

Monument Care Ltd

# Monument Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 7 and 15 March 2017 and was announced.

Monument Care is a small domiciliary care service providing personal care to people in their own home. There were three people using the service.

A registered manager was in post. This person was also the sole partner in the business. We have referred to this person as the manager throughout this report. A registered partner is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

This inspection found four breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified a breach of Regulation 12 which related to the safety of the arrangements in place to manage and administer people's medicines. The level of support people needed with their medicines had not been assessed. Staff had not received up to date training and the practical arrangements in place in respect of one person's medicines were not clear with staff managing the same situation in different ways.

There was a breach of Regulation 18 because staff had not received the necessary training or support in order to carry out their duties effectively. Robust recruitment processes were not in place to minimise the risks of recruiting staff unsuitable to their role. This was a breach of Regulation 19.

The provider was also in breach of Regulation 17. This was because systems were not in place to ensure that the service was operated effectively to identify and managing risks to people and to monitor the safety of the service.

You can see what action we told the provider to take at the back of the full version of the report.

People told us that staff were kind and caring and that the service they received met their needs. Staff we spoke with knew the people they supported well and there were systems in place to ensure that information was handed over to the next staff member visiting the person. Care plans were in place and were detailed and informative. This provided staff with the guidance and direction they needed to ensure people received person centred care. Efforts were made to identify peoples preferences and ensure that they had choice as part of the care planning process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People's medicines were not always administered or managed safely and some staff had not received recent training in medicines administration.

Robust recruitment process were not in place to reduce the risks of recruiting unsuitable staff.

Risk assessments identified risks to people's welfare and suitable steps were taken to reduce the risks as far as was possible.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had not been trained sufficiently to support people effectively. However, people felt that they received care from staff who were competent in their duties.

Whilst people currently using the service were able to make their own decisions, if this were to change staff would not be equipped to meet the requirements of the Mental Capacity Act 2008.

People were supported to access health care services by staff when required.

### Is the service caring?

**Good** ●

The service was caring.

Staff were friendly and treated people with kindness and understanding.

People were supported to make decisions about how their care was delivered.

### Is the service responsive?

**Good** ●

The service was responsive.

People had their needs assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People were confident that any concerns would be responded to appropriately.

### **Is the service well-led?**

The service was not consistently well led.

The provider had not established systems and processes to ensure regular quality and safety monitoring was taking place to mitigate potential risks to the service people received.

**Requires Improvement** 

# Monument Care Ltd

## **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 checked 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.

This inspection took place on 07 and 15 March 2017 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available to meet with us.

Before we carried out our inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service and a relative of another person who used the service. We also spoke with a third person who had been using the service until recently. We spoke with the manager, who was also the provider, and one member of care staff.

We reviewed three care and support plans, medication administration records and two staff recruitment files. We also looked at the service's policies and procedures.

# Is the service safe?

## Our findings

We found that appropriate arrangements for the safe handling of people's medicines were not in place. Of the three people who were receiving personal care from the service, two received assistance with their medicines. There was no assessment of the level of support these people required with their medicines. The manager told us that they prompted one person with their medicines but administered creams and eye drops to a second person.

The manager told us that that one person's family member usually assisted one person with their medicines, but if they were busy, then they were given to staff to prompt the person to take them. The manager said that the person was forgetful and if their medicines hadn't been given to them by their family member then they would probably not take them if they weren't prompted by staff, who waited to make sure the person took them. This was indicative of staff taking responsibility for ensuring the right medicines were taken on time, which meant that they were effectively administering the person's medicines, rather than prompting them. However, a staff member we spoke with told us that the most involved they got with the person's medicines was to remind their family member that their relative was due their medicines.

These medicines included insulin which the manager said was pre-loaded with the correct unit dose by the person's family member. The person would then inject themselves. The arrangements in place meant that some staff might be effectively taking responsibility for administering insulin when they had not determined whether the dose to be administered was correct.

Staff were signing a Medicines Administration Record (MAR) chart for this person irrespective of whether they were present when the person took their medicines. A clear system had not been put in place to show whether the family member or staff were present at the time of administration and who was responsible for what part of the process.

