

Mortimer Homecare Limited

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Inspection report

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Tel: 0156860023

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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

The inspection took place on 8 February 2017 and was announced.

Mortimer Homecare Limited is registered to provide personal care to people living in their own homes. There were 18 people using the service on the day of our inspection.

The service is required to have a registered manager and had one 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 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse by staff who understood how to recognise and report safeguarding concerns. The provider assessed the risks related to people's care and support needs and implemented plans to reduce these. People were involved in decisions about risks that affected them. They received a consistent service from staff whose suitability had been assessed by the provider. People received safe support and assistance from staff with their medicines where they needed this.

People were supported by staff with the necessary knowledge and skills to meet their needs. The provider assessed people's dietary and nutritional requirements and any help they required with meal preparation. Staff played a positive role in helping people to maintain their health and access healthcare services.

Staff supported people with kindness, compassion and a willingness to go the extra mile. The provider encouraged and supported people to share their views and be involved in decision-making about their care. Staff treated people with dignity and respect.

People received care and support that was tailored to their individual needs and preferences. Staff understood the need to follow people's care plans. People and their relatives knew how to raise a complaint with the provider, and were comfortable doing so. The provider had implemented procedures to ensure all complaints and concerns were dealt with properly.

The provider promoted a positive and inclusive culture within the service. People and their relatives had a positive relationship with the management team. Staff benefited from clear leadership and direction, and knew what was expected of them. The provider used quality assurance checks and audits to drive improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff recognised the potential signs of abuse and knew how to report any abuse concerns. The risks connected with people's care and support needs were assessed, recorded and managed. The provider followed safe recruitment procedures and employed enough staff to offer a reliable service. People received safe support and assistance with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed to provide safe and effective care and support. Staff sought people's consent to care and supported their decision-making. People had the supported they needed with meal preparation. Staff played a positive role in helping people to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff adopted a kind and compassionate approach to their work with people. People's views and involvement in their care were encouraged by the provider. Staff understood the importance of treating people with dignity and respect at all times, and how to translate this into practice.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that took into their individual needs and preferences. People and their relatives knew how to complain to the provider, and had confidence their concerns would be acted upon. The provider had formal procedures to ensure all complaints were investigated and responded to.

Is the service well-led?

Good ●

The service was well-led.

The provider encouraged a positive, open dialogue with people, their relatives and staff. Staff felt supported by the management team. The provider made use of quality assurance systems to assess, monitor and improve the quality of the care and support people received.

Mortimer Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 8 February 2017 and was announced. We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we talked to five people who used the service, three relatives and a social worker. We also spoke with five members of staff, including the registered manager, deputy manager and care staff.

We looked at two people's care files, the provider's staff handbook, complaints records, two staff members' recruitment records, staff training records, and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us the care and support staff provided helped them to stay safe. They described the careful manner in which staff assisted them to carry out day-to-day tasks like washing, dressing and getting around their homes safely. One person told us, "Their help saves me from falling over when I'm getting dressed." People's relatives also felt staff played an important role in protecting their family members' safety. On this subject, one relative told us, "They (staff) plan for any eventuality and are very competent people." Another relative said, "They (staff) are careful about making sure [person's name] walks about with their walker."

People told us the provider fully involved them in these decisions about staying safe. They felt that, with their involvement, the provider managed to strike the right balance between their safety and right to independence. We saw the provider had completed an assessment of the risks related to people's care and support needs before their care started. This assessment took into account key areas of potential risk, including people's physical and mental health, their home environment and the prevention of falls and pressure sores. The provider had developed plans to manage these risks, in order to keep people, and the staff supporting them, as safe as possible. The provider had procedures in place to ensure people's risk assessments were reviewed with them on a regular basis, to ensure they remained accurate and up to date.

Staff understood the need to follow the guidance in people's care files about supporting them safely. They told us the registered manager gave them the time and support needed to read and understand people's risk assessments. If the risks to people or themselves changed, staff said the management team quickly updated them by email, text or phone. In the event that people were involved in an accident or incident whilst staff were with them, staff were clear about the action they should take. They told us they would report any such events to the management team, make a record in the individual's care notes and complete the provider's relevant forms. Although there had been no events of this nature to date, the provider had procedures in place to ensure all accidents and incident were monitored and learned from.

