well-led?

Our findings

At the previous inspection we found some examples of where the registered manager had not effectively audited records written by staff; for example, a member of staff had used inappropriate terminology during a one-to-one supervision meeting and there was no record of any discussions with the staff member to explain why the terminology was not acceptable. We had also found that although the registered manager conducted spot checks in people's homes and telephoned relatives to check if they were satisfied with the service provided, the records were brief and needed more detail to demonstrate the robustness of these checks. At this inspection we found that improvements had been made and records of a more detailed style were produced.

Relatives told us they thought the service was well managed and regarded the registered manager as an efficient person with good knowledge about the needs of their family member. One relative said the registered manager showed empathy and another relative described her as "a nice person, we can approach her, she always tries to make [my family member] and us happy."

There were satisfactory quality assurance systems in place to monitor the quality of the daily records completed by support staff. The registered manager carried out audits of the daily records in order to ascertain if people were being provided with appropriate care and support in accordance with their care plan. Records showed that the registered manager spoke with staff during their one-to-one supervisions if they needed to improve on the quality of the support they provided and/or the quality of their record keeping.

Staff told us they liked working for the provider and felt very well supported by the registered manager. She was described as an effective leader who demonstrated the ideals of the organisation through her own practice. Records showed that team meetings were held regularly and the registered manager used these meetings as a constructive setting for sharing information about good practice and conducting discussions about what needed to be improved on. Staff told us these meetings were valuable as the registered manager gave them advice about how to meet the needs of people who used the service. Staff also received this type of guidance in their one-to-one supervision meetings and told us they could speak with the registered manager whenever they had any concerns about people or other aspects of their role.

The registered manager told us that as the agency was small and not formally linked to any other organisations, the proprietor had secured the services of an independent social work consultant to provide her with one-to-one supervision and managerial support. The independent social work consultant had not started their role at the time of the inspection and the registered manager was confident that this input would be beneficial for developing her leadership skills and would also support the service to continuously improve.

There had not been any incidents or accidents since the previous inspection. Although the provider had not needed to notify the Care Quality Commission of any significant events that had occurred since the previous inspection, the registered manager demonstrated she was aware of their legal responsibilities.