Only one of the three staff members who administered medicines to people had received recent training in this area. The manager had relied upon previous experience for the other two staff members, including himself. The manager's training had expired in 2012. Prior to starting work with Monument Care in May 2016 the second staff member without training had last worked in the care sector where they administered medicines to people in 2014.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had not ensured that a robust process was in place to minimise the risks of employing people unsuitable for their role. The application form for one staff member did not show full dates for periods of employment and no reasons had been given for why they had left previous jobs. Their most recent employer had not been contacted for a reference. The manager said that when they had appointed the person in May 2016 they had seen a Disclosure and Barring Service check for the person from their previous job in the care sector in 2014, but had not obtained an up to date check.

These issues constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that three staff members only, including themselves, were required to support the three people who required personal care. There had been a period recently when, due to sickness, the service had missed one person's visits on occasions. The person's relative said that they had been informed in advance of this and had been able to manage with the help of another family member.

Risk assessments were in place and were tailored to each person's individual needs. These covered risks to people in relation to their mobility, their environment and notable health conditions that they lived with, for example diabetes. Risk management plans were in place which provided guidance to staff on how to meet people's needs and reduce any risks as far as was possible.

People told us that they felt safe with staff being in their home. The manager was knowledgeable about safeguarding and knew when and how they would refer concerns to the local authority. However, the manager and one other staff member had not undertaken recent training in this area. When we spoke to this staff member they told us that they would refer any concerns they might have to the manager. The manager had a good understanding of the sort of issues that could arise that would require a safeguarding referral to be made to the local authority.

## Is the service effective?

### Our findings

Staff did not receive appropriate and timely training to ensure that they were able to support people effectively. The manager told us that they usually worked seven days a week providing care and support to people. However, all of their training had expired in 2012 so was considerably out of date. This meant that people using the service could not be assured that staff were working in accordance with up to date best practice and guidelines.

For example, the staff member recruited in May 2016 had not received training in medicines management, moving and handling, safeguarding or the Mental Capacity Act. Whilst they had received previous training in these areas, this was from a previous care role that they had left in 2014 prior to joining Monument Care in May 2016.

The third staff member was new to the service and had not received moving and handling training but had been working alone supporting people for a few weeks. The manager told us that this staff member had undergone an extensive shadowing period. However, the staff they had been shadowing did not have up to date training in moving and handling themselves. The manager was not accredited to train other staff.

Medicines competency testing had been carried out on the staff member who had joined the service in May 2016. This had first been done via a question and answer session on the day they commenced work. A second medicines competency assessment had been carried on on the staff member's observed practice in June 2016. However, neither the manager or staff member had up to date training in this area.

These issues constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst staff had not received suitable training, people using the service felt that the staff were competent in their work. One person told us, "They know what they're doing." Another said, "They are well aware of what care I need."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager told us that all three people the service supported had the mental capacity to make their own decisions. The manager had a basic understanding of the requirements in relation to when decisions could



be taken in people's best interests if necessary, but neither they nor their staff had received any recent training in this area. One staff member had received training in the Deprivation of Liberty Safeguards, but these did not apply in a care agency setting.

One staff member was not able to tell us about the MCA but confirmed that people were able to make their own decisions. People told us they were supported to make choices and staff explained to us how they helped people. People we spoke with said staff checked with them first before staff supported them.

Whilst the people currently being supported by the service could make their own decisions, there was the possibility that this could change in the future. Additionally, other people could be supported who were not always able to make their own decisions. If these circumstances were to occur, the provider could not assured that people would be supported in accordance with the Act.

With people's permission we saw that staff supported them to access relevant health care professionals when required or would make the necessary contacts on behalf of people. One person told us how staff had arranged for a community nurse to come and see them about a health issue. The person was now receiving regular support from the community nursing team. This person told us, "They know when I'm not right before I do."

The service was not providing any support to people in relation to their nutrition or hydration needs other than occasionally preparing a drink for people.

## Is the service caring?

### Our findings

People told us they were happy with the service and that staff were kind and caring. One person told us that "Staff are very caring. They always check to make sure that they have done everything I want them to do and ask whether there is anything else they can do for me before they leave." They went on to tell us how staff spoke with them about their care in a conversational way so it didn't feel too formal, which they appreciated. Another person said, "Staff are always cheerful. They never talk down to me and I look forward to them coming."

One person told us about the re-ablement support they had recently received from the service after leaving hospital. They told us that they were gently encouraged to regain their independence and knew that the staff were keen to see them improve and took pleasure in observing their progress. They said, "I was sorry not to see them again as now I am able to look after myself again. I felt I was saying goodbye to friends."

People's care records were clear about who else was involved in supporting not only the person's health but their general wellbeing and environment. For example, they showed details for people's hairdressers and gardeners. They also showed which family members were best to contact for specific issues. The service had made sure that they were familiar with people's wider support networks and could contact other people as necessary.