Staff understood the different forms and potential indicators of abuse. They told us they would report any suspected abuse to the registered manager without hesitation. People and their relatives were also clear how to raise any concerns about their safety and wellbeing with the provider. We saw the provider gave people and their relatives relevant information about how to raise any concerns of this nature from the outset of their care. They had developed procedures to ensure all safeguarding concerns were passed on to the relevant external agencies and investigated. We saw the provider had handled previous concerns of this nature in line with these procedures.

People and their relatives told us they received a dependable and punctual service from the provider. One person said, "They (staff) are reliable and consistent, and we live out in the sticks. If they are stuck behind a tractor, they will ring up and say they're running a few minutes late." Another person told us, "They (provider) are very trustworthy and reliable." People said they were visited by regular staff, and generally knew who would be coming out to support them. They confirmed staff always stayed with them for the agreed period of time. One person told us, "If anything, they (staff) stay longer than expected." A social worker also spoke highly of the reliability and flexibility of the service, explaining, "They really work with us;

they're so good and reliable."

The registered manager explained that they assessed, monitored and organised their staffing requirements, taking into account the total number of care hours provided and the different locations in which people lived. They recognised the need to have enough staff to provide a flexible service, and respond to unexpected circumstances. We saw evidence that all prospective staff underwent pre-employment checks to make sure they were safe to work with people. These included a Disclosure and Barring Service (DBS) check and requests for employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions. The provider had developed formal disciplinary procedures to deal with any conduct issues once staff were in post.

We looked at how the provider and staff team safely assisted people with their medicines. People told us they got the level of support they needed from staff to take their prescribed medicines. One person explained that staff helped them take the medicine needed to manage an ongoing medical condition. A relative described how staff consistently applied their family member's creams and topical pain relievers. We saw the provider had put systems and procedures in place to ensure any support or assistance provided with people's medicines was safe and reflected good practice. All staff involved in the handling or administration of people's medicines had received relevant training, and appropriate medicines records were maintained.

Is the service effective?

Our findings

People and their relatives felt staff had the right skills, experience and knowledge to meet people's care and support needs. They used words such as "professional", "diligent", "well-trained" and "efficient" when talking about the staff team. One person told us, "They (staff) are perfect. They never come in without their gloves on, or without knocking on the door first." A social worker also praised the "extremely professional" manner in which the provider's staff worked.

We saw the registered manager had assessed and planned the training, learning and development staff needed to provide safe and effective care. They showed us their training plan for the coming year, which took into account the provider's mandatory training requirements and people's individual care and support needs. Staff felt their training to date had enabled them to fulfil their duties safely and effectively, and that they were able to request further training as needed. One staff member told us, "I'm one hundred per cent happy that I could request additional training if I needed it."

When starting work with the provider, staff completed a structured induction. During their induction, staff worked alongside more experienced colleagues, had their competency checked, and were given time to read people's care files and the provider's policies and procedures. The provider took into account the requirements of the Care Certificate when inducing new staff. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. Staff spoke positively about the way the provider's induction had prepared them for their roles. One staff member told us, "They (management) took me out shadowing for the first week to make sure I knew what I was doing. They checked I was ready to go out on my own. I didn't feel out of my depth." Shadowing is when new staff work alongside more experienced colleagues.

The management team continued to support their staff following induction. They had procedures in place to ensure staff participated in regular one-to-one meetings and an annual appraisal with a member of the management team. Staff felt their one-to-one supervision meetings with management were beneficial. One staff member explained, "If I've got any problems I can tell them, and if they've got any concerns they let me know. We discuss if I want any more training and if I'm ok." Staff explained the management team also provided twenty-four hour on-call support, to respond to any urgent guidance or advice they may need regarding people's care. One staff member told us, "As soon as they (management) get any urgent calls (from staff), they'll ring us straight back." The management team also carried out periodic unannounced spot checks with staff, to check their work practice and identify any additional support they may need.

