

Nurturing Kent Ltd

# Moorgate Crofts

## Inspection report

Unit 22-23  
Moorgate Croft Business Centre, South Grove  
Rotherham  
South Yorkshire  
S60 2DH

Tel: 01709331290  
Website: [www.nurturingcare.co.uk](http://www.nurturingcare.co.uk)

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 14 August 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection since the service registered with the CQC in September 2017.

Moorgate Crofts, also known as Nurturing Care [the provider is in the process of changing the locations name] is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was supporting 11 people with varying needs in the Harrogate and Ripon area.

The service had two registered managers in post at the time 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 and associated Regulations about how the service is run. The registered managers shared responsibility for the day to day running of the service, supported by a deputy manager.

Relatives we spoke with told us they, and people using the service, were happy with the way the service was run. They said people's privacy and dignity was respected and staff were caring, polite and attentive.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes, to help the employer make safer recruitment decisions when employing staff were in place at the time of the inspection. However, essential checks had not always been made in a timely manner when staff were first recruited.

Staff had access to training and information to help them understand people's needs, but documentation did not always demonstrate they had initially received a comprehensive, structured induction to the company, and more specialist training on topics such as people's medical conditions was still to be accessed.

Staff felt well supported by the management team. Periodic one to one support sessions had commenced and were being incorporated into routine practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, there was room to improve the written information in people's records in relation to their capacity and consent to care, and staffs knowledge on this subject.

Where possible, people were encouraged to manage their own medication, while other people were

supported by relatives. Where assistance was required, this was provided by staff who had completed training in the subject. However, further documentation was needed to make sure staff had clear guidance regarding the medicines people were taking.

People's needs had been assessed before their care package commenced and they, and/or their relatives, had been involved in these assessments. Care plans had been formulated to inform and guide staff in how to meet people's individual needs and preferences. Relatives we spoke with confirmed their family member's needs were being met.

People had access to the company's complaints policy. People told us they had not raised any formal complaints, but when minor concerns had been discussed with the management team timely action had been taken to resolve them.

The service had only been supporting people in the community since January 2018, therefore the process for consulting with people about their satisfaction in the service provided was still being formalised and embedded into practice. In the meantime, the management team were speaking with people on a regular basis and had recently sent out questionnaires to gain people's views.

The registered manager was checking some processes to make sure staff were following company policies, such as the completing of visit and medication records. However, the system needed to be refined and embedded into practice as it had not highlighted shortfalls in areas such as recruitment checks not being obtained prior to new staff commencing work.

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

## 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 procedures, aimed at helping to make sure the service recruited staff who were suitable to work with people who may be vulnerable, had not always been followed.

There were sufficient staff employed to meet people's needs, but this needed monitoring as the service expanded to ensure adequate staff were available.

Systems were in place which helped to keep people safe from the risk of harm and abuse.

People received the right medicines at the right time. However, clearer guidance was needed about the medicines people were taking.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff had not always received timely training and support.

People were supported to have maximum choice and control of their lives. However, there was room to improve the written information in people's records in relation to their capacity and consent

People's health and nutritional needs were met.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

People were happy with the way staff delivered care. They described staff as caring, polite, attentive and friendly.

**Good** 

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

Care and support was tailored to people's individual needs and overall this was reflected in their care plan.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed.

People were encouraged to express their views about the care provision.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Systems were in place to ensure the service operated to expected standards. However, some of these had not been used effectively and others required embedding into practice.

Staff felt the registered manager supported them well.

System for gaining people's views on the service provision were underway, but needed formalising and embedding into practice.

# Moorgate Crofts

## **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 registered provider was 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 included a visit to the agency's office on 14 August 2018. To make sure a registered manager was available to assist in the inspection they were given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service. This included information gained from people who had contacted CQC to share their experiences about the service. We also requested the views of other agencies that worked with the service, such as service commissioners, social workers and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We were unable to speak with anyone who directly used the service, but we spoke with five relatives to gain their opinion on how the service was operating. We also spoke with both registered managers, the deputy manager and two of the four care workers employed by the service. This was carried out either face to face or on the telephone.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care records, including medication records, four staff recruitment files, training and support documentation. We looked at how the agency had gained people's views on the service provided, checks made to ensure company policies were being followed and how concerns and complaints would be managed.

# Is the service safe?

## Our findings

All the people we spoke with felt staff delivered care safely. Relatives we spoke with described how staff used aids to move people safely.

The registered provider protected people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. Staff had completed training in this topic and demonstrated a satisfactory awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

Potential risks associated with people's care, and the environment they lived in had been identified and guidance provided to staff on how to minimise these risks. We saw specific risk assessments were in place for people who were at risk due to using equipment to move them safely, falls, medical conditions or pressure damage to their skin.

