

River of Care Ltd

# Morning Hope Homecare Provider

## Inspection report

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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

### About the service

Morning Hope Homecare provides personal care to adults living in their own homes who may live with dementia or a physical disability. There were two people receiving personal care at the time of our inspection.

Not everyone who uses the service may personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People said they had a positive experience in respect of the care and support they received. They told us they received support from staff in a timely way and were not kept waiting for assistance.

People were comfortable in the presence of staff and told us they felt safe. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised without compromising people's rights.

People were supported by staff who were caring and compassionate. Staff showed respect for people's rights, privacy, dignity and independence. Staff providing care to people were limited to a small number to aid consistency of care and ensure positive relationships were maintained with people.

People received effective person-centred care and support which was based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and people and social care professionals told us they well treated and received a good standard of care. People's care records reflected people's involvement and how person-centred care was planned.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, felt confident and well supported. Staff received supervision they felt was constructive from the provider. People's health was supported as staff worked with other health care providers as needed to ensure their health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff responded to their needs effectively and their preferences were known and respected by staff.

People knew how to complain, and any concerns raised were followed up to ensure a suitable outcome was reached for the person using the service. People were confident they could communicate how they felt to staff, who were approachable and listened to what they had to say.

People and staff gave a positive picture as to the quality of care people received and said management was proactive.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This service was registered with us on 02 October 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was first registered.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Morning Hope Homecare Provider

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider (who was the registered manager) 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. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 11 October 2019 and ended on 28 August 2019. We visited the office location on 11 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since they were first registered with CQC. We looked at details about incidents the provider must notify us about, such as allegations of abuse, and we

sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We received feedback from one person who used the service before the inspection (via a share your information form) and we spoke with two social care professionals about their experience of the care provided. We spoke with the registered manager and an administrator on the day of our office visit, and two care staff by email after our visit.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people. One member of staff told us, "If I were to witness or hear of any form of abuse happening to an individual then I would immediately report it to my manager. If it was my manager performing these acts then I would take my report to the commissioning body."
- People who used the service had allocated social workers they were able to talk with if they had concerns, and the registered manager said they would bring any matters of concern to their attention.

Assessing risk, safety monitoring and management

- Risks to people were identified and staff were aware of these risks and how people should be supported to reduce any avoidable harm. A member of staff told us, "Risk assessments are located in the individual's folders and in their file at the office. There is plenty of time to read them and to make yourself aware of everything you need to know."
- Staff demonstrated an understanding of how to follow risk assessments without compromising people's rights.

Staffing and recruitment

- People's social workers told us people's calls were at times that suited people. One social worker told us the call times varied but this was in accordance with the wishes of the person and suited their routines.
- One person told us, "There were always or nearly always enough staff". Staff echoed this view, one telling us, "I feel the staffing levels are good. There is plenty of time to get from call to call with time to spare."
- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- The agency was not involved in supporting people with medicines administration at the time of our inspection except for the application of prescribed creams, for which there was clear directions for staff.
- The provider told us staff did have face-to-face as well as on-line medication training, followed by a medication competency assessment.

Preventing and controlling infection

- One person told us staff ensured their home was, "Very clean".

- The provider told us staff were provided with PPE (for example gloves and aprons) and staff we spoke with confirmed this. They were also aware of how to promote good infection control.

#### Learning lessons when things go wrong

- The provider had systems in place to identify learning from any incidents and told us of an occasion where they could have done things better and made improvements to ensure there was no repeat of the original issue. A social care professional confirmed what the registered manager had told us.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed to identify people's needs and preferences. When there were changes in people's need these were reviewed.
- One person told us they were involved in their care. A social care professional told us the registered manager, "Provided very thorough assessment when [person] came out of hospital, reviewed everything and identified that even [the person's] pillows needed to be changed".
- The provider considered any protected characteristics as defined by equality legislation at the time of assessments. For example, how people's disability impacted on the care and support they required in respect of any reasonable adjustments.

Staff support: induction, training, skills and experience

- One person told us the staff were the, "Best caregivers I have ever met".
- Staff told us they were well supported by the provider with supervision and training. Training records the provider showed us also confirmed this.
- New staff were supported with an induction that included the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care. One member of staff told us, "I completed my induction when I joined the company and afterwards I have full confidence that I could be left unsupervised with clients. It covered everything that I needed to know for me to do my job effectively".

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

- People were supported with accessing meals and drinks. One person told us they were offered choice of food and were given enough support by staff.
- Staff were aware of the importance of promoting a balanced diet and providing appropriate support to people to access their chosen food and drink.
- People's needs in respect of their dietary needs was clearly documented in their care plans and this was understood by staff.

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

- Staff understood what they should do if a person needed access to healthcare services, for example in the event of an accident.
- A social care professional told us staff, "Contacted [person's] GP when needed."

