Manorcourt Care (Norfolk) Limited

Manorcourt Home Care

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Manorcourt Homecare is a domiciliary care provider based in the town of Swaffham in Norfolk. At the time of this inspection approximately 140 people received personal care support from the service.

People's experience of using this service: At our last inspection of this service in October 2017 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because some people had experienced either missed late or inconsistent call visits and did not see regular staff. Also, risks to people's safety had not always been thoroughly assessed and systems in place to monitor people's medicines had not always been robust. The provider sent us an action plan telling us what they were going to do to meet this regulation.

At this inspection we found that some improvements had been made and the provider was no longer in breach of this regulation. However, further improvements are required. The quality of care that people received from this service at the time of the inspection was mixed. The main areas that required improvement were as follows:

People did not always receive care that consistently met their needs and preferences. This was particularly in relation to the times they received their care visits. The provider was aware of this and therefore, more staff had been recruited to work for the service and the way people received their care visits was being reviewed. People's feedback was mixed as to whether or not they could get hold of someone in the office when they wanted to.

The provider had systems in place to monitor quality such as regular audits but these had not always taken place as often as they should have done. This meant potential errors that had been made had not been identified and acted upon in a timely way to prevent people from the risk of receiving poor care. The registered manager was aware of this and had taken steps to improve the provider's current monitoring systems.

Most people had received their care visits when they needed them. However, some had experienced missed visits which had resulted in an impact on them. We had been advised at our last inspection in October 2017 that the provider had recognised they needed to improve the way they monitored for missed and late care visits and were trialling new technology using electronic monitoring. However, this had still not been implemented some 16 months later for the benefit of people using the service.

Aspects of the service that were good were as follows:

People told us that they felt safe when the staff were in their home with them and the provider had ensured that systems were in place to protect people from the risk of abuse. Staff used good infection prevention techniques to protect people from the risk of the spread of infection.

The staff were well trained and their practice had been regularly assessed to ensure it was safe and appropriate. The provider had made sure that staff had been checked as having good character before they started working with people in their own homes.

Where the staff supported people to eat and drink and with their healthcare needs, this had been done to people's satisfaction. The staff worked well with other health and social care professionals and organisations to ensure people received the care they required.

People received care from staff who were polite, kind and caring and who treated them with dignity and respect. Staff asked people for their consent before they provided care and where people were unable to provide their consent, staff acted in line with relevant legislation to up hold people's rights.

Most people saw regular staff so they could build caring and trusting relationships with them. People had been involved in the planning of their care and could make choices about this. People received information about how to contact the service if they needed to.

There was an open culture where people and staff could raise questions or concerns without fear. The staff understood what was expected of them and enjoyed working for the service. Most that we spoke with felt listened to, valued and supported in their role.

Rating at last inspection: Requires Improvement (report published 20 March 2018).

Why we inspected: This was a planned inspection based on the period since the last report was published by CQC.

Follow up: When we next inspect the service, we will check whether the revised systems put in place by the registered manager and provider to monitor the quality of care have been embedded and are fully effective at monitoring the service people receive. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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.

Manorcourt Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of an inspector, an assistant inspector 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. Our expert by experience's area of expertise was the care of older people.

Service and service type: The provider is a domiciliary care agency. People receive a personal care service within their own home and it is the personal care that is regulated by CQC.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone would be available at the office to meet with us. Inspection activity started on 4 February 2019 and ended on 21 February 2019.

What we did: Before the inspection we reviewed the information we held about the service and the provider. This included notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also requested feedback from the local authority who funded some people's care provided by the service. All this intelligence helped us plan our inspection.

We spoke with 18 people and two relatives over the telephone for their feedback about the care being received on 4 and 5 February 2019. Three staff were contacted by telephone on 20 February 2019. We visited the office location on 21 February 2019 where we spoke with the registered manager, two care staff and staff who were responsible for planning people's care visits and monitoring medicines. We also spoke with the operations director who represented the provider.

