

Moorlands Home Link

Moorlands Home Link

Inspection report

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15 February 2018

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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

We carried out an announced inspection at Moorlands Home Link on the 13, 14 and 15 February 2018. This was the first ratings inspection since the provider had registered with us in December 2016.

Moorlands Home Link is a domiciliary care agency with charitable status providing care for people in their own homes. At the time of the inspection 24 older adults received weekly support with bathing and/or personal care.

Not everyone using Moorlands Home Link received a regulated activity. The charity also provided a number of other services in the community. These included a friendship and support service to people who were elderly or needed support to go out, day centre in the local community, meals on wheels and transport arrangements via minibuses. These services were not included in the inspection as CQC only inspect the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was not currently a registered manager at the service. 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.

We found that improvements were needed to the systems in place to monitor and manage the service. Improvements were needed to ensure that records contained accurate and up to date information.

Improvements were needed to ensure staff had sufficient guidance available to administer and prompt people's medicines safely.

Improvements were needed to ensure people's cultural and diverse needs were assessed and recorded to enable a fully individualised care provision.

Improvements were needed to ensure staff had access to training and development.

People consented to their care where they were able to and where people lacked the capacity to make informed decisions the provider was following the principles of the Mental Capacity Act 2005. This meant that people received care that was in their best interests.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety.

There were enough staff available to meet people's needs in a timely way. Infection control measures were in place to protect people from the potential risk of cross infection.

People were supported to eat and drink sufficient amounts and nutritional risks were assessed and monitored.

People's health was monitored and health professionals input was sought where needed.

People were supported by caring and compassionate staff and people's dignity was maintained and their right to privacy was upheld.

People's choices were sought and respected by staff in a way that promoted people's individual communication needs.

People's care was reviewed to ensure they received care that met their changing needs. People received care from a consistent staff group which met their individual needs and preferences.

People and their relatives knew how to complain and the provider had a complaints procedure in place.

People, relatives and staff felt able to approach the executive manager who acted on any issues raised. Staff felt supported to carry out their role.

Feedback had been gained from people and relatives to ensure their care provision met their needs.

The provider had an overview of the service and received regular updates and the executive manager worked in partnership with other agencies

We found there was a breach in a Regulation 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?

Requires Improvement ●

The service was not consistently safe.

Improvements were needed to ensure there was sufficient guidance for staff when administering or prompting 'as required' medicines and to ensure medicines were recorded consistently.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough suitably recruited staff available to meet people's needs and infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure that people's diverse needs were considered in the assessment of their needs to enable effective planning of their care.

Improvements were needed to ensure staff had access to training and development.

The provider followed the principles of the Mental Capacity Act 2005 and ensured that people received care in their best interests.

People were supported to eat and drink sufficient amounts and their nutritional risks were managed.

People's health was monitored and health professionals input was sought where needed and there were good links with other professionals to maintain people's health and wellbeing.

Is the service caring?

Good ●

The care service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. People were

supported to make choices in the way their care was provided in line with their preferences.

People were supported in line with their individual ways of communication. Staff treated people with dignity and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of the care provision and people received support in line with their preferences.

People's care was reviewed. Staff were aware of changes in people's needs and ensured that people received support that met their changing needs.

People received care from a consistent staff group who supported people at a time that they preferred.

People and their relatives knew who to contact if they had a complaint and there was a complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements were needed to ensure that effective systems were in place to monitor the quality of the service provided. Records were not always accurate and up to date.

People, relatives and staff felt able to approach the manager. People and their relatives had been asked for feedback about the quality of the care provided.

The manager worked in partnership with external agencies and the provider was kept updated with an overview of the service provided.

Moorlands Home Link

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 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.

This comprehensive inspection took place on 13, 14 and 15 February 2018 and was announced. The inspection team consisted of one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 13 February 2018 and ended on 15 February 2018. It included visiting the office and telephone calls to people who used the service, their relatives and staff. We visited the office location on 13 February 2018 to see the executive manager and office staff; and to review care records and policies and procedures.

