

Moor and Coast Care Limited

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Inspection report

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North Yorkshire
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19 March 2019

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Moor and Coast Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people living in and around the Whitby area. At the time of this inspection, 11 people were using the service.

People's experience of using this service: The registered manager displayed a commitment to providing high quality person-centred care. However, we identified shortfalls with the leadership of the service. The registered manager did not have systems in place to check the safety and quality of the service provided. They had limited knowledge of best practice and regulatory requirements as well as the content of their own policies and procedures. Records kept in relation to people who used the service were not complete or accurate. The issues we found during our inspection had not been identified.

Information was not available to help guide staff about the support people needed to manage risks or specific health conditions. Medicine records were not clear or complete, although people told us they received their medicines as prescribed. Safe recruitment processes had not always been followed. We have made a recommendation about safe recruitment processes.

Staff had not been fully supported when they joined the service. Inductions had not taken place and staff had not received training to ensure they had the skills and knowledge required. Support provided to staff via supervisions and observations were not recorded.

People were clearly at the heart of the service. Staff treated them with dignity and respect and their independence was promoted. People were supported by a consistent team of staff who were familiar with their likes, dislikes and preferences. Staff spent time getting to know people and their goals. They understood the importance of understanding people's abilities and working with them to achieve positive outcomes; this level of information was not recorded in people's care files.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Choices people made were respected although consent was not recorded.

People felt they were listened to and their views respected. People told us the service was responsive to their needs and the support provided had improved their well-being. They were asked to provide feedback on the service provided and had regular visits from the registered manager.

People and staff spoke positively of the management team. The registered manager and staff team were passionate about providing a caring service but accepted there were significant shortfalls with records. They were responsive to the concerns we found during the inspection and began to implement improvements immediately.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: This is the first inspection of the service since registering in March 2018.

Why we inspected: This was the first scheduled inspection of the service.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around good governance and staffing. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least good.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Moor and Coast Care Ltd

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 was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to predominantly older people living in their own houses and flats.

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. We needed to be sure the registered manager would be available to facilitate this inspection.

Inspection site visit activity started on 11 March 2019 and ended on 19 March 2019. We visited the office location to see the registered manager and office staff. We also reviewed care records and policies and procedures. We contacted people who used the service and relatives via telephone to gain their views on the service provided.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us 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, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and two relatives. We spoke with the

registered manager and two care staff.

We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks to people were not assessed. Details on how to manage and reduce risks in relation to people's needs were not recorded. For example, one person required a hoist to transfer them safely from bed to chair. There was no reference to this within the person's care documents. Control measures to keep this person safe were not recorded and associated risks had not been considered.
- Staff had not received specialist training or competency checks to ensure they would provide people with safe care.
- Equipment was not regularly checked to ensure it remained safe to use.
- Although records did not detail risks relating to people's support needs, staff we spoke with were aware of risks and how these should be managed. People we spoke with confirmed this.

We found no evidence that people had been harmed as a result of these recording shortfalls, however, records did not provide sufficient guidance to staff. The evidence above shows there was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Processes were in place to record any accidents or incidents. The registered manager was clear of action they would take to respond to any such events that occurred.

Using medicines safely.

- People's medicine records were not clear or complete.
- Medication Administration Records (MARs) did not always contain guidance about when medicines should be administered. Some prescribed medicines had not been included on people's MARs.
- Medicine records did not clearly record what assistance people required to take their medicines safely.
- Staff had not received medicines training and their competencies had not been assessed.
- There were no medication audit systems in place. MARs were returned to the office monthly; checks to ensure they had been completed accurately and contained relevant information did not take place. The registered manager was unaware of the medicine shortfalls we found.
- Although medicine records were not complete or accurate, people told us they received their medicines as prescribed. Discussions with staff evidence they were clear on medicine best practice guidance.

The evidence above shows there was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm.
- The registered manager had responded to safeguarding concern appropriately.
- People told us they felt safe. Comments included, "I cannot fault the staff at all. I feel safe with them all" and "I have no worries about [relatives name] and the support; they would tell me if there was anything wrong. They feel safe and happy with the support."
- Staff had not received safeguarding training.

Staffing and recruitment.

- Safe recruitment processes were not always followed. References had not been obtained before new staff started working at the service.

- The registered manager had failed to follow their own recruitment policy.

We recommend the registered manager considers current guidance on safe recruitment and take action to update their practice accordingly.

- There was enough staff to support people. Recruitment was ongoing to facilitate new packages of care.
- People told us there was enough staff. One person said, "They arrive when they should. I never have any problems and I know who is coming."

Preventing and controlling infection.

- Staff followed good infection control practices; they used aprons, gloves and hand sanitiser to help prevent the spread of infection.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have not been met.

Staff support: induction, training, skills and experience.

- Staff new to the service had not completed an induction. The registered manager told us shadowing opportunities were given but this was not recorded.
- Consideration had not been given to the completion of the Care Certificate when staff new to adult social care joined the service.
- Staff had not received training relevant to their role. Two staff joined the service in January 2019; at the time of this inspection no training had been provided. The registered manager told us training was being arranged but no dates were in place.
- Formal supervision and observation of staff practice had not been completed. The registered manager told us they often observed staff, but this was not recorded.

The evidence above shows there was a breach of regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported in their role. Comments included, "I have had great support since starting. [Registered manager's name] is very involved and is constantly checking we are ok and have no concerns."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessment of people's needs was completed to ensure an appropriate service could be provided for them.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "They give me space and reassurance. They respect me and what I want. I feel listened to and feel upbeat when they have left."

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff provided nutritional support when this was needed. One person said, "I make my own meals, but staff always ask if I need any support."
- Appropriate monitoring forms were completed when concerns were raised regarding a person's food and fluid intake.
- Information regarding people's dietary needs and preferences were not always recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had access to health care professionals; staff sought medical advice for people where required.

