Morningside Care Ltd

Morningside Care Ltd

Inspection report

Imperial House
Barcroft Street
Manchester
Greater Manchester
BL9 5BT

Date of inspection visit:
18 April 2016
19 April 2016

Date of publication:
08 June 2016

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 was an announced inspection which took place on 18 and 19 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure the registered manager would be at the office. This was the first inspection of this service. The inspection team consisted of one inspector.

Morningside Care Ltd. is a Domiciliary Care Service that provides personal care to people in their own homes. At the time of our inspection there were 15 people using the service.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We saw that policies and procedures on staff recruitment were in place. Checks were made with the disclosure and barring service (DBS) for criminal convictions of applicants. However in three staff files we found full employment histories had not been recorded. This meant people were at risk of being cared for by unsuitable staff.

The service did not have a robust system for monitoring and reviewing the quality of the service. Where checks and audits were carried out there was no record of the outcome of the audit or any action recommended or taken if errors were found. Staff were receiving regular supervisions and team meetings were being held, however were no records of supervisions and team meetings. These processes needed to be more robust to identify and drive forward required improvements in the service.

Staff had an induction and received basic training through the care certificate. Following our inspection we saw that staff had received additional training in medicines management. The service had planned more training for staff in medicines, emergency first aid and manual handling.

The service has a registered manager who was present on the day of our inspection. A registered manager 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.

People told us they felt safe with Morningside Care Ltd. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

We saw that medicines management policies were in place and people received their medicines as prescribed.

Risk assessments and support plans were detailed and contained sufficient information to guide staff on how support should be provided. Staff completed a record of each visit they made. We saw that each person's nutritional needs were recorded in support plans. Risks associated with poor nutrition were assessed and there was guidance for staff to follow.

People's rights and choices were respected. People's records had not always been signed to indicate they gave their consent, but people and their relatives told us they had been involved in planning and agreeing how support was provided. Although staff had not received training in the MCA, staff we spoke with had an understanding of the principles of this legislation. They were able to tell us how they ensured people had consented to the care they provided and what they would do if someone did not have the capacity to consent. The provider was working within the principles of the Mental Capacity Act 2005 (MCA)

People told us the service was reliable, well organised and that visits were never missed. We found there were sufficient staff to meet people's needs and a good system in place for alerting managers if a visit was late.

People told us they liked the staff and the service they received. One person told us "They are kind and they don't rush me." A relative told us "They care for my [relative] very nicely, they are all good, I keep my eye on them." We found that the registered manager and staff we spoke with new people who used the service very well. We saw that staff were caring and respectful when talking about people and when supporting them.

People spoke positively about the registered manager. They told us "She has become a good friend" and "She likes her work, she is honest". We found the registered manager to be approachable and committed to providing a quality service.

Staff told us they felt supported and enjoyed working for the service and spoke fondly of the registered manager and felt supported in their work. We found there were policies and procedures in place to guide staff in their work and an out of office hours "on call" system they could use to seek advice.

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.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff. Full employment histories had not been recorded.

Staff had received training in safeguarding adults and were able to tell us of the correct action to take to report any abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff felt supported in their roles. They received the induction, basic training and supervisions they required to ensure they were able to carry out their roles effectively. Additional training that staff needed was planned.

People told us the service was reliable, well organised and that visits were never missed.

People's rights and choices were respected. People's records had not always been signed to indicate they gave their consent, but people and their relatives told us they had been involved in planning and agreeing how support was provided.

Is the service caring?

Good

The service was caring.

People we spoke with and their relatives were positive about the staff and registered manager of the service and told us they were caring and friendly.

The registered manager and staff we spoke with were caring and respectful in the way they spoke about people who used the service and the way they provided support.

Is the service responsive?

Good

The service was responsive.

Risk assessments and support plans were detailed and contained sufficient information to guide staff on how support should be provided.

There was a system for recording and responding to the complaints and recording action they had taken. When there had been a complaint it had been dealt with appropriately and the action taken recorded.

Is the service well-led?

Requires Improvement

The service was not always well–led

Systems for record keeping, monitoring quality and reviewing the service were not robust enough.

The service had a registered manager. Everyone we spoke with was positive about the registered manager.

