

Mooncare Limited

Mooncare Limited (Domiciliary Agency)

Inspection report

Alpha Grove Community Centre
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Date of inspection visit: 16 and 19 January 2015
Date of publication: 13/05/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection was carried out on the 16 and 19 January 2015 and was announced. We gave 72 hours' notice of the inspection to make sure that the staff we needed to speak with were available.

Mooncare Limited (Domiciliary Agency) provides personal care services to people with a learning disability living in their own homes, with their relatives. At the time of our

inspection there were six people using service. The service is located in a day centre owned by the provider. Some of the people receiving a personal care service also attend the day centre.

Recruitment records showed that staff had only one reference each, which was not always checked by the

Summary of findings

provider to guarantee its authenticity. This meant the provider did not demonstrate a robust enough approach to ensure staff were suitable for employment at the service.

Staff were aware of how to protect people from abuse, but did not understand the principles of the Mental Capacity Act 2005 (MCA), in regard to ensuring people's rights to make choices were protected.

Staff did not support people with taking their medicines as they received this support from their relatives. However, the provider's medicine policy and procedure did not address staff responsibilities if an event arose in which staff needed to administer medicines to ensure a person's safety or wellbeing.

Assessments were carried out to identify people's care and support needs. Risk assessments were in place to enable people to take part in activities and access community resources, whilst ensuring that their safety was maintained. However, some people's risk assessments were generic and not applicable to their needs and wishes.

Staff received support and supervision but there was a lack of specific training to meet the needs of people with a learning disability.

People received support with their nutritional needs, including support to develop cooking and baking skills. The service understood how to meet people's cultural preferences in regard to food, activities and practising their religion.

Relatives told us that people received personalised care but this was not consistently reflected in the care plans. People's care plans were reviewed annually or more frequently if necessary.

Relatives told us they were confident that any complaints would be properly listened to and acted upon. People were given pictorial complaints guides; however, the complaints procedure was not made as clear and straight-forward as possible.

People's views and the views of their relatives were sought through surveys, which showed that they were happy with the quality of the service. Relatives told us they received regular visits and telephone calls from the registered manager to check if they were pleased with how their family member was being supported. Staff told us they felt well supported by the registered manager.

The auditing of staff documents, and policies and procedures was not thorough enough. We found policies which were conflicting and inappropriate terminology recorded in supervision notes had not been addressed.

We made recommendations in regard to the limitations of the medicines policy and procedure, the training needs for staff and the care plans not reflecting the personalised care provided to people.

We found two breaches of regulations, relating to the safe recruitment of staff and the accurate keeping of records and documents. You can see what actions we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment practices were not sufficiently thorough in order to ensure that people received care and support from suitably experienced and safely appointed staff.

Risk assessments were not always person centred and focused upon people's identified needs and wishes.

There was insufficient guidance for staff in regard to potential situations in which they may need to administer medicines.

The registered manager and the staff demonstrated their understanding of how to keep people safe from abuse and how to report any concerns.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff were not aware of the Mental Capacity Act 2005 and their duties to ensure people's rights were protected with regard to making choices.

People were supported by staff who received supervision but staff did not receive sufficient opportunities to enable them to meet people's needs effectively.

People and their families were involved in their care planning.

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

Requires Improvement



Is the service caring?

The service was caring.

Relatives were very positive about the quality of care and the caring attitudes of the staff.

People were supported by care staff who understood the importance of respecting people's privacy and dignity.

Good



Is the service responsive?

The service was not always responsive.

Relatives told us that people received personalised care and support but this was reflected in care plans.

Relatives knew how to make a complaint although the complaints procedure did not contain sufficient information.

Requires Improvement



Summary of findings

People received a consistently delivered service from staff they knew well, which met their cultural needs and wishes.

Is the service well-led?

The service was not always well-led.

Relatives told us the service was well managed and staff said they received good guidance and support from the registered manager.

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

Some records and policies needed to be checked and updated to ensure their accuracy and relevance.

Requires Improvement



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 the 16 and 19 January 2015 and was announced. We told the provider three days before our visit that we would be coming. This was because the registered manager and/or senior staff are sometimes out of the office visiting people who use the service and supporting staff; we needed to be sure that someone would be in. Two inspectors conducted the inspection on the first day and one inspector returned on the second day.