We looked at various records relating to the care that people received which included six people's care records and seven medicine records. We checked three staff recruitment and supervision files and the training that staff had received. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe.

Staffing and recruitment; Using medicines safely

● At the last inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because some people had experienced either missed late or inconsistent call visits and did not see regular staff. Also, risks to people's safety had not always been thoroughly assessed and systems in place to monitor people's medicines had not always been robust. At this inspection we found that some improvements had been made and the provider was no longer in breach of this regulation. However, further improvements are required.

• We continued to receive mixed views from people regarding whether they felt there were enough staff working at the service to provide them with care when they required it. One person told us, "They are mostly on time at 9am. They do get the work done." However, another person said, "The times can be very varied for example, they should be here at 7am and it can be 8.15am and I'm lying in mess. There can be big gaps in the times they are supposed to come. The carers do send me a text if they are running late. However, if they are late it does have a big impact on us as we like to go out and have tried to plan our day." Some people said they often felt rushed by the staff when they were providing them with care.

• Some people said they had not had their care visit when they should have. The registered manager told us there had been 13 missed care visits in the last six months. Some people had been impacted by this for example, one person had not been able to go out as they had wished. Other people had not received their medicines at the time they should have although the registered manager told us this had not been detrimental to these people's health. These missed visits had been fully investigated and processes had been reviewed where possible to reduce the risk of these from re-occurring.

• Most of the staff told us they felt there were enough of them to complete people's care visits. They gave us mixed views as to whether they had enough travel time built into their calls so they could visit people on time. The three staff rotas we checked for the week after our inspection visit showed that travel time had not always been factored in, increasing the risk that staff would be late when visiting people. The registered manager had plans in place to improve this due to new staff having recently been recruited to the service.

• Two people whose care we looked at required staff to give them their medicines at a certain time to aid the effectiveness of the medicine. One person's care visits had not been scheduled at regular times to ensure this occurred. This may have had a detrimental impact on the person's wellbeing. The registered manager agreed to investigate and correct this immediately.

• People's medicine records continued to not be audited in line with the provider's frequency to ensure that any errors could be identified and monitored. For example, one person's medication record from July 2018 had not been reviewed until February 2019. The registered manager was aware of this and had reviewed their procedures to ensure that any errors in medicines administration could be identified and therefore investigated more quickly.

• Staff told us they had sufficient guidance in place to help them give people their medicines safely such as allergy information and where to apply creams.

• Staff had received training in how to give people their medicines and their competency to do this safely had been assessed. However, due to some medicine records not being audited regularly, issues with staff practice in this area had not always been identified and therefore dealt with in a timely way.
• The provider had ensured that new staff working for the service had been subject to the required checks to ensure they were safe to work with people in their own homes.

Systems and processes to safeguard people from the risk of abuse
● All the people we spoke with said they felt safe with staff when they were providing them support. One person said, "I have a stand aid which they use to help me move and they are wonderful and I feel very safe. They all know how to use it." Another person said, "I do feel safe with them. It's their general demeanour which is kind and helpful."
• Staff had received training on how to protect people from the risk of abuse and understood how to report any concerns.
• The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

Assessing risk, safety monitoring and management;
● Risks to people's safety had been assessed including areas such as falls, any aspects of the environment they lived in and pressure ulcer risk. The staff we spoke with demonstrated a good knowledge on how to reduce risks to people's safety.
• The staff rota that staff received had important information recorded on it to alert them to some concerns that could impact on people's safety. For example, any allergies they may have that staff needed to be aware of.

Preventing and controlling infection
• Most people told us staff always took precautions to stop the spread of infection. One person told us, "They wear aprons and gloves and always wash their hands after they have been to the toilet."
• The staff had received training in infection control. They demonstrated they understood the need to wear protective equipment and to wash their hands where needed.
• Staff had access to protective equipment when required such as disposable gloves and aprons.