Staff told us they enjoyed working for the service; they spoke fondly of the registered manager and felt supported in their work

Morningside 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 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.

This was an announced inspection which took place on 18 and 19 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure a manager would be at the office. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked Bury local authority and Bury Health watch for their views on the service.

The service supports people who live in their own homes. During our inspection we spoke with three people who used the service and one relative, the registered manager, a care coordinator who was part of the management team and three care staff.

We looked at a range of records relating to how the service was managed; these included; medicines administration records, the care records of three people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

We looked to see if there was a safe system of recruitment in place. We found that recruitment was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness, grievance and disciplinary matters were in place.

We looked at three staff personnel files. The staff files we looked at contained application forms, two written references and copies of identification documents. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. However we found that the application forms in two of the files we looked at did not detail a full employment history and one of the application forms indicated that the staff member had a gap in their employment history. The reason for this gap had not been explored or a written explanation documented as is required. This was a breach of Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

People we spoke with told us they felt safe with Morningside Care Ltd. One person told us "I feel safe"

We looked at how people were supported with the management and administration of their medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. We looked at three months medicines administration records (MAR) for two people.

People we spoke with told us they received their medicines as prescribed and we found that all records were completed to confirm people received their medicines as prescribed. Where a person had refused their medicines we saw that this was documented and that the staff member had taken appropriate action to ensure the person's safety. For one person we found that they had two MAR sheets listing their medicines. One month we found the second sheet did not have the month of administration written on. The registered manager told us they had made an error in not adding the month to the second sheet and would review their MAR auditing process.

The registered manager told us that the five staff administering medicines had not received training from Morningside Care Ltd but that they had received training with previous employers. The registered manager told us that only one staff member was able to provide a certificate for this training. The three staff we spoke with confirmed they had received training through their previous employment. The registered manager told us that assessments of staff competency to administer medicines were completed with staff before they could administer medicines and that competency checks were then completed monthly. There were no records of these checks but staff we spoke with confirmed that regular competency checks were made by the registered manager. The registered manager showed us that all staff were booked on external medicines training in the next two months. They also confirmed after our inspection that all staff that administer

medicines had now completed on line medicines training. The lack of records of quality checks is dealt with in the Well-led domain in this report.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The service had not had any safeguarding incidents but the registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to. Staff we spoke with told us they were confident the registered manager would deal with any issues they raised.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. We saw the policy was contained in the staff handbook which was given to all new staff. Staff we spoke with were aware of the company's policy.

We looked at three people's care records. We found they contained risk assessments and included identified risks to the individual and environmental risks around people's homes. We saw they included flooring and stairs, lighting, fire safety, pets, home appliances such as cookers, toasters, microwaves and vacuum cleaners. They also included moving and handling, nutrition and hydration, medicines management and bathing.

People we spoke with told us that the service was reliable and that visits were never missed. They told us that if staff were going to be late either the staff member or staff from the office would telephone to let them know. People told us they always received the care they were assessed for. Records we saw showed that sufficient staff were available to provide people with the support they needed. We were told that visits always happened within 30 minutes of the planned time and the registered manager told us the service had an electronic system that alerted the managers of the service if a visit was five minutes late. This system allowed the provider to be sure that people received the support and time commissioned.

The service had an infection control policy and procedure; this gave staff guidance on preventing the spread of infection; effective hand washing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel. Staff we spoke with and records we saw showed that staff received training in infection prevention and control. We saw that PPE was available and staff we spoke with told us PPE was always available and used.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. We saw that this included a form that should be used to record a description of the accident or incident, details of any injuries, what action staff took, and recommendations from the registered manager to prevent reoccurrence. The registered manager told us the service had not had any accidents or incidents.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The registered manager told us they did not have a contingency plan, the care coordinator thought they did but could not find a copy. They told us that either the registered manager or the care coordinator were always available via the on call system for staff to contact and would be able to advise staff. Plans that give direction to staff in the event of an emergency such as failure of phone and computer system, breakdown of essential equipment, loss of electric and gas and severe weather should be readily available. This helps to ensure staff are able to follow the correct course of action promptly to ensure

continuity of service and to keep people safe. We have advised that this information is formalised with a written document.