- Information about people's health needs was not always recorded in their care plan. This was discussed with the registered manager to address.
- The registered manager did not use documentation, such as hospital passports to share key information about people's social care needs with health professionals to inform their approach.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- People who used the service had capacity to make their own decisions. The registered manager and staff were clear of action they would take if they had any concerns in relation to this.
- People told us they were actively involved in decisions regarding their care and support.
- Consent to care and support was not always recorded, which was discussed with the registered manager to address.

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.

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

Ensuring people are well treated and supported; respecting equality and diversity.

- People were supported by a consistent team of staff. One person said, "I see the same faces. There is only four of them who work for the service and they are all lovely."
- Staff were kind and caring in their approach. Comments included, "Fantastic staff that put me first" and "Staff don't belittle me or ever make me feel uncomfortable. We have a bit of a giggle when they come."
- Positive, caring relationships had been developed.
- Staff understood equality and diversity and how it related to their role.
- The registered manager often visited people to ensure they were happy with the support provided. They ensured people received the support they required.

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

- People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.
- People were involved in discussions about their care and support; people could also choose whether their relatives were involved in these discussions.
- Staff understood the importance of effective communication whilst maintaining confidentiality. A relative told us, "Communication is brilliant. I think that is because it is such a small service."
- People chose a time they would like staff to visit and this had been accommodated where possible.
- The registered manager ensured new packages of care were only accepted if people's needs and preferences could be met.

Respecting and promoting people's privacy, dignity and independence.

- The registered manager and staff showed genuine concern for people who used the service; they were keen to ensure people's rights were upheld and they were not discriminated against.
- People told us staff treated them with dignity and respect.
- Staff understood people's abilities and their goals although this was not always recorded. One person told us, "Staff know what I can manage and what I can't. They give me help where I need it."
- People were encouraged to maintain relationships and increase their social activities.
- The registered manager acknowledged that as the service grew, records would need to be much improved; this would help ensure staff had access to relevant information relating to people's abilities, preferences and what was important to them.

Is the service responsive?

Our findings

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

People's needs 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.

- People's needs were assessed and recorded within an initial assessment. People and relatives had been involved in these initial discussions and the creation of people's care plans.
- People's care and support had not been regularly reviewed to ensure it remained relevant.
- Care plans did not contain sufficient detail to provide staff with clear guidance. They were not person-centred. For example, one stated a person needed help to get undressed and ready for bed, but no further information was provided. Despite this, people told us they were provided with person-centred support as staff were familiar with their likes, dislikes and abilities.
- People told us staff were responsive to their needs. One person said, "They put extra calls in for me when I became unwell. They really do look out for me, nothing is too much trouble."
- The registered manager was able to provide examples of when care packages had been increased due to people's changing needs; care records did not reflect this.
- People received care from staff who knew their life story and who was important to them.
- Staff understood the importance of meaningful conversations and stimulation. People told us staff did not rush them and they had time to sit and chat. One person said, "They consider my emotional well-being. They don't just whizz in and out – they have a sit down and a chat."
- People were informed by staff of events happening in the local community to encourage social activities and well-being.
- Staff encouraged people to participate in pastimes they enjoyed.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint. One person said, "I have no concerns, but I would certainly tell them if I did. I am sure any of the staff would listen to my concerns if I had any."
- The registered manager knew how to manage any complaints or feedback about the service.
- Any day to day concerns were responded to quickly.
- The culture of the service was open and honest. People and staff approached management with confidence.

End of life care and support.

- Advanced care plans were not in place.
- People's end of life wishes had not been fully considered. Initial assessments contained details of where people would prefer to spend their final days, but no other information was recorded.
- The service was not currently supporting anyone who was receiving end of life care.

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.

Management and governance was inconsistent, which placed people at risk of receiving unsafe or poor-quality care. Leaders and the culture they created supported the delivery of person-centred care. Regulations have not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager did not provide effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. The registered manager responded to our feedback and began to implement changes.
- The registered manager did not have robust systems in place to implement and monitor safety and quality of the service. Checks were not carried out to recognise where quality and safety had been compromised in areas such as risk assessments, medication and the recruitment processes.
- Information relating to people who used the service was not always available.
- Complete records with regards to each person who used the service were not kept.
- The provider's policies and procedures were not easily accessible, and the registered manager was not familiar with their content.
- The registered manager understood they needed to support staff at all levels to understand their roles and responsibilities, but this had not been done consistently.

Systems were not in place to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- All appropriate reporting had been carried out to alert the Care Quality Commission (CQC) and local authorities when incidents occurred.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager engaged with everyone who used the service and those relatives and professionals involved; this ensured the service provided person-centred, high-quality care.
- The service had a positive culture that was open, honest and inclusive. Staff and people provided positive comments about the registered manager. One person said, "I have been with other providers and this service is first class. I regularly see the registered manager and they are extremely caring."
- Staff were encouraged to share their views and contribute to decisions about changes within the service. One member of staff said, "This is a new service and we are all learning, but we work together as a team to ensure people receive a top-quality service."

Working in partnership with others.

- The service had good links with the local community and key organisations. Staff were aware of events taking place in the community and shared this information with people.
- The registered manager had not yet built relationships with other providers to enable them to share best practice. They were unaware of provider events that took place.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have systems and processes established and operated effectively to ensure compliance with regulations.</p> <p>The registered manager did not assess, monitor and improve the quality of the service provided.</p> <p>The registered manager did not maintain securely accurate, complete and contemporaneous records in respect of each service user.</p> <p>17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not been provided with appropriate support, training, professional development, supervisions and appraisal as is necessary to enable them to carry out their role.</p> <p>18(2)(a)</p>