Learning lessons when things go wrong
● The staff understood they needed to report and record any accidents or incidents that occurred when they provided people with support.
• The registered manager had reviewed any incidents, accidents, complaints or missed care visits to see if any lessons could be learned to help them from re-occurring in the future. Staff were advised of any changes required to help them reduce risks to people's safety.

Good

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

Good: 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
● Care records showed that people's needs and choices had been assessed with them and/or a relative before they started using the service to ensure the service could meet their needs. This included physical, mental, social and cultural needs.
• Outcomes that people wanted to achieve had been discussed and recorded in their care record. However, people's preferences in relation to the times of their call visits were not always clearly documented within their care records.

Staff support: induction, training, skills and experience
● Most people we spoke with said they felt staff were well trained. One person told us. "I do feel they have the skills to support me especially my regular carer." The staff told us that the training they received was good and that it gave them the skills they required to provide people with effective care.
• New staff received comprehensive induction training in many different subjects and regular supervision. They were only able to provide care to people once they had been assessed as being fully competent to do so.
• Most staff who had worked for the provider for longer than a year had attended refresher training to enable them to keep their knowledge and skills up to date. Some staff were behind with this training but the registered manager was aware of this and was monitoring the situation.
• Staff were encouraged to complete professional qualifications within social care.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they received sufficient support to eat and drink. One person said, "They prepare my lunch and leave some over for the evening. They prepare what I choose and help me with drinks."
• The staff told us they always offered people a choice of food so people could enjoy their meals. They also said they monitored what people ate and drank if they were concerned about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us the staff supported them with their healthcare when needed. One person told us, "When I haven't felt well they have phoned the GP for me."
● The service worked with other services and individuals such as the local authority, district nurses or GP's to ensure people received effective care and to support them with their health needs.

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

• People told us that staff asked for their consent before providing them with care. The staff demonstrated a good understanding of how to provide care to people who lacked capacity to consent to their care. They were clear about the need to offer choice to people and to act in their best interests.
• People's needs in respect of consent had been assessed and there was clear guidance in place for staff to follow to help them obtain consent in line with relevant legislation.

Good

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

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

● Most people told us the staff treated them with kindness. One person told us, "They are like members of the family and we have a laugh and a joke. They are very caring and careful with me." Another person said, "I find them kind, happy, caring and friendly. They talk to you when they are doing things and they tell me about and involve me in their family and tell me about their children's parties and holidays and show me photos."

• Most people said they saw the same staff regularly to help them build caring and trusting relationships with them.

• The staff we spoke with demonstrated they knew people well. Information had been captured within people's care records about their history to help staff strike up a conversation with the person if appropriate.

• Most people told us they were treated with respect and that their dignity was promoted. One person told us, "They are respectful and I choose what I am going to wear. They do keep me covered when washing me and do want to close the curtains."

• Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. They spoke about how they encouraged people to be as independent as possible for example, encouraging people to walk more.

• Care records had been written to promote people's independence. There was clear information to guide staff on how they could support people in this area.

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

● People told us they could express their views to the staff if they wanted to and felt involved in the planning of most aspects of their care.

• People could express their views in a variety of ways. This included during regular reviews of their care either face to face or over the telephone.

• The staff we spoke with said they always involved people in their care and gave them choices where appropriate.

Requires Improvement

Is the service responsive?

Our findings

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

Requires Improvement: People's needs/preferences were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● We continued to receive mixed views from people regarding whether the care they received met their needs and preferences. One person told us, "They are late on a regular basis. It can be any time between 7am-9am and then this morning for example it was 10.30am. They are shorthanded now. Short staffed and I do feel rushed when they are with me." Another person said, "[Staff] phoned me today and said they can't get to me until 10-11am. It should be 7am." Our findings matched the providers survey in October 2018 where 42% of people had commented that staff were not always on time for their care visits.

• People's records we viewed showed that some had received calls at inconsistent times. The registered manager told us they were aware there had been difficulties in meeting people's preferences in relation to call times but that new staff had recently been recruited to the service which should improve this. The staff confirmed they had seen improvements in this area.

