

## Leeds Jewish Welfare Board

# Moorcare

### 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?

Requires improvement



### Overall summary

We undertook an announced inspection of Moorcare on 03 December 2015. We gave the provider 48 hours' notice of our visit to ensure the manager of the service would be available. At the last inspection in September 2013 we found the provider met the regulations we looked at.

Moorcare provides personal care services to people in their own homes. The agency is managed and owned by the Leeds Jewish Welfare Board. The agency provides a

service in Moortown and surrounding areas to older people and some younger adults. At the time of our inspection 70 people were receiving a personal care service.

A registered manager was in post and present for the 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

# Summary of findings

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.

People who used the service, their relatives and staff told us they were able to speak with the registered manager if they had any concerns. The service completed spot checks on staff whilst they worked and formal supervisions.

People told us they felt safe using the service. People said their call times were adhered to. We saw policies and practice that ensured people's privacy and dignity were respected. Staff spoke highly of the registered manager and felt well supported by them.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

We saw staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and they had a good understanding of the principles of the Act. The registered manager had a training matrix which identified all the training needs for staff.

Appropriate arrangements were in place to manage the medicines of the people who used the service.

Staff supported people to healthcare appointments and provided personal care as required to meet people's needs. People were supported with meals and drinks in their home and were given choices in what they would like.

Moorcare had a complaints policy in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the policy.

There was an accidents and incidents file in the office which had an updated policy in place. At the time of the inspection there had been no accidents or incidents. This was confirmed by the staff and people we spoke with on the day of inspection.

The registered manager did not have effective audits in place for staff supervisions, appraisals or training. This was due to unforeseen staff management issues, the registered manager and the supervisors were looking into ensuring that all audits were in place and effective for the service at the time of our inspection.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good



Staff had a good understanding of safeguarding and how to appropriately report abuse.

The agency had recruitment and selection procedures in place which were robust.

People told us they were happy and safe and felt very well supported by their care workers

### Is the service effective?

The service was effective.

Good



Staff told us they received good training and support which helped them carry out their role properly.

People who used the service and family were involved in making their decisions in relation to the Mental Capacity Act (2005).

Healthcare and support needs were assessed and met by regular contact with health professionals.

### Is the service caring?

The service was caring.

Good



People had detailed, individualised support plans in place which described all aspects of their needs.

The service promoted people's privacy, dignity and independence.

People had good relationships with care workers

### Is the service responsive?

The service was responsive

Good



People's care and support needs were assessed and support plans identified how care should be delivered.

People were consulted in the review of their care.

There were systems in place to ensure complaints and concerns were responded to.

### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

The registered manager understood and was aware of the importance of quality assurance systems in the service; however these were not consistently in place.

The staff felt listened to by the registered manager.

People who used the service could express their views. They had opportunity to complete customer questionnaires.

# Moorcare

## Detailed findings

### Background to this inspection

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

The inspection took place on 03 December 2015 and the visit was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out by one adult social care inspector.

Before the inspection, we sent out 50 surveys to people who used the service, staff and community professionals. 14 surveys were returned and we have included their responses in the inspection report. We also reviewed all the

information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.' We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 70 people who used the service. During the inspection we went to the providers head office. We reviewed care records of 10 people who used the service, reviewed the records of eight care staff and the records relating to the management of the service. We also spoke with five care staff, two supervisors, and the registered manager and senior care worker. After the inspection visit we spoke on the phone with five people who used the service and three relatives of people who used the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they or their family members felt safe when the care workers were in their home. One person who used the service said, “Very friendly. Well trained. They understand what I like them to do.” Another person told us, “I find the staff very good. I’ve not had a bad one.” A relative said, “Absolutely fantastic. All so lovely. We trust them.” In our survey, 100 % of people who used the service said they felt safe and 97% of people’s relatives thought their family member was safe.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The provider had safeguarding procedures and information about the local safeguarding authority. The registered manager understood how to report any safeguarding concerns.

There were systems in place to keep people safe through individual risk assessments. We saw that individual risk/needs assessments were completed. The registered manager told us that during a full assessment at the home of people who used the service, all aspects of both care and environmental factors were fully risk assessed. We saw risk assessments in place for a person’s mobility which stated; ‘Two people at all times to support with all personal care needs. ‘Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe.

The registered manager told us staffing levels were determined by the number of people who used the service and their needs. We saw emails from people who used the service to the office requesting changes to the time their care was delivered. The registered manager and the senior care worker told us that several people liked to email them if they wanted to either add or change care or times as this was their preferred way of communicating. The registered manager told us “We also look at call times each time we complete a review of peoples care. “

The majority of people we spoke with told us they thought there were enough care staff to meet their or their family members, needs and that where two care staff were required at a time, they were supplied. People told us the provider sent them a schedule each week so they knew which care worker would be coming to their home. However, sometimes this had to change due to staff absences. One person told us different care workers came to their home and they had not been introduced to them prior to delivering their care. The person told us that they had not spoken to the registered manager about this.

All the people we spoke with told us staff stayed for the allocated time and mostly arrived on time, give or take 10 minutes. People told us that they were happy with the staff that supported them. One person told us, “I’m delighted with it.” Another person told us “I am. Unreservedly.”

Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support. One member of staff said, “We were always told if we need extra time with the people we support to stay with them to make sure their needs are met.” In our survey, 88% of staff said they had enough time to deliver care and support and they were given enough travel time between visits to enable this.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member’s last employer to show evidence of previous good conduct.

We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. Staff told us they were trained in all aspects of medication management and said the training equipped them well. Records we saw confirmed this and showed that staff’s competency was checked regularly to ensure practice remained safe.

People who used the service told us the support or supervision they received with their medications was

## Is the service safe?

appropriate. One person's call times had been changed due to the medication prescribed. The registered manager had been made aware of this and had changed the times of the calls for the person to ensure the person's needs were met.

Records showed that the needs of people who used the service were assessed regarding the support they needed with medication and this information was then transferred into a support plan to give staff the guidance they needed. We looked at medication records for 10 people who used the service. We saw that each care file had a full list of all current prescribed medications including administration times and dosage. This included clear guidance on the use

of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly signed by staff when administered or assisted with medication.

The registered manager told us that MARs were returned to the office and checked for accuracy and completeness. This was evidenced on the day of inspection when looking at the medication records. Staff were encouraged to report any concerns regarding medication. One staff member told us "We mark up all the medication and send back to the chosen chemist or bring back to the manager. We always make sure these are completed monthly."

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

# Is the service effective?

## Our findings

All of the people we spoke with told us they thought the care workers were skilled and competent to carry out the care tasks that they, or their family members needed. One relative said “The quality of care is high.” A person who used the service said “They (the care workers) are excellent.” Another person told us “They have a mixture of nationalities. They all speak good English and understand you. There interested in what they are doing. I’ve never had a carer who I thought, don’t come back. 83% of the people who returned a survey told us their care workers had the skills and knowledge to give them the care and support they needed.

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Staff told us they had ‘shadowed’ experienced staff as part of their induction training.

There was a rolling programme of training available which included moving and handling, dementia, emergency aid, safeguarding adults and infection control. The training manager told us that all training was provided face to face, some with test papers at the end to check staff’s competency and learning. The supervisor also told us that all new starters completed the recently introduced ‘Skills for Care Certificate’. The ‘Skills for Care Certificate’ is an identified set of standards that health and social care workers adhere to in their daily working life. We saw staff and the assessors had completed work books, which included assessment and observation of staff’s practice.

Staff told us they felt they received the training they needed to meet people’s needs and fulfil their job role. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff’s practice remained up to date. One staff member said, “Company value staff and I feel valued. I have a work life balance.”

Staff we spoke with told us they were well supported by the management team. Staff said they received supervisions and annual appraisal. However staff had not received regular supervisions due to unforeseen staff management issues. The registered manager was aware of this and had sent a letter out to each member of staff making them aware that the management team were always available

and had an open door policy. The staff confirmed that they were supported in their role and they were aware of the open door policy. Staff told us they were aware of what was expected of them in relation to training needs and received support throughout. One care worker told us “My manager is very approachable the door is always open.”

We saw ‘spot checks’ were carried out to assess staff’s performance while carrying out their role and a written record of this was made. Staff confirmed spot checks took place. Staff said they received feedback from spot checks. They said they found this useful. One said, “I find these useful. I know I’m doing a good job.”

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff were able to give us an overview of the principles of the MCA and could talk about how they assisted and encouraged people to make choices and decisions. Staff we spoke with showed a good understanding of protecting people’s rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff we spoke with confirmed they had received training on the MCA. In our survey, 95% of staff said they understood their responsibilities under the MCA.

People we spoke with told us that their consent was sought for their or their family member’s care, both at the care planning stage and when personal care was given. One person said, “They know what I need.” All the people we spoke with felt the care staff worked at a pace to suit their needs. “I don’t feel rushed.” The three relatives we spoke with agreed with this. Records we looked at showed that where people who used the service did not have capacity to make decisions, best interest meetings had taken place. The records showed who was involved in the decision making process and what the decision to be made was. This demonstrated the provider was aware of their responsibilities under the MCA.

People we spoke with who had meals prepared by staff told us that they always had choice about what they ate. People said they were pleased with the meal choices they had. We saw information in people’s care and support plans about their nutritional needs. One person was identified as being



## Is the service effective?

at risk due to reduced food and fluid intake; a food/fluid intake chart was completed and signed alongside regular weight monitoring. Staff told us before they left their visit they made sure people had access to food and drink.

We found people who used the service or their relatives dealt mostly with people's healthcare appointments.

However, we noted from the records that the service had made referrals to health professionals when needed to support them in meeting the needs of people who used the service. We saw this included a nurse and occupational therapist.

# Is the service caring?

## Our findings

All of the people we spoke with were very complimentary about the caring attitude of the care staff. Comments from people included: “Excellent. “They’re [staff] are very nice. “Another person told us “I am delighted with it.” A relative of the person who used the service told us, “The quality of care is high.” Another relative told us, “Well satisfied with the service. I can talk to them [staff].”