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 reviewed the information included in the PIR along with information we held about the service. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with five people who used the service and three relatives. We also spoke with three staff, the executive manager and the office manager. We viewed four records about people's care and records that showed how the service was monitored and managed. This staff files for four staff employed at the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they received their medicines when they needed them. One person said, "The staff remind me to take my medicine and always ask if I am in pain and whether I need a painkiller". We found that some improvements were needed to ensure that medicines were recorded accurately. For example; we looked at the Medication Administration Records (MARs) for four people and these contained gaps in the recording of people's prescribed medicines and topical creams. Staff we spoke with were aware of the procedures and told us that medicines needed to be recorded after administering or prompting. We spoke with the executive manager who told us that poor recording had been raised with staff. However, we found that this had continued and improvements had not been made. We also found that people who needed 'as required' medicines did not have a protocol in place to ensure staff had sufficient guidance to administer these medicines safely. For example; we saw that one person had an 'as required' painkiller and staff recorded this on the MAR but there was no information about when this needed to be administered, the frequency and what this medicine was for. On the second day of the inspection the executive manager forwarded 'as required' protocols that had been put in place immediately for two people to ensure that staff had the guidance required. We were informed that these would be completed for each person who was supported with 'as required' medicines. This meant that improvements were needed to ensure that medicines and creams administered or prompted were recorded consistently and staff had sufficient guidance available.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel safe and comfortable when staff help me, they are very good. I can trust them which is important". One relative said, "I know my relative is safe and looked after. Staff make sure they are safe, which puts my mind at rest". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the executive manager immediately. We saw that there was a safeguarding policy available to staff, which they were aware of and where abuse had been suspected this was reported immediately to the appropriate professionals. This meant people felt safe and were protected from suspected abuse.

People told us that staff knew how to help them safely, whilst helping them to maintain their independence. One person said, "I like to do a lot for myself but they [staff] make sure I am safe when I am in the shower. It gives me more confidence to do things when I know they are here". A relative said, "I feel that my relative is a lot safer now they have staff helping them. My relative is quite independent and likes to do a lot for themselves and staff make sure they are safe without taking away their independence". Staff were able to explain how they supported people to reduce risks and had a good knowledge of how to reduce people's risks, which matched what people had told us. For example, staff told us that one person chose not to use their safety belt when using a piece of equipment to move about. Staff respected their wishes but also ensured they were safe by being close to them and protecting them from behind to protect them from the risk of falling. This meant people were supported to lower risks to their health and wellbeing.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they

provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People and relatives we spoke with told us there were enough staff available to provide support when they needed it. People told us that staff arrived on time and staff stayed for the required time. One person said, "I'm very happy with the staff they always come on time". A relative said, "We have never had any issues with missed calls. The staff arrive on time and if they have been running a few minutes late they let us know". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "There are a few staff shortages but I know recruitment is taking place. People always get their visits because we pull together as a staff team. I sometimes have time to sit and chat with people or have a game of dominos". We spoke with the executive manager who told us where there were staff shortages the permanent staff or staff who knew people from the day service covered the visits to provide consistency in care for people. This meant that there were sufficient staff available to meet people's needs.

People we spoke with told us that staff always wore aprons and gloves when they were supporting them. One person said, "Staff have explained to me why they wear gloves as it is to protect us both". A relative said, "The staff always wear gloves and they are very clean and tidy". Staff we spoke with told us that they always used protective equipment and these were readily available. One staff member said, "I always use gloves and aprons and we have different colours depending on whether I am assisting with food preparation or with personal care". This meant that people were protected from the risks of infection control and cross contamination.

Is the service effective?

Our findings

Staff told us that they had received an induction and attended training when they commenced their employment at the service. Staff told us and the training records showed that there were gaps in training and some staff had not had the necessary updates. One staff member said, "I haven't had any training for some time and it would be good to update and refresh my knowledge. I think it would be beneficial". Staff we spoke with had a good knowledge of various aspects of care. However, it is important that staff are given the opportunity to refresh their knowledge and be made aware of any possible changes in practice. The executive manager told us that they were aware of these gaps, but at times found it difficult to access training due to financial restraints. The executive manager sent us an action plan after the inspection which showed training for all staff was planned to be updated over the next three months. This meant that improvements were needed to ensure staff had the opportunity to access training to keep their knowledge and skills up to date.

We found that before a person used the service an assessment of their needs was completed to ensure that the person's needs could be met at the service. We saw that information was gathered from the person and their family members. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. However, we found that the assessment form did not detail specific information about people's diverse needs such as cultural background, religion or their sexuality. We fed this back to the executive manager who stated that they would ensure that the assessment form was reviewed to include an assessment of people's diverse needs and a care plan would be implemented to give staff guidance on how to support people in line with any diverse needs that were identified.

People told us that staff asked their permission before they provided support. One person said, "Staff always ask me what I need help with. I might have a bad day and need more help or vice versa and they understand this". A relative said, "The staff are very good and help my relative make choices by asking simple questions. I have the authority to make some of the more difficult decisions, which I discuss with the staff and manager if needed". We saw that some people had a Power of Attorney (POA). A POA is a person who is authorised to represent or act on another's behalf in private affairs, business, or some other legal matter. We saw that people's records contained details of the POA and whether representatives were authorised to make decisions about their care and welfare, finances or both. This meant consent was gained from people or representatives to make decisions about their care and treatment.

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. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood

their responsibilities under the MCA and what it meant for people they supported.