• Most people's planned care visits that we checked for the week after our inspection visit, had been planned at regular times.

• People had been involved in the planning of their care. An initial assessment had been completed with them and/or a relative when necessary. From this a detailed care record had been produced that gave staff clear information on how to meet people's individual needs. Staff told us there was sufficient information to enable them to provide people with the care they required.

• The office was staffed during the day and some staff were on-call to answer the telephone during other periods. We received mixed views from people regarding whether they could get hold of someone at the office when they needed to. One person told us, "I only really have contact with [staff member] from the office. He is fine and will come out as a carer and asks how I am." However, another person said, "We can't always get through on the phone. I think the out of hours number is the same as the day one. Phoning the office can be difficult. Sometimes it just rings out and you can't leave a message and sometimes if the answerphone is on and we leave a message generally they do not get back to us." The registered manager told us after our inspection visit that people were provided with details of how to contact the office when they started to use the service.

Improving care quality in response to complaints or concerns

●People told us they knew how to complain and most said their complaints had been responded to in a satisfactory way. One person told us, "There was only one staff member that I wasn't confident with and I told them and they don't send them anymore."

• The registered manager told us they had investigated all complaints made although there was not always written evidence this had occurred.

End of life care and support

● No one was receiving end of life support at the time of the inspection. However, staff told us they worked with various healthcare professionals at these times. The registered manager told us that people's wishes were sought at this time and that these were respected.

Requires Improvement

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

Requires Improvement: Service management required some improvement around the support and delivery of person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care;

●We continued to find that some quality systems in place had not been effective at monitoring the quality of care people received. Again, some audits had not been completed regularly in line with the provider's requirements to monitor and identify for potential errors. For example, records of care that staff had completed when in people's homes and medicine records. The timing of people's care visits was a repeated concern that we received at our last inspection. The registered manager had recently reviewed these systems and told us that all audits were now up to date and that people's call visit times were being reviewed as new staff were recruited to the service.

• The registered manager told us that the system in place to monitor for missed and late calls relied on people and staff to advise them of concerns. This meant monitoring in these areas had not always been as timely as it could have been. Records showed that some missed visits experienced by people may have been prevented if electronic monitoring of care visit completion had been in place. At our last inspection in October 2017, the registered manager at the time told us that this was being trialled to improve the robustness of this system. However, some 16 months later this was still not in place. The operations director said the provider had trialled this but had found some difficulties with the mobile coverage of the system. They said the provider continued to look to install such a system within the near future to improve the monitoring within these areas.

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

• People were regularly asked for their opinion about the quality of care they received. This was completed through either an annual survey, care review or quality monitoring. These views were listened to and actions were being taken to improve the care people received where they had identified shortfalls.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● Seven of the twenty people we spoke with were fully happy with the service they received. However, thirteen people were not happy about some aspect of their care. We received mixed views from people regarding the management of the service. One person told us, "I've met the area manager who seems very good. She came out and did the initial assessment with me and was patient and attentive." However, another person said "The carers are good but the organisation is not so good. They seem more disorganised."

• People said they could approach the staff or registered manager at any time and without concern. The staff we obtained feedback from agreed with this. This demonstrated an open culture.

• The staff were happy working at the service, they felt supported, valued, listened to and appreciated.
• The provider understood the duty of candour and offered an apology and/or involved people when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Staff understood their individual roles and responsibilities. Some staff provided care to people, others were responsible for planning people's care visits and others for monitoring the quality of care provided.
• The registered manager had been registered with us for just over eight months. They understood their responsibilities and kept up to date with any changes within the care sector. When they started working at the service they had identified the service needed some improvements and continued to actively work on this.

Working in partnership with others
● The registered manager had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required.
• Information was provided to people about other services to promote their safety and wellbeing such as the local fire service who would visit and check the person's home. Staff told us they would contact other organisations on behalf of people if there was a need for this such as local charities or day care centres.