The offices were on the ground floor of a modern office building. The service had bought their electrical equipment (computers and screens) recently; the registered manager was aware of the need to have them checked when they became due for electrical safety checks . There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire. The building was owned by a landlord. The alarms and emergency lighting were tested frequently by the landlord to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The registered manager told us any faults or repairs were quickly attended to.

Requires Improvement

Is the service effective?

Our findings

We looked to see if staff had received the training, supervision and support they needed to carry out their roles effectively.

When staff started to work for the service they were given a "care handbook" to refer to for good practice issues. The handbook contained key policies and procedures, rules for working at the service, codes of conduct, complaints and compliments, confidentiality, equality and diversity, health and safety, working practices such as wearing the right uniform or ID. It also contained information about the rights of service users, consent and capacity and advocacy services. This should help staff follow what the service considered to be good practice.

The registered manager told us they worked alongside new staff for a day to assess their competency to undertake their role before they worked alone. They told us this would be longer if needed. New staff completed a care certificate and the service provided mandatory training via e learning for all new staff. Staff files we looked at contained certificates for this training. This included; infection control, safeguarding, risk assessment, information governance, fire safety, moving and handling and basic life support. We were told that staff had been booked on more in depth external courses in the next two months. These included medicines management, moving and handling and emergency first aid.

The registered manager told us that as the service had not been operating for a year, annual appraisals had not yet been completed with staff but were planned for later this year. They told us that supervisions were carried out regularly when they visited staff. However records were not kept of when they had taken place, what was discussed or what actions were agreed. Staff told us they received regular supervisions. One told us "I had supervision two weeks ago" another said "I have had two in the last three months."

The registered manager and staff we spoke with told us they had a team meeting three weeks before our inspection. There were no records of this meeting or what was discussed. Without records of supervisions or team meetings the service could not be sure issues had been addressed and that staff were receiving the support they needed. We have looked at the lack of record keeping in the Well–led domain of this report.

People who used the service told us they thought it was reliable and well organised. One person said "[registered manager] deals with things straight away", " If you want anything she gets it sorted" another said "They tell me who's coming tomorrow"

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. We found that the service was

working within the principles of the MCA. We saw that people and where appropriate their relatives had been involved in planning the care they received. The three care records we looked at contained a consent form for people who used the service to sign to indicate they were consenting to the planned care. We found the forms had not been signed but we spoke with the people whose records they were and they told us they had been involved in planning and agreeing with the registered manager how their support was provided. They told us that staff sought their consent when supporting them.

The registered manager had a good knowledge MCA and was able to tell us how they ensured people were involved and consulted in decisions about their care. Although staff had not received training in the MCA, staff we spoke with had an understanding of the principles of this legisltation. They were able to tell us how they ensured people had consented to the care they provided and what they would do if someone did not have the capacity to consent.

People lived in their own homes and could eat what they wanted. We saw that each person's nutritional needs were recorded in the plans of care. Risks associated with poor nutrition were assessed and there was guidance for staff to follow. With one person who used the service we saw that meals were left by relatives for staff to heat, staff checked that the person wanted the meal. The person told us that staff would offer them an alternative if they didn't want the meal.

Records we looked at contained information about people's health conditions and details of their G.P. and other health care professionals involved in their care.

Good

Is the service caring?

Our findings

People we spoke with told us the service was caring. One person told us the registered manager was "Very caring."

People were complimentary about the staff and the service they received. They told us "I have found them ok, they are friendly", "They are kind and they don't rush me." Another person said they looked forward to the visits "They are a great crowd, we have a laugh" A relative told us " They care for my [relative] very nicely, they are all good, I keep my eye on them".

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about peoples likes and dislikes, their care needs and also about what support they required. Staff were able to tell us about people's interests and hobbies and things that were important to them.

With permission we visited three people who used the service at their homes. We observed how one staff member interacted with one person who used the service. We saw they were relaxed and friendly in the way they spoke with the person. They were caring and respectful in their approach and explained what they were doing and asked the person if they were happy with how they were supporting them.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw that care records were stored securely to help maintain people's confidentiality. We saw that information on about advocacy services was given to people who used the service. Staff were also given the information so that they could discuss advocacy with people if they needed to.

Good

Is the service responsive?