We looked at how the provider and staff team sought people's consent to care, and protected their rights under the Mental Capacity Act 2005. The Mental Capacity Act (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 told us staff respected their right to make their own decisions, and asked them before carrying out care tasks. We found the registered manager and staff team had an appropriate understanding of the MCA, and its implications for how they supported people. Staff recognised the need to obtain people's consent, respect their choices and support them to make their own decisions. One staff member told us, "If a person wants to do something it's up to them because they have the capacity." Another staff member said, "It's about asking for their consent before doing anything." Staff told us they would seek advice from the registered manager if there was any change in a person's ability to make decisions for themselves. The registered manager understood the need to carry out mental capacity assessments, and the role of best interests meetings. We saw evidence of mental capacity assessments, in relation to people's consent to their care and support, in the care files we looked at.

People told us staff gave them any support they needed to make their meals. They instructed staff what they would like to eat and drink and staff helped them prepare this. One person told us, "They (staff) ask me what I want and they make it." We saw the provider completed an assessment of people's individual dietary and nutritional requirements, which took into account any special health requirements or food allergies.

People and their relatives explained that staff monitored people's general health and wellbeing through their day-to-day visits with them. They told us staff advised and supported them to seek professional medical advice when appropriate.

The provider offered people additional support in maintaining good health, where they needed this. This included accompanying people to medical appointments or collecting prescriptions on their behalf. We saw people's care files contained important details about their medical background and current health conditions to give staff insight into their health needs. Staff told us they made use of this information to ensure they were clear about people's health.

Is the service caring?

Our findings

People and their relatives spoke highly of the positive, caring and compassionate approach the registered manager and staff team took to their work. One person told us, "I regard them (staff) as friends." This person went on to say, "When they (staff) come in, they really pick me up. They are really cheerful and positive." Another person said, "It's just their attitude; they (staff) can't do enough for you. It's the little things - like hanging up your dressing gown for you." A relative told us, "[The provider] doesn't just care for [person's name], but for our environment and for me."

People and their relatives felt staff had taken the time needed to get to know people as individuals, and the way they liked things done. One relative explained, "I know they (staff) are caring because they know if [person's name] is feeling a bit down." They felt staff demonstrated their concern for people by their willingness to go the extra mile for them. For example, one person was touched by how the registered manager had remained at their home overnight to make sure they were safe and comfortable when their partner, and main carer, was unexpectedly taken into hospital. A relative described how the registered manager had brought them a long-handled dustpan after they had hurt themselves whilst trying to sweep up.

People described an open, ongoing dialogue with the provider, which enabled them to be at the centre of decisions about their care and support. One person explained, "They (provider) don't assume anything. They ask me and we discuss things and act on the conclusions." People had confidence the provider took their views and opinions seriously and acted on these. The registered manager explained that they actively encouraged people's full involvement in any meetings regarding the assessment, planning or review of their care. We saw they also provided people with information about local independent advocacy services at the start of their care, in case they should need this support at any point. The registered manager told us the management team kept in regular contact with people, either face-to-face or on the phone, to encourage them to openly express their views about their care. We saw evidence of the contact made with people by telephone, for this purpose, during our inspection.

People told us staff respected their right to privacy, and treated them with dignity and respect at all times. They said staff met their personal care needs with sensitivity, and enabled them to remain as independent as possible. The staff we spoke with recognised the importance of treating people in a respectful and dignified manner. They told us they did this through, amongst other things, giving people time, respecting their choices and decisions, maintaining confidentiality and protecting people's modesty. One staff member explained, "I ask them (people) what they want and what they need; it's about giving them choices."

Is the service responsive?

Our findings

People and their relatives told us the care and support staff provided was shaped around their individual needs and wishes. They praised the provider's flexibility and their readiness to tailor the service to suit specific needs. One person explained, "They (provider) have the ability to adapt to unusual circumstances." Another person said, "They (staff) work to my needs." This person went on to describe how staff helped them with their personal care or meal preparation, on a flexible basis, if they found they needed this support at times. People told us staff had the time to sit and chat with them, and meet their needs in a personalised and unrushed way.