People and their relatives we spoke with were happy with the support they received from staff in relation to their food and drink. One person said, "The staff always make sure I have a drink before they leave and they help me warm up my food". A relative said, "The staff know how my relative needs their food preparing. They ensure it is prepared correctly which ensures they don't choke". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. For example; one person was at risk of choking and needed a softer diet. All the staff we spoke with had a good understanding of this person's risks and the importance of the softer diet. Another person needed to be encouraged to drink fluids to avoid becoming unwell and staff told us that they ensured this person had a jug of water next to them before they left. The records we viewed showed that staff supported this person at each visit to drink to maintain their wellbeing. This meant people were supported to eat and drink sufficient amounts in line with their nutritional risk plans.

People and relatives told us that staff contacted health professionals if needed. One relative told us that staff knew when their relative was unwell and had contacted the district nurse due to sore areas on their relative's skin. We saw that the district nurse had visited and given advice on how to manage this person's skin. Staff told us how they looked for signs that people were unwell such as; physical and emotional wellbeing and they would contact a doctor or emergency services if needed. This meant that staff supported people to access health professionals to maintain their health and wellbeing.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate towards them. The comments we received from people included; "The staff are lovely. Everyone is very kind and patient", and "The staff are very caring and I trust my regular carer as I know them well" and, "The staff are all very polite and kind". Relatives also felt that staff were caring towards their relative. One relative said, "The staff are exceptional we couldn't manage without them. They are genuine and caring". Another relative said, "The support received from Moorlands Home Link has made such a difference to my relative's life. The staff are patient and encourage them to do things for themselves, which has given my relative more confidence". Staff told us how they made sure people felt important and cared for. One member of staff said, "I make sure I give people my time and support them with patience and care. I enjoying giving my time to chat to people too as I maybe the only person they see".

People told us that they were treated with dignity and respect when staff were supporting them. One person said, "Staff treat me in a dignified way and speak to me respectfully. They always ensure I don't feel embarrassed". A relative said, "I see the way they treat my relative and they are very sensitive to their needs and any personal care is always carried out in private". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I respect people's right to privacy when supporting them". This meant people were treated with dignity and respect and their right to privacy was upheld.

People told us staff always asked them what they needed and listened to their wishes. One person said, "I am always asked what I want before I receive support from staff. They listen to me and what I want". A relative said, "The staff never take over. They let my relative make decisions and choices where they are able to. They also ask my advice if needed". One relative told us their relative had difficulty communicating and staff understood the most effective way of promoting their choices. Staff told us and the records showed details of how staff needed to adapt their questions to ensure that this person was able to make choices. This included short closed questions until the person responds with a positive answer. Staff told us they always asked people before they provided support and took account of their wishes. One staff member said, "I always offer people choices and use different ways of communicating dependent on each individual's capability. I also respect people's right to have individual views as everyone has a right to give their opinions". This meant that people were given choices to ensure people were supported in line with their preferences.

At the time of the inspection there was not anyone being supported who met the Accessible Information Standards (AIS). The AIS are in place to ensure sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with these standards. The executive manager told us that this would be assessed at assessment and they understood the various ways of ensuring people who had a disability, impairment or sensory loss were supported to receive information in a format they understood. This meant the executive manager was aware of the standards in place to ensure people were provided with information about their care.

We saw compliments received from people and their relatives about the way staff provided care. The comments included; "Thank you for all your help", and "Staff are always courteous and helpful", and "We appreciate all the kindness".

Is the service responsive?

Our findings

People and relatives told us and care records showed that they were involved in the assessment and planning of their care and their preferences were taken into account. One person said, "The manager came out to see me and we talked about what I needed". One relative said, "I am kept fully involved with my relatives care. My relative is involved more than previous care agencies and it has made a big difference". Staff we spoke with knew people's preferences and described how people liked to be supported to maintain their independence, such as food choices, times people preferred to be visited and how people liked their care providing. Staff also knew different people's individual routines and how to support people to maintain their emotional wellbeing to reduce feelings of isolation and anxiety. A staff member said, "It is important that we follow people's routines as this can affect their emotional wellbeing. I also ensure I have time to chat and where able sit with people and discuss television programmes or have a game of dominos". This meant people were supported in line with their preferences.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "The care received has given my relative more confidence. Staff have changed the way they help my relative to meet their needs and this makes them happy and has given them more independence". Staff told us that this person had set routines and liked to feel in control of their care. Staff explained how they have adapted their support to ensure that whilst keeping the person safe they have also respected their wishes for as much independence as possible. Another person had suffered a fall and we saw that the risk assessment had been updated and a referral was made to the Falls Team for an assessment to ascertain if this person needed any equipment to keep them safe. This meant that people received care that met their changing needs.

