Moorcare Devon Limited

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Inspection report

Unit 25, Atlas House
West Devon Business Park
Tavistock
Devon
PL19 9DP

Tel: 01822616020
Website: www.moorcaredevon.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 26 October and 2 and 3 November 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Moorcare Devon Limited' first inspection since registering at a new location.

Moorcare Devon Limited provides personal care and support to people living in their own homes in Tavistock and the surrounding areas. They also provide personal care for up to six people living in a communal setting. At the time of our inspection there were 44 people receiving a service from Moorcare Devon Limited.

When we visited there was a registered manager in post. 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.

The service provided safe care to people. One person commented: "Safe, yes very much so." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their 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?

Good

The service was safe.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed on people's behalf.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance in terms of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported. The values had been embedded in staff practice.

A number of methods were used to assess the quality and safety of the service people received.

Moorcare Devon Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 26 October and 2 and 3 November 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the provider's office.

The inspection team consisted of one adult social care 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 service.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the questionnaire responses which we received from people prior to our inspection. We received 18 responses from people receiving a service, relatives, staff and professionals.

We telephoned 12 people and their relatives to ask their views of the service they received. We also spoke with five members of staff, which included the registered manager.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately we did not receive any feedback.

Good

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "They help me get a bath and make sure I'm safe"; "Safe, yes very much so"; "Safe, absolutely yes" and "Safe, so far so good they (staff) are very good." A relative commented: "Safe, yes she is very well looked after. She gets on well with all her carers". All of the questionnaire responses stated that people felt safe with the staff supporting them.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and medicines. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.

There were sufficient staff to meet people's needs. We had received questionnaires from five relatives in July 2017 where 40% of them said that carers did not arrive on time. We established with the registered manager that this had been down to communication issues when changes to rotas needed to happen. This had since improved and during this inspection no concerns were raised. People and their relatives confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. A relative commented: "She (relative) gets a rota so she knows whose coming once a week. That's very well done, they couldn't do any better."

Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs. Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms

and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Comments included: "I do my own medications" and "The staff do his medication they are delivered by the chemist." Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine records via the computerised system and whilst out in the community to ensure staff were administering them correctly.

Good

Is the service effective?

Our findings

People said they thought the staff were well trained and competent in their jobs. People commented: "They (staff) are well trained" and "Training, yes I think so. I know they go to Plymouth for latest ideas."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, equality and diversity and a range of topics specific to people's individual needs. For example, dementia awareness. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "I received training when I started" and "The training is very good, helps me do my job."

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. Staff commented: "The support has been really good" and "(Registered manager) is always available for us. Acts on concerns and requests." Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented: "The care plans are set out in a way that we know everything which needs to be done."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person commented; "If they feel I need a district nurse to come they would advise me." We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were

involved to encourage health promotion.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask permission to do things."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss the appropriateness of a person's care package.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They help me by preparing meals"; "The carers always ensure I have a drink with me when they leave" and "They do my breakfast, I always choose what I want." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

Good

Is the service caring?

Our findings

People said staff were kind and caring. People commented: "They are very nice people"; "They are very caring and kind ladies" and "They are caring, kind and compassionate." A staff member told us, "We provide good quality of care to our clients." All of the questionnaire responses stated that care staff were caring and kind.

Staff treated people with dignity and respect when helping them with daily living tasks. People commented: "They always keep me covered and ask my permission to do things. They behave very well" and "They are very, very good. They respect his privacy & dignity. Keep him covered and always talk things through with him." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One relative commented: "They encourage him to do as much as possible." Staff demonstrated empathy in their discussions with us about people. One staff member commented: "I really enjoy my job. Always happy, friendly, cheerful. Important to make people laugh."

Staff relationships with people were caring and supportive. People commented: "She is getting some good care off the carers who go in. She's getting well looked after" and "They sit and chat." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.

Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "I have been very involved with my care plan"; "I have a care plan in a folder, it's reviewed once a year" and "She has a care plan." All of the questionnaire responses confirmed that people were involved in decision making about their care and support needs.

The service had received several written compliments. These included: 'The Moorcare team provide a fantastic service' and 'We would like to express our gratitude for the care you have all given mum. Always treating her with kindness, dignity and a sense of humour which she greatly appreciated.'

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with developing their care plan, describing how they had met with a senior member of staff at the start in order for them to understand their needs.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. For example, one person's care plan stated that they liked a hot meal at lunchtime. Another stated 'did not like sweetcorn.' This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were detailed and included the little things which matter to people, such as how they liked a cup of tea left when the carers finished. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. This included the complaints procedure being made available in alternative formats in line with the accessible information standard (for example, audio, braille, easy read or large print). People said they would have no hesitation in making a complaint if it was necessary. Comments included: "Complaints, I'd just ring the office and talk to them about it" and "Complaints, in his folder there's a complaints procedure and I can talk to the manageress (registered manager)". The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Good

Is the service well-led?

Our findings

There was good management and leadership at the service. People commented: "They couldn't do any better, from what I know it's well led, yes they are excellent" and "Well run, oh too true". Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "I feel really supported and we work as a team"; "So approachable" and "I am happy. We are like one big family." Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service via team meetings, the computerised system linked to their mobile phones and conversations on an on-going basis.

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to communication when changes to rotas needed to happen. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Moorcare Devon Limited.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, where needed involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments and incidents and accidents. This enabled any trends to be spotted to ensure the service was

meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. A person commented: "They do spot checks. The manager comes round to check on everything."