There had been no accidents or serious incidents reported since the service was registered. However, the registered managers described to us how they would monitor and evaluate any future incidents to look for patterns and trends, and learn lessons from past events.

Staff had not always been recruited in line with the registered providers recruitment policy. Prior to our inspection the local authority told us they had found gaps in employment documentation when they assessed the service in May, and at their follow up visit in July 2018. We checked the files of the four staff currently employed at the service and found they now contained all expected documents. This included an application form, two written references and a Disclosure and Barring Service [DBS] check. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. From the dates on documents checked it was evident these had been obtained after the staff member had commenced work. The registered managers told us they were now ensuring all essential checks were made prior to new staff commencing employment. However, this needed embedding to ensure the correct process was followed consistently.

Staff had been issued with a uniform and an identity badge, which they wore while on duty so people could verify who they were. People who used the service confirmed staff always wore these. They also said, if applicable, key safes were effectively used to enable staff to enter people's homes safely.

Overall there were sufficient staff currently employed to meet the needs of the people being supported, but only if managers provided regular care to people. The management team said they were recruiting two new members of staff and they would not be increasing the number of care packages until they were sure they could meet people's needs. Most of the people we spoke with told us they received their visits at the correct time from a regular team of care workers. One person commented, "There were initially problems with timings of calls, but it's better now." However, other people said staff were sometimes late, and a care worker said realistic travel time was not always factored in between visits. This was shared with the registered managers so they could review travel time for longer or more complex journeys.

A social worker said, "The only negative thing someone [using the service] expressed was the time keeping, which is difficult to keep to around the dales as this is a large area to cover. During the severe winter weather, the manager was willing and able to arrange suitable transport to reach the outer dales service users and was very much appreciated."

Medication was managed safely. Only three people required assistance with their medication, other people managed their own medication or were assisted by a relative. Medication administration records [MAR] had been completed correctly and signed to indicate staff had administered medicines at the correct time. We saw occasional gaps where the member of staff had failed to sign the MAR. The registered managers said this would be picked up when records were audited and addressed with the person concerned. Medication audits we sampled highlighted shortfalls and included an action plan to rectify any errors.

The management team told us currently the only list of medication was on the monitored dose packaging, and sometimes staff administered medication from bottles and boxes too. They agreed to add a list of each person's current medication to their care file, and update these in line with any medication changes.

At the time of the inspection people being assisted with medication could tell staff when they needed as and when required medicines [also known as PRN medicines], but PRN protocols were not being used to provide staff with information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a PRN medicine. The management team said PRN protocols would be introduced as and when needed.

Staff we spoke with demonstrated a good knowledge of the people they visited and their medication. They confirmed they had completed training in this topic, which they said had included an observational assessment of their competency. They described how the management team checked records during 'spot checks', to make sure staff were following company policy.

Staff we spoke with were knowledgeable about minimising the spread of infection. They said they had completed training in this topic and had ample supplies of protective clothing, such as disposable gloves and aprons. This was also confirmed by the people we spoke with.

## Is the service effective?

### Our findings

All the relatives we spoke with felt the staff supporting their family member had the right skills to deliver care and support. A relative told us, "They [staff] seem well trained. They come two at a time and sometimes they bring a trainee with them." Another relative said, "I couldn't fault them [staff], they are absolutely brilliant."

Overall staff had received the essential training they needed to support people using the service. The local authority had told us staff induction was not evidenced on staff files at their audit of the service, so we checked the files of the four staff currently employed. Each staff file contained an induction sheet which consisted of a list of topics discussed, rather than a detailed, structured induction to the company. These were not always signed by staff to confirm the induction had taken place. We saw two staff were completing the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The other two staff employed had completed a nationally recognised care qualification, so did not need to complete the care certificate. New staff also shadowed one of the management team, or an experienced care worker, to introduce them to the people they would be supporting and the care provided.

Training records showed staff had completed training in topics such as fire awareness, moving people safely, infection control, first aid, catheter care and the basic care principles. However, it was not evident that training on topics such as end of life care and diabetes had been provided to ensure staff could meet people's differing needs. We also noted the registered provider's Statement of Purpose told people they could support people with conditions such as epilepsy and multiple sclerosis, but there was no evidence staff had completed training in these topics. We discussed this with the management team, who said they were considering providing additional training as needed.

Staff received support from the registered manager, but until recently this had not been formally recorded. We saw in recent weeks formal support sessions had been completed and recorded. Topics discussed included record keeping and privacy and dignity. However, the registered managers acknowledged that the form used needed reviewing to record the input of the person being supervised. The registered managers told us they were aiming to provide regular formal support sessions and an annual appraisal of staffs work performance. These needed embedding into practice over the coming months. Occasional staff meetings had also been used to inform staff and share experiences.

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. Relatives we spoke with, told us they had been involved in care assessments before care packages started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff.