Before the inspection the provider completed 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 reviewed the information we held about the

service prior to the inspection visit. This included the previous inspection report, which showed that the service met the regulations we inspected on 12 September 2013. We also checked 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. Questionnaires were sent to people using the service and staff; we received two responses from the relatives of two people and five care staff replied.

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 care packages. During our inspection we spoke with two care staff, the care co-ordinator and the registered manager, and we spoke by telephone with the relatives of four people. We looked at various records about people's care and how the service was managed, which included three people's care records and four staff records, which covered training, support and recruitment. We also looked at the complaints log, a sample of the policies and procedures and audits carried out by the registered manager. We contacted three social workers allocated to three people using the service in order to seek their views about the service and did not receive any responses.

Is the service safe?

Our findings

We looked at the recruitment files for four members of staff, which contained criminal record checks and proof of eligibility to work in the UK. We saw that prospective employees were asked about their marital status and religion on the application form, rather than on a separate and optional equal opportunities form. The provider's recruitment policy stated that each employee must have two verified references. However, we found only one reference in each staff file and these were not consistently verified for their authenticity. This meant that staff were not properly checked to make sure they were safe and suitable to work with people using the service.

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they thought their family members were safe using the service. One relative told us, "Yes, I think [my family member] is safe. [He/she] is always smiling and happy when [member of staff] visits" and "they are trustworthy people, I trust them of course."

Staff understood about the different signs of abuse and how to report it. Care staff told us the actions they would take to support 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. This meant that staff had the knowledge to identify abuse and understood how to appropriately respond. 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. Apart from one member of the care staff, employees were able to explain their understanding of the policy.

Risk assessments were conducted for daily living activities including sporting activities, moving and handling, cooking, playing in the park, and safely accessing recreational amenities in the local community accompanied by care staff. This meant people were supported to be as independent as possible, taking into account their safety and wellbeing. However, there were risk assessments in place for perceived risks which did not apply to people. For example, we saw risk assessments with guidance about what to do if a person had a headache, felt nauseous, was exhausted or experienced a panic attack, although the registered manager confirmed that the person was not at an identified risk of these incidences occurring. Environmental risk assessments were in place, which identified risks within people's own homes.

The rotas showed that people usually received their care from the same care staff, which meant people and their families benefitted from consistency, and staff were able to get to know people and understand their needs and wishes. People asked for care staff of their own gender and the service was able to meet their requests. Staff told us they could always contact the registered manager or the care co-ordinator if they needed guidance or support.

People were supported with their medicine needs by their relatives, which was confirmed during our telephone discussions with relatives. We asked the registered manager whether staff would ever have to administer medicines, for example if a person asked for assistance to use a prescribed inhaler or eye drops prescribed for an infection when out in the community with a member of staff and no relative present. The registered manager told us that this had never happened and there was no guidance for staff in the provider's medicine policy and procedure, in the event of such an incident occurring. Staff had received medicines training.

We recommend that the provider reviews the medicines policy and procedure in line with current best practice guidance.

Is the service effective?

Our findings

Relatives told us they were happy with the care provided by the service. Comments included, “very good” and “they [care staff] really make [our family member’s] life so much better.” One relative said, “Mooncare provides a good service and I am happy with their service for [my family member]. The staff are skilled and patient with [him/her].

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 it was 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 with appropriate information and assistance to meet people’s health and social care needs.

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.

Staff told us they felt supported by the registered manager and the care co-ordinator. Records showed that staff had one-to-one supervision every three months, 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. We found that staff had limited opportunities to attend training about the needs of people using the service, for example training to update their knowledge about developments within the learning disability field. The registered manager acknowledged that

the training programme was limited and said that new training was being introduced. At the time of this inspection some staff were undertaking national vocational qualifications in health and social care. The Provider Information Return (PIR) stated that all staff had attended training about dementia care; however, none of the people using the service at the time of the inspection were identified as having a diagnosis of dementia.

The care co-ordinator and 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 certain decisions, at a certain time. They were not clear about what a best interests meeting was or could not state any of the key principles of the MCA. This meant there was a risk of people not making their own decisions whilst being supported by staff. The PIR documented that care staff had received training about the MCA but when we discussed this with the registered manager they told us the training was limited as it was delivered with the safeguarding training. The registered manager told us she planned to provide staff with MCA training and confirmed that “when people don’t have the capacity to make decisions we involve parents and professionals for ‘best interests’ decisions.”

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.