- Social care professionals told us the service offered continuity of care by ensuring there were only a few members of staff visiting people, this meant people knew the staff, and staff had an established relationship with people. A social care professional told us the agency had, "Tried to limit to only a couple of staff to aid consistency".

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found they were. One person told us they were involved in any decisions about their care.
- Staff had a good understanding of how they should gain people's consent. One member of staff told us, "It means some people's choice, they can make decisions for themselves. We make sure there is information and choice for clients".

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- One person told us staff always treated them with dignity and respect and they considered themselves well looked after. A social care professional told us, "Care workers are caring and give consideration to the person".
- Staff understood how to provide care in a way that respected people's dignity, and we saw ways in which this was to be maintained was detailed in people's care plans.

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

- People were supported to make choices. We were told staff would explain these choices when providing care and explained what they were doing when providing care. One person told us they had confidence in the decisions made about their care in consultation with staff.
- Staff understood what care people needed but told us they would always check to ensure people had choices when visiting them. A member of staff told us if the person refused care then, "I respect the choice and document in client's folder and inform manager".
- The provider told us advocacy services would be sought if a person required one. . An advocate is an independent person who speaks up on someone else's behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and their dignity, privacy and independence was promoted.
- Staff told us how they promoted people's privacy, dignity and independence. One member of staff told us they, "Respect the [person's] choice, make sure door close when they have a shower and cover them with a towel after shower. We don't share information to anybody without client consent". Another member of staff told us, "I always encourage the individual to help me with tasks for example making a bed. If an individual is dressing or I arrive, and they are in the bathroom then I make sure they are okay first whilst standing on the other side of the door and then I go and wait for them in another room".

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information about people's needs and preferences was gathered, and care plans were in place, these reviewed when people's needs changed.
- One person told us they were involved in any decisions about their care and we saw people's care plans included information about what was important for the person, so their care was person centred.
- Staff were knowledgeable about people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were developing care plans, so they would be easier to understand but said the existing care plans were based around discussion with people as to what was important for them. One person told us they had access to, "The right amount" of information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency was not supporting people with help to follow their interests or take part in activities with the wider community as this was not required by the two people they visited at the time of our inspection. The provider would offer this service as part of people's support package if needed however.

Improving care quality in response to complaints or concerns

- Concerns and complaints were listened to and responded to by the provider. A social care professional told us, "Any issues I have met with (the registered manager) discussed and resolved". We saw there was a record of one complaint that had been followed up and resolved to the person's satisfaction, with actions identified to ensure there was no repeat of the same issue.
- The provider had a complaints policy and procedure. We did note there was no reference to a person's right to approach the local government ombudsman (LGO) in the procedure. The LGO look at individual complaints all adult social care providers (including home care agencies). The provider said they would add this to the procedure.
- Staff told us how they would know if a person was unhappy and what they would do to try and address their concerns.

## End of life care and support

- The agency was not supporting any one with end of life care at the time of our inspection although the provider was able to tell us how they would look to cater for people at this time of their life. They said people had been asked about their advance wishes although these did need to be formalised in people's care records. The registered manager told us their nursing background did allow them an insight into what support may be needed if someone was at the end of their life. They did say they would seek advice from other professionals and were able support people with advance planning.

# 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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Social care professionals we spoke were positive about the management of the service, and comments included, "Morning Hope were very positive and have stayed with [the person]. They are doing well" and, "As far as I am concerned the manager is brilliant".
- The provider had a range of quality monitoring arrangements in place. These were put in place from the point the service was registered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood when we were to be notified of events as required by regulation. They were aware of the requirement to display CQC inspection ratings when received.
- Staff said they were confident in raising any concerns, they had if necessary and said the provider was approachable.
- The provider understood their responsibilities under their duty of candour and was open about areas where they wanted to improve the service. We saw when a complaint was received they had been open about where the service could improve and had offered an apology.

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

- We saw the provider was aware of how to use feedback from others, analysis of any incidents and findings from audits to improve the service. They also told us how they used other professionals and professional organisations, for example the National Institute for Health and Care Excellence [NICE] to expand their knowledge base and keep up to date with developments in the sector.
- We found the provider was positive about the inspection and embraced the opportunity to receive further feedback and learning this may offer them. The provider told us how they wanted to develop the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought by the provider to help them develop the service. One person told us their views about the service were sought, and another had completed a survey form in which they stated they had, "a very good service by both staff".

- Staff felt well supported by the provider with comments including, "I feel I am completely able to raise any concerns with my manager and that they will be fair to the situation. I am 100% supported in my role. I am regularly asked if everything is going well and if I need support with anything".

#### Working in partnership with others

- The provider told us they worked in partnership with statutory care providers and feedback we received from social care professionals confirmed this.
- The registered manager told us how they would use professional advice to help develop the service.