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. This topic had been discussed with people as part of the assessment process. Whilst the feedback about the outcomes for people in this area was positive, we found there was room to improve the written information in people's records in relation to their capacity to make decisions and consent to care. We also found some staff had not always completed training in this topic and only had a basic understanding of the principles of the MCA. The management team said this was being addressed as soon as possible.

Staff we spoke with demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and care plans covered this topic in varying degrees. A care worker told us, "Most people have the capacity to make decisions, but I ask them what they want [before providing care]."

People were supported to access health professionals. We saw people's health conditions were recorded in their files. The management team told us they worked closely with social workers, GPs and district nurses to make sure the care people received was effective at meeting their needs. Staff were clear about sharing information with healthcare professionals and reporting changes to the management team. A relative described to us how staff had requested to be involved in a meeting with the occupational therapist, so they could be proactive in meeting their family member's needs.

People were supported to maintain a healthy diet. Some relatives we spoke with said their family member required assistance with preparing meals, while other people did not. Where assistance was needed people were happy with how this was carried out. Staff told us none of the people they supported required special diets.

## Is the service caring?

### Our findings

Staff were kind, caring and compassionate. The service had only been providing care to people in their own homes since January 2018, so most people's care package had only recently started. Therefore, the feedback they could provide about the care provision was limited. However, people spoke positively about how staff delivered care. A relative told us, "The carers are very polite and attentive, they do exactly what [family member] wants, they are never overbearing or pushy." Another relative said, "I can't fault them [staff]. They comfort [family member] when upset and look after [family member] well."

A social worker told us, "All of the people who they [Moorgate Crofts] support have told me they are very pleased with the service they have and the carers who provide this. The most frequent [comment] being the carers are kind and understanding."

People were supported in line with their needs and wishes. The management team spoke passionately about people being involved in planning their care and how it was delivered. Staff told us they consulted each person's care plan to see how they liked things doing and encouraged them to remain as independent as possible.

People told us staff were reliable and they received care from the same team of staff, which was important to them as they got to know the staff and the staff knew about them and their needs.

The registered managers had clear values about respecting people's dignity and providing a caring service to people and said they encouraged staff to work within these values. This included providing a high standard or person-centred care and listening to people's views.

Staff offered people choice regarding how their care and support was delivered. A relative told us staff, "Respect [family members] wishes. For example, they offer a shower daily, but [family member] prefers one shower a week and a strip wash the rest of the time, they respect this." They said they had been asked if they had any preferences to having a male or female care worker, and their choices were respected.

Everyone we spoke with commented positively about how staff respected people's privacy and dignity. When we asked one relative about this topic they told us, "There are no issues. They [staff] always ask and explain things. For instance, [regarding catheter care] they ask, do you mind if we change or empty the bag." They went on to say this was done discreetly and in private.

## Is the service responsive?

### Our findings

Most people said it was early days in their care package, but overall staff were responsive and flexible to their needs. For instance, a relative told us how the service was flexible in cancelling calls to meet their changing needs. Another relative said, "There is a full care plan in place, it outlines what we expect and how to deliver care." They went on to say staff were following the planned care to their satisfaction and were responsive to any changes needed. A third relative described how due to the frailty of their family members skin, staff had worked with them to find a way to protect them from being bruised when being assisted to move safely.

People's care needs had been assessed prior to their care package starting and most people told us they could recall being involved in planning care. During initial assessments relatives told us people were asked about their care needs and preferences, such as did they prefer a male or female care worker and what time they wanted their call to be. The registered managers told us checks to make sure all required equipment was available, such as manual handling equipment and protective gloves and aprons for staff, were also made.

People's needs and preferences were met by staff. Overall people's care plans were detailed and person-centred. Most of the care plans we looked at reflected the person as an individual and told staff about their wishes in regard of their care and support. They contained information about their health and social care needs, as well as any risks associated with their care. For example, one file clearly told staff about the person's medical condition and how this could affect them, while another spoke of how best to communicate with the person. However, we noted some care plans would benefit from more information about people's preferences, such as where they preferred to wash.

Care and support provided had been recorded after each visit, the registered manager told us these notes were checked regularly to make sure appropriate care had been provided and any changes had been reported. Relatives who had read the contents of care plans and visit notes confirmed they accurately reflected the care their family member had received. Daily notes sampled during our visit to the office were descriptive and reflected the planned care.

The service had not provided end of life care to date, but the management team said they would work with other agencies to support people appropriately. We saw one staff member had completed training in this topic, but others had not.

The service's Statement of Purpose and Service User Guide documents told people how the service aimed to respect people's privacy and dignity, as well as their diversity and human rights. For instance, the company's philosophy of care stated the agency aimed to, "Uphold the human rights and citizenship of all who work and visit here, and of all service users." It also outlined how they would "Recognise the individual uniqueness of service users, staff and visitors, and treat them with dignity and respect at all times." This, and discussion with the management team, showed they understood the importance of ensuring everyone was treated equally and their human rights respected.