People and their relatives told us that carers arrived on time and they had consistent carers who they knew well. The comments we received included; "I have the same staff and I know them well. I trust them coming into my home", and "The same staff come and they are always on time. They come at the time we have agreed so I can expect them", and "My relative knows the staff well as it is the same six staff who visit them. They always arrive on time and stay for the amount of time needed". Staff told us that when they were first employed they were introduced to people they would be supporting before they provided care so that people knew who would be attending. The rotas we viewed showed that people received their care at a time that they preferred by a consistent group of carers.

People and their relatives told us that they knew how to complain and they would approach the staff if they had any concerns. One person said, "I would speak to the staff or the office if I was unhappy, but I have never needed to". A relative said, "The office staff are all very approachable and if I had any concerns I would not hesitate to contact them. Saying that I have never needed to complain as we are very happy with the service". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. We saw that there was a complaints policy available to people and their relatives. At the time of the inspection there had been no complaints received at the service. However, we saw that there was a system in place to record and monitor any complaints received.

Is the service well-led?

Our findings

We found that the monitoring systems in place to ensure that people received appropriate care and support were not always effective. We saw that people's daily records and Medication Administration Records (MARs) were checked on a monthly basis to ensure staff were providing the care as required. We looked at the evaluations and found that some areas of concern had been identified such as; gaps in recording, which meant it was unclear whether people had received their medicine as prescribed. The evaluations we viewed did not contain details of the actions taken to reduce a re-occurrence of these issues and further evaluations showed that this had continued. The executive manager told us that staff had been advised of these issues but there was no evidence to show these actions. This meant that this was not an effective way of ensuring people received their medicines as planned. We also found that there was no system in place to audit care plans to ensure they were up to date and accurate. We received an action plan from the executive manager following the site visit which detailed any immediate changes they had implemented and how they planned on making the improvements we raised at the inspection. We will check this at our next inspection. This meant that improvements were needed to the systems in place to assess and monitor the quality of the service.

We found that some records were not always up to date. Staff were aware of people's needs and the support required, which matched what people told us they wanted. However, the records did not always contain an accurate reflection and reviews of people's care had not been recorded where changes had been made. For example; we found that some people's care plans did not always contain sufficient details and there was a potential risk that new staff would not have the information required to support people safely. People and their relatives told us that the provider and registered manager had been responsive to people's changing needs and we saw monthly evaluations had been completed to reviews people's care. We saw that a recent system had been implemented to make staff aware of changes in the form of a weekly report. However, this information had not always been updated in people's records and there was a potential risk that people may receive inconsistent care. This meant that improvements were needed to ensure records were accurate and up to date and reflected people's current needs.

The above evidence shows that there were ineffective systems in place to monitor the service and records were not always accurate and up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relative's told us that the executive manager was approachable. One person said, "[Executive manager's name] is approachable and I would speak with them if I had any concerns". A relative said, "The management team have always been approachable and I feel able to speak with them if needed". We saw that questionnaires had been sent out to people and their relatives to gain their views about the service provided. The feedback gained from people was all positive and included comments about the service such as; 'Wonderful service', and 'The service is second to none', and 'The service and carers are excellent'. This meant that people and relatives felt able to raise any issues and feedback was gained from people and their relatives to ensure people were happy with their care.

Staff we spoke with told us that the executive manager was supportive and approachable. One member of staff said, "The management is very good. If I have raised anything it has always been acted on to make improvements". Another member of staff said, "The management are good and I can speak with them if I need to. We have regular team meetings where we can discuss things as a group. I have received supervisions where we discuss my role and any development I might need". We saw records that showed staff meetings discussed areas of staff performance that needed improvements and updates in care practice. This meant staff felt supported in their role and were provided with information to ensure care was carried out in line with updated practice.

The registered manager had recently left the service and we were informed that recruitment for a replacement manager was underway. However, the executive manager was aware of the provider's responsibilities of their registration with us (CQC). We had received notifications as required by law from the registered manager where incidents had occurred at the service. These included notifications of safeguarding concerns and events that may stop the service. We saw that the executive manager regularly met with the board of trustees for the charity. We viewed minutes that showed details such as recruitment and future plans for staff training were discussed. We also saw that the We also saw that the organisation had received the Queens Award for Voluntary Service.

We saw that the executive manager had contact with other agencies when people's needs changed. This included health professionals such as G.P's, district nurses and speech and language therapists. Relatives told us that the service contacted health professionals when their relatives were unwell or needed further intervention from health professionals. The executive manager also maintained contact with social worker's where people's needs had changed and intervention from a social care professional was needed to assess their care. This meant that the executive manager and provider worked in partnership with agencies to make improvements to people's care.

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	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems in place to monitor the service and records were not always accurate and up to date.