Care plans demonstrated that people received prompting or assistance with eating and drinking, in accordance with their assessments and wishes. A member of staff told us they prepared halal food for a person. One care plan identified that a person wanted staff support to learn how to prepare their own food and another care plan showed that a person enjoyed going out for meals and snacks with a member of care staff. This meant that people’s nutritional needs and wishes were understood and flexibly met by staff.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people with learning disabilities.

Is the service caring?

Our findings

Relatives told us they were happy with the care their family member received. People described the staff as being “very caring” and “kind and lovely.” One relative said, “We are very happy with the care staff. They are very friendly, treat [my family member] with respect and value [his/her] decision. Both relatives who responded to the questionnaire we sent out prior to the inspection thought the care staff were caring and kind.

Relatives told us they were involved in making decisions about their family member’s care, and their family member was consulted and given choices as much as possible. Relatives described people’s care as being personalised.

Staff told us how they respected people’s privacy and maintained their dignity. For example, staff said they ensured that doors were shut and curtains or blinds pulled when they supported people with their personal care. One member of staff said that people had complex needs and

they made sure that personal care was delivered in exact accordance with the person’s wishes and established routine, which made people feel respected, safe and at ease.

People and their relatives were predominantly from Bengali speaking communities, although the service provided care and support for people from other cultural backgrounds. One member of staff told us they supported a person to say prayers and practice their religion, in keeping with their wishes. The provider employed staff who spoke Bengali, Hindi and other languages known to people using the service. This meant people could be matched with care staff who understood their cultural needs.

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 that the care staff understood the needs of their family members. Staff were described as being “reliable” and “helpful”, and there were no concerns about punctuality. 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 disruption for people when their regular member of care staff was on leave. Some people using the service also attended a day centre owned by the provider, hence they might also meet their regular member of care 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 positive and reassuring for people.

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 it was 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 with appropriate information and assistance to meet people’s health and social care needs.

Care plans did not consistently reflect the personalised care described by relatives. There was limited information about people’s likes, dislikes, interests and background. Relatives and staff 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. 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.

Relatives told us they did not have any complaints about the service and would complain to the registered manager if they needed to, and were confident that their complaint would be fully investigated and resolved. They could not recall if they had been given written guidance about how to make a complaint, as their family members had been receiving a service for several years. The registered manager showed us a complaints notice which was given to people and their families, which advised them to request 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.

We recommend that the provider seeks advice from a reputable source about developing personalised care plans that reflect the personalised care that people receive.

Is the service well-led?

Our findings

The registered manager told us she audited records written by staff; however we found some comments by staff which had not been addressed by the registered manager. For example, a member of staff described a person using the service as “lazy” and another person was described as being “very demanding.” These comments were made by a staff member during a supervision session but there was no documentation to indicate that the staff member was advised about respectful ways to discuss people’s behaviours. The registered manager told us that some staff used inappropriate words as they were not using their first language.

Records demonstrated that the registered manager carried out spot checks to people’s homes in order to determine if people’s care and support was being delivered professionally and in accordance with their care plans. The records for home visits and telephone calls to relatives were brief and needed more detail to demonstrate their robustness. People and their representatives were sent surveys, which received positive comments.

We found that the policy for staff development and training was out of date and we were presented with a second safeguarding policy and procedure that was inaccurate and contradicted the first one. Information given by the registered manager in the Provider Information Return about staff training did not correlate with the staff training records we were shown, and the lack of clarity about how

to make a complaint had not been realised until we pointed it out. This and the above two paragraphs meant that systems were not in place to ensure people and staff benefitted from accurate records and documents.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they thought the registered manager was knowledgeable, experienced and helpful. One relative told us they felt they knew her well because she regularly carried out monitoring visits and made monitoring telephone calls.

Staff told us they enjoyed working at the service and felt well supported by the registered manager. Records showed that team meetings were conducted regularly and the registered manager used these meetings as a forum for sharing information and supporting staff. Staff said these meetings were useful as the registered manager gave them guidance about how to meet the needs of people using 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 service had not received any complaints since the previous inspection and the one accident in the past 12 months had been appropriately documented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use service were not protected against the risks of receiving care from staff who were not effectively recruited. Regulation 19 (2)(a) and (3)(a)(b)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use the service were not protected against the risks of receiving unsafe or inappropriate care due to inaccurate records and documents. Regulation 17 (2)(c) and (d)(ii)