Systems were in place to make sure people's concerns and complaints were listened to and acted upon. The service had a complaints procedure which detailed how to raise concerns. The registered managers told us this was provided to people at the beginning of their care package. However, we noted the timescales for the registered provider to acknowledge receipt of a complaint differed in the company's Statement of Purpose and Service User Guide. One stated complaints would be acknowledged within 24 hours, the other said three days. We highlighted this to the management team so they could amend the documents and provide people with accurate information.

The registered managers told us no formal complaints had been received, but we saw a complaints and compliments file was available. This contained a copy of the policy and forms to be completed as needed. Everyone we spoke with said they would raise any complaints or concerns with the management team or their care worker. No one we spoke with raised any complaints with us, but two relatives told us how the registered managers had responded to minor concerns in a timely manner.

## Is the service well-led?

### Our findings

The service had two managers in post who were both registered with the Care Quality Commission, as required as a condition of provider's registration. They shared responsibility for the running of the service and were supported by a deputy manager, who also co-ordinated care. The service had been registered with us since September 2017. One of the registered managers told us, "We work as a team, managers and staff. We involve the staff and service users in things as needed, we have a very team oriented approach."

Systems to check if company policies and procedures were being followed had not always been effective. Managers' monitored the quality of the service through checks on areas such as care plans and medication records. They had also conducted spot checks to make sure staff were following company policy. However, these had only recently been put into place and had not always been effective in identifying shortfalls. For example, until recently checks had not been made to ensure staff were recruited robustly had led to staff supporting people without the correct checks on their suitability being undertaken. These shortfalls had been identified at the local authority audit of the service in May 2018, but it had taken until just before our visit for all appropriate documents to be in place, including staff references.

We also noted staff induction records were very basic and the local authority had told us these had not been available when they audited and reviewed staff records in May and August 2018. Therefore, the registered provider was unable to demonstrate the effectiveness and safety of the service in these areas. This demonstrated there were areas that needed improvement and thorough checks needed to be embedded into regular practice to ensure consistency.

These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team demonstrated a good knowledge of the people being supported, as they worked closely with staff and said they also provided care to people on a regular basis. Relatives we contacted, said although their family member had not used the service for very long, they were satisfied with how it operated. One relative said, "I think they are a fantastic company, they have only been late once and they text me to tell me." They added, "I can't fault them, they are absolutely brilliant, so different from the last company we used." Another relative commented, "We are very happy, they [the service] are great."

People were consulted about the care and support they, or their family member received. The registered managers had recently conducted a survey to gain people's views. Only three people had returned the questionnaire, but responses were positive. Comments included, "Very happy with all my carers" and "The carers are lovely, we are very pleased with the standard of care they give [family member]." The registered managers told us they had looked at the responses and had acted as needed. However, there was no summary or action plan, and the outcome had not been shared with people using the service. We also noticed the questionnaires did not contain a date, so as subsequent surveys were completed it would be difficult to evidence when each one had been completed. The registered managers told us they would add a date and make sure survey outcomes were shared with people in future.

Staff felt supported by the management team, who they worked with regularly while providing care to people. We saw a staff meeting had taken place recently and staff supervision sessions had been used to share information and support staff. However, one to one supervision had only just started to take place. We saw staffs' performance was assessed at periodic 'spot checks' in topics such as record keeping. The management team said they also gained the views of people using the service at these 'spot checks'.

Staff spoke positively about the registered manager and the support they received. One care worker told us, "I have no problem [with the management team], I get on with them all. They are approachable and listen to what we say." Another care worker commented, "The service is well managed, managers are quite good."

The registered manager said they did not have a contingency plan in place to forward plan for possible emergencies that may affect the running of the service, such as bad weather or the telephone system being out of service. They said they would work on this as a priority.

The service aimed to work effectively in partnership with other agencies. As the service had only been operating for a short time, evidence of this was minimal. However, the management team could describe how they worked with various professionals in the community.

A social worker told us, "I have to say that communication has been very good [between the management team and themselves] and I have always received a response. [Deputy manager] has always made herself available either in person, via telephone, email or text message. We have been working together on a particularly complex case and the agency has been very accommodating. It is clear they have the best interests of our client at heart and therefore have persevered for some time. When speaking with the family, they are happy with the support they receive and state they have a good working relationship with the agency."

Another social worker commented, "The manager appears to be efficient in responding to information and requests made of him. The manager is available via email to update both ways [meaning there was a good two-way communication system in place] if something needs attention."

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 provider did not always have effective systems and processes in place to monitor and improve the service provided. Regulation 17 (1) and (2)(a)(f).</p>