The manager told us that due to only a few regular staff members supporting people that they had ceased sending out rotas so that people would know who was coming to support them in advance. This was now mainly through word of mouth during visits. People we spoke with were happy with this arrangement. One person told us, "I mostly knew who is coming on each visit. However, as there is only a small pool of staff I'm not concerned who is coming out as I know that someone will come and that I will know them; whoever it is."

Staff were mindful that they were going into people's homes. People told us that staff respected their home and possessions. People told us staff treated them in a dignified manner with care and consideration.

People were able to express themselves and state how they wished to be cared for. People said that the manager always sought out their views on the standard of care that they received and asked for suggestions on how this could be improved upon.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. They told us that when changes to their care arrangements were required staff responded positively. Examples given included when changes to the times of support visits were required, such as when people needed to attend appointments. They also told us that, if requested, the manager could arrange for additional support to be made available as necessary. This demonstrated that where possible care was provided in a flexible way in response to people's needs.

People told us they had been involved in the initial planning of their care arrangements and as they saw the manager on a frequent basis they were able to discuss any changes required. They confirmed that the manager frequently sought their opinions about the care provided by the service. "[The manager] is always asking to make sure I am happy with how things are going. They do it in a very casual way which is nice as I don't like things to be too formal. This is my home after all."

We saw that initial pre-assessments were carried out by the manager. These enabled them to obtain sufficient information about people's care and support needs and preferences to be able to determine whether the service would be able to meet people's needs and expectations. These pre-assessments were detailed.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them beforehand. New staff had been shown how to ensure people's care and support needs were met. One person said, "Yes, they come around with the experienced staff for quite a while. The manager will make sure that I am happy for the new staff member to come out to mine on their own first."

We saw that in the daily logs staff detailed the care and support they provided, which were kept in the person's home. Staff described any concerns that people had told them about and recorded any relevant contacts with others such as healthcare professionals. Staff told us that as well as a general conversation with the person upon arrival about how they were; they also reviewed the daily logs so that they could be aware of any issues that could affect the care and support the person required that day. Staff told us that the area where the service operated did not always have a reliable mobile phone signal, so for non urgent matters they relied upon communications in the daily logs.

People told us they had confidence in the manager to deal with any concerns they might have. One person said, "I've never had to raise any concerns, but if I did, I'd be happy that the manager would sort things out." There was a clear complaints policy in place and a formal system for responding to complaints. This was available to people in the service information pack, which was kept in their homes. The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. The manager told us that they had not received any complaints in the preceding twelve months. We had not received any complaints about the service provided.

## Is the service well-led?

### Our findings

The manager acknowledged that they had not been pro-active in ensuring that they and other staff members had suitable up to date training in place to ensure that people received care based on current best practice. They told us that, whilst they felt skilled as a carer, they did not consider that they were able to devote enough time to ensure that the administrative and management systems in place were effectively supporting the service.

The manager was unaware of what was required to ensure that recruitment processes were robust. There were no supervisions of staff beyond their first month or two of employment. The manager told us that they did not carry out any spot checks to ensure that staff were providing a service that was safe and that people were satisfied with. Whilst they told us that they enquired about the standard of care people felt that they received from the service when they provided care to them, no record was kept to show what people had said or what, if any, actions had been taken as a result.

Some parts of people's care records, for example, risk assessments, were not held in the office. We had to ask the manager to make sure that these were obtained from people's homes so that we could see them on the second day of our inspection. The manager said that these records were not accessible on their computer. If these records were to go missing in people's homes, there was no copy available.

There was no system in place to ensure that recent MAR charts and daily logs were returned to the office for periodic review by the manager or what the review was looking to determine. The manager told us that they looked at these records, but were unable to demonstrate what their level of scrutiny of them was.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The culture of the service was open, transparent and focused on the needs of people who used the service. People and the staff member we spoke with told us that the manager was approachable and available when needed. People said they were confident in the manager's ability to ensure that they received a good standard of service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The arrangements in place did not promote the proper and safe management of medicines. Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to assess, monitor and improve the quality and safety of the service provided to people. Records of people's care were not always accessible. Regulation 17 (1)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust arrangements were not in place to minimise the risks associated with staff recruitment. Regulation 19 (1) (2) (3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that staff providing care to people had received appropriate training and ongoing support. Regulation 18 (2)