People we spoke with told us there, or their family member’s, privacy and dignity were respected by staff knocking on the doors before entering. The three relatives we spoke with agreed with this. All the people we spoke felt the care staff worked at a pace to suit their needs. One person told us “I don’t feel rushed.” Another person told us “She [name of person] is so cheerful.”

Staff we spoke with told us people’s likes and dislikes and said that they had good relationships with people. They spoke in a caring manner about the people they supported and were able to give examples of how they ensured people’s privacy and dignity were respected. Staff told us they knocked on people’s doors and always asked before

they provided any personal care. Staff said they had received training to help them understand how to provide good care. They confirmed they had time to get to know people before providing care. One staff member said, “We are introduced and shadow (work alongside) other staff who know the person before we work alone with anyone.”

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. People we spoke with told us that they, or their family member, received reviews of their care plans at least once a year or if there was a need the care plan would be reviewed as and when it was needed. One person said, “I do have a say. I can change things.”

We saw that the daily care records were completed at the time of care delivery and signed by the staff members. One staff member said, “We always go through what we are writing at each visit with the person and ask them if that is ok.” Daily records showed people’s needs were being appropriately met.

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care.

Care plans contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. We saw comprehensive information detailing each person's aims and objectives which included for one person the importance of a regular hot meal and another person around supporting them with applying creams daily.

The registered manager told us they and other members of the management team also delivered care and this gave them the opportunity to speak with people and gain feedback around the care support they received, also to assess if the care and support plan was up to date. Telephone questionnaires were used by the management team which included people saying, "Very happy with the service. No changes needed to the care plan." Formal care reviews were held with the person and/or their relative.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs of each person. This included individual ways of communicating with people. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered manager told us copies of care plans were kept in the person's own home and an up to date copy was kept in the office. The care plans we looked at in the office confirmed this.

People we spoke with and relatives were complimentary about how staff and the registered manager responded to

their needs. One person who used the service said, "I'm delighted I don't feel rushed." Another person told us, "I'm very happy." A relative said, "Well satisfied with the service. I can talk to them."

Records we looked at showed that people who used the service made requests for changes to their visit times and these were responded to appropriately. The registered manager said they liked to be able to provide a flexible service to try and meet people's individual needs. One relative told us that they had spoken to the office to change the times of the family member's calls due to their medication needs, which had then been changed.

People we spoke with could name a member of staff or a manager that they trusted and could go to if they had a concern or worry. All of the people we spoke with had the telephone number for the office and most people had used the telephone number and knew the names of some members of the office team. People we spoke with told us they thought their concerns would be taken seriously and referred to the appropriate person.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. The registered manager told us people who used the service were given details about how to complain in the introductory information given when people began to use the service. We looked at the complaints policy and records of complaints. We saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

The registered manager told us that any learning from complaints or concerns received was communicated to staff. They said they did this through direct contact with staff. Staff confirmed they received information on concerns in order to prevent any re-occurrence of issues.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We saw that the registered manager had knowledge of all of the people who used the service and was able to describe in detail their specific needs and preferences. We observed that all staff working in the office had a positive working relationship with the registered manager, who was responsive to all queries.

The majority of the people we spoke with thought the service was well run. One relative said, “Very happy with the service.” Another relative told us “I think it’s excellent.” People told us the managers were approachable and tried to resolve issues for them.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, “I enjoy my job I wish I would have come into this line of work earlier always get on well with the manager, supervisors and all the staff I never have any issues

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. The staff said that they had team meetings but these were a while ago, However staff told us that if there was anything important that the management team let them know by a newsletter. They said they were encouraged to put forward their opinions and felt they were valued team members. In our survey, 88 % of staff said they received important information when they needed it and felt the registered manager took their views in to account.

People who used the service told us they could express their views. Three of the people we spoke with told us they had received surveys to fill out about the service.

We looked at the results from the last survey from 2015 which people who used the service completed and these

showed a high degree of satisfaction with the service. However there were only a few returned. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. No suggestions for the way the service could be improved had been made. People’s comments included; ‘Very satisfied with service received, cannot fault it’. The registered manager told us that the provider was looking at more effective ways in the new year to gain feedback on the service as the survey’s which were last sent out in 2015 were not effective.

The registered manager told us that they had a system of a continuous audit in place, which included care records and medication records. The registered manager told us that they visited people who used the service with staff and that this was to monitor service delivery and to talk to the people who used the service and identify if any concerns or issues. People confirmed that this had happened within their home. The registered manager told us that all care files were reviewed by to ensure quality service provision and that they signed the care notes in the files when this was done. Documentary evidence of this was seen. However audits were not in place for the staff supervisions, appraisals and training. The registered manager and the supervisors were looking into ensuring that all audits were in place and effective for the service at the time of our inspection.

The chief executive supports the registered manager with monthly visits to review and audit the service. The registered manager has supervisions. They look and discuss any staff and customer issues or support with any advice needed by the registered manager. The registered manager completes a report which includes information on how the service is doing or any safeguarding reports that may have been completed and sends this to the chief executive who discusses this with the trustees on the committee. They will pass any relevant information on to the human resources department or safeguarding to be investigated if required. The registered manager told us that they felt supported in their role.