Our findings

One person we spoke with said of the service they received "They are very good, I have no complaints." They told us they felt listened to and that the service responded to what they asked for. One person told us, "I didn't like a couple of them [staff], and [registered manager] moved them straight away". Another person said "We used to get strangers with other agencies, not with these, not now."

The registered manager told us that prior to someone starting at the service they received an assessment from the local council. This told the service what the person's needs were and what visits they required. The registered manager would then visit the person, and where appropriate their relatives, to gather further information. We looked at the assessment records for three people and saw this included information on all aspects of the person's health and social care needs. The assessment process ensured the service could meet people's needs and that people who used the service benefitted from appropriate support. We found the information gathered during the assessment was used to develop support plans and risk assessments.

With their permission we visited three people who used the service in their own homes and looked at their care records. People told us they had been involved in developing their care plan and that the registered manager had spent time finding out what was important to them. One person told us "[registered manager] came and sat down and went through everything with me." We found care records included contact details of relatives and health care professionals, social histories, planned visit times, routines, preferences, food likes and dislikes, health conditions, allergies, medicines, how people wanted to be supported with their personal care. They also contained information on how to support people to maintain independence, such as what food or drink they could prepare for themselves or household equipment they could use without support. Records we saw were sufficiently detailed to guide staff in how to provide the support people required. Copies of the support plans and risk assessment were kept in the office so that manager had access to them and could advise staff accordingly.

We found staff completed a written log in the care records in peoples homes of each visit they made. This included information on what care had been provided. People we spoke with told us that the registered manager visited regularly to review the care they received and to ask them if anything had changed. We saw that support plans were updated if changes occurred.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints, their response to the complainant and recording the action they had taken. We saw that there had been one complaint. It had been dealt with appropriately and the action taken recorded. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

Requires Improvement

Is the service well-led?

Our findings

We looked at the systems that were in place to monitor and review the quality of the service.
The registered manager told us they visit each person who used the service each week. They used these visits to gather feedback from people, check daily logs and records and also to undertake staff medicines competency checks and spot checks of staff performance. They carried out audits of MAR charts each month. People who used the service and staff we spoke with confirmed that the registered manager did undertake regular visits, spot checks and audits. One person who used the service told us "[registered manager] comes about twice a week." A staff member told us "[registered manager] came and watched me two weeks ago, she says I impressed her". Another staff member said "She makes sure the carers are doing what they should."
The registered manager told us records were not kept of these audits, visits or spot checks. We found this meant that there were no records available of the findings, actions recommended or actions taken if errors were found. Because of this the information could not be used to improve and develop the service. There were no audits of care plans or risk assessments. Although supervisons and team meeting were taking place regularly, records were not kept of when they had taken place. Without records of supervisions or team meetings the service could not be sure issues relating to staff practise had been addressed or that staff were receiving the support they needed.
The lack of robust systems in place to monitor and review the quality of service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was present on the day of our inspection.
A registered manager 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.

People who used the service spoke positively about the registered manager. They told us "I am happy with her", "She has become a good friend" and "She likes her work, she is honest". Another said "She is genuine, she's nice."

Staff said of the registered manager; "[registered manager] makes sure each client is happy", "She gives her all." They said the registered manager was "Really good, really friendly" and "Very patient, professional and polite." We found the registered manager to be approachable and committed to providing a quality service.

Staff told us they enjoyed working for the service. They said "I am really happy here" and "It is very well organised." A relative said of the service "I would recommend them to anyone."

The service had an "on call" system. This meant that people who used the service and staff could contact a manager outside of office hours for advice and support. Staff told us they were always able to make contact with a manager through the "on call" system.

We looked at the policies available to guide staff in their work. The policies we looked at included accidents & incidents, medicines administration, complaints, confidentiality, health and safety, safeguarding, access, key holding and security, recruitment and selection, infection control and quality assurance.

The registered manager told us the service had not been open long and they had not yet completed a satisfaction survey. The registered manager and other staff told us they regularly asked people who used the service if there was anything that could be done to improve their care.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager was able to tell us what events should be notified and how they would do this.

People who used the service or their families were given documentation such as a Statement of Purpose which explained the services aims, objectives and structure of the service and information about the facilities and services the agency provided. These documents gave people sufficient information to know what they could expect when they used this agency.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of robust systems in place to record, monitor and review the quality of service provide

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.