People confirmed that they had been fully involved in decisions about their care and support from the outset, and that this was an ongoing process. One person told us, "[Registered manager] came over to talk about it all. We had a run through of what I wanted them to do." We saw people's care plans reflected an individualised approach towards the assessment and planning of people's care. They contained information about people's personal backgrounds and what was important to them, as well as detailed guidance for staff on meeting their support needs. The provider had systems in place to ensure people's care plans were reviewed and updated by the management team on a regular basis.

Staff were aware of, and recognised the importance of working in accordance with, people's care plans. They said the provider gave them the time and opportunities they needed to check these when needed. Staff felt that in order to meet people's needs in a person-centred way, they also needed to build a rapport with people and listen carefully to what they had to say. One staff member explained, "If you ask them (people), they'll tell you how they want things done to make it feel more personal."

People and their relatives were clear about how to raise any concerns or complaints about the service. They told us they would speak directly to the registered manager, and had confidence any such issues would be taken seriously and addressed. The provider had developed a formal complaints procedure, to ensure any complaints about the service were dealt with properly and learned from. We looked at their handling of a recent complaint from a person's relatives. We saw the concern brought to their attention had been investigated, acted upon and a written response sent to the complainant.

The registered manager told us they welcomed people's experiences about their care and support, and any general feedback they had to give on the service. We saw they carried out periodic telephone surveys with people to encourage them to share their thoughts on the service.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager of the service. We found they had a good understanding of the duties and responsibilities associated with their post. They also understood the requirements of their registration with CQC. The registered manager explained how they kept themselves up to date through, amongst other things, attending events run by the local authority, networking with other providers and regular use of care websites and publications.

People, their relatives and the staff we spoke with described a fair and open culture within the service. They felt the registered manager welcomed their input, comments and suggestions and, where possible, took action on these. One staff member explained, "They (management) give you choices and decisions and you feel valued. If you want to speak to them, even if it's about something trivial, they make time and nothing seems too much trouble for them."

People and their relatives confirmed the management team made themselves available to speak or meet with them whenever needed. They talked about the management team in very positive terms. One person told us, "I find them (management) so good. Given my fairly short experience, I would find it hard to better them." This person went on to describe the management team as "approachable, most diligent, caring and sincere." Another person said, "They're just a brilliant firm; nothing is too much trouble for them." A social worker also praised the forward-thinking approach of the provider, adding, "[Registered manager] is really good at their job."

Staff told us they received clear leadership and direction, and the ongoing support they needed, from the management team. They were clear about what the registered manager expected of them. One staff member said, "They (registered manager) are brilliant. They've taught me so much in such a short space of time." Another staff member said, "[Registered manager] is lovely. I can ring them or [deputy manager] at any time. They will advise me over the phone or come out to me. Things can change quickly in this job, so you need advice sometimes." This staff member described how they had arrived at a person's home to discover there had been a significant change in their health. Once having been made aware of this deterioration, the registered manager had joined them at the person's home to advise them further and liaise with their GP. The staff member appreciated the registered manager's support and their willingness to take on board their views about the person's current care needs. They explained, "[Registered manager] put double-ups in place as soon as I said, even though I was fairly inexperienced", adding, "It's the best place I have ever worked." A double-up is when a person requires the support of two carers during their care calls.

The staff we spoke with talked about their work for the provider, and the care and support provided, with clear enthusiasm and a sense of working towards a shared purpose. One staff member explained they shared the same vision as the registered manager because, "they look out for the clients too."

We looked at how the provider assessed, monitored and improved the quality of people's care and support. We saw they had developed a range of quality checks and audits to help them drive improvement in the service. These included monthly checks on people's care files, staff personnel files and people's medicines

records. The management team also completed monthly telephone surveys with a selection of the people who used the service, to obtain their direct feedback on the quality of their care. The provider's quality checks had recently enabled them to identify, and make plans to address, the need for developments in staff training.