Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Manorcourt Homecare is a domiciliary care service providing personal care and support for people in their own homes. At the time of our inspection they were providing a service to approximately 40 people.

This inspection took place on 1, 5 and 9 September 2016, and it was announced.

Although the service previously had a registered manager, they have since left employment with the service but not cancelled their registration. A new manager has been appointed and will begin the process of registering with the Care Quality Commission (CQC.) 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. The absence of a registered manager was taken into account when making the judgements in the report.

People's medicines were not always managed safely and medication records were not comprehensive. Medicine audits were completed however they failed to identify concerns and did not sure action was taken to rectify errors.

People told us that they felt safe. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm and appropriate referrals had been made to the local authority.

Each person had personalised risk assessments in place that gave guidance to staff on how individual risks to people could be minimised.

The service had robust recruitment procedures in place and the provider had an active recruitment process to ensure that sufficient members of staff were available to meet the demands of the service.

People told us they were supported by staff who were knowledgeable and skilled. Staff were supported by way of spot checks and supervisions. Performance reviews had been completed for all staff and used to improve and give feedback on performance.

People's consent was sought prior to care being received. People were supported to express their views and to be involved in making decisions regarding their care and support.

People's needs in relation to nutrition, hydration and meal preparation were met. People had been supported to maintain good health and concerns had been raised appropriately with regards to people's well-being.

Staff were caring and respectful. They provided care in a considerate manner and maintained people's

dignity.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided.

The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

There was a new management structure at the service and people, their relatives and staff knew who to raise concerns to.

Feedback on the service provided was encouraged. Where inconsistencies in the quality assurance processes had been found, the provider had taken action to improve the systems and ensure they were implemented in a robust manner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems to ensure the safe administration of medicines were not always effective.

People told us that they felt safe.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

The provider had robust recruitment processes in place.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to provide the care and support required by people and were supported via supervision and performance reviews.

People were asked to give consent to the care and support they received.

People's needs nutritional needs were met and staff were aware of the support people required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and considerate.

People were supported to express their views and the service actively sought feedback.

Staff protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care.

Care plans were personalised and reflective of people's current needs and preferences.

The provider had an effective system to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager was no longer employed at the service. The new manager who had been appointed was not yet in post.

Staff told us they felt supported however this had not always been the case.

Inconsistencies in quality assurance processes had been found. The provider was taking action to ensure these processes were implemented effectively in the future.

There was a clear management structure and staff told us that management were approachable.

Manorcourt Homecare

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 1, 5 and 9 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day of the inspection, and that records would be accessible.

The inspection team was made up of one inspector.

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 also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people and two relatives of people who used the service. We also spoke with three care workers, one team leader and one coordinator. We also spoke with one quality and compliance officer, the new manager and the area manager from the provider organisation.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, reviewed the staff duty rota and care call scheduling systems and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

Requires Improvement

Is the service safe?

Our findings

Systems in place to record the safe administration of medicines to people safely were not always effective however people told us that the received the support they required. One person told us, "It's the first thing they check with me in the mornings, have I taken my tablets or not." Another person told us, "My tablets are sorted out. They do all that for me so I don't have to worry." One member of staff told us, "I received training when I first started and have just completed a medication workbook. I've had one competency check since I've been working here." The service had a current medicine policy and, when assessed as required, people received support to assist them to take their medicines. Medicines were only administered by staff that had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the administration of medicines and the training they had received.

A review of the daily records and Medication Administration Records (MAR) showed that staff were not always recording when medicines had been given and we noted a number of records where there were gaps. We also noted that members of staff were not consistently using an agreed system of codes to identify when, and give a reason as to why, medicine had not been administered. MAR charts were not easy to follow with a number of records where staff had handwritten information at the bottom of pages, amended instructions or crossed out details. Where issues with medicines had been identified by staff or gaps had been noted within the MAR they had not always been reported or appropriate action taken. There was no evidence that people had not received their medicines.

We found that monthly quality audits were completed to check the accuracy of the administration and documentation of all medicines by a medicines coordinator. However these audits had failed to identify concerns, or ensure action was taken to rectify any discrepancies. We spoke to the manager who informed us that the medicines coordinator was to receive further training and support to ensure that the audits were comprehensively completed and that action was taken to improve the systems in place.

The area manager told us that they had been made aware of the concerns with regards to the management of medicines in June 2016 and had put measures in place to rectify the situation. They had implemented the use of new MAR charts at the service, changed the monthly audit process and provided further training to staff. They had identified that these changes had improved the records being completed by staff but further time was required to ensure that the improvements continued and consistent practice was demonstrated by all members of staff in the team.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a person told us, "Yes, it's fine. No problems." Another person told us, "I feel safe. The carers help me where needed."

There were mixed views as to whether there was enough staff employed by the service to provide the required care and support for people. The people that we spoke with told us that they did not always have consistent members of staff who completed their care calls but staff knew all of the tasks that they required assistance with. One person told us, "I'm not always sure who's coming to see me but the staff are alright. They know what they are up to." Another person told us, "The carers are all ok but they change quite often." A relative told us, "We don't always know who is scheduled to call and sometimes they are late. Once they are here they are good though."

The staff we spoke with told us that they thought there was sufficient staff to provide the care required however their rotas were not always issued in good time. One member of staff told us, "The spread of calls is ok. We manage all of our visits but I wish our rotas were given to us with more than a few days' notice sometimes." Another member of staff told us, "We tend to work with the same people but can have changes when someone is off sick. Rotas can be late coming from the office so we don't always know changes until the last minute."

We saw that there was a system to manage the rotas and schedule people's care visits which was being reviewed by the provider. The provider explained that they wanted to make the care workers visit schedules more efficient and that some changes would be required in order to achieve this. On the day of our visit to the office we saw that the coordinator was completing schedules for the coming days and rotas had not been issued to staff for the week ahead.

There were effective recruitment procedures in place. We reviewed the recruitment files for four staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

The area manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support. The area manager explained that the branch was being provided with specific recruitment guidance and support by the provider organisation to increase the number of staff currently employed at the service.

Staff we spoke with had a good understanding of safeguarding procedures. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I would ring in to the office if I had anything to report." Another member of staff told us, "We can ring the office or the on call phone if we have concerns." We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available in the office. This included guidance for staff on how to report concerns and the contact details for local agencies. Records showed that the service had made appropriate safeguarding referrals to the local authority and the outcomes of those referrals had been recorded and acted upon.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care

as a result of these, so that they continued to have care that was appropriate for them.

Care and support was planned and delivered in a way that ensured people's safety. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home. This included assessments of possible risks from the premises, tasks to be completed, and equipment and infection control hazards. This meant that risks to people, and the staff who supported them, had been minimised.

Risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. One person told us, "They did assessments at the beginning to keep me safe at home." These assessments included risks in relation to specific health issues, medicines, nutrition and hydration, mobility and support outside of the home. The risk assessments provided information about the risk and the measures that needed to be put in place and had been recently reviewed and updated to reflect changes in people's needs. Staff were able to give us examples of how they kept people safe such as checking the environment for any issues prior to providing care, storing medicines securely and using people's key-safes appropriately.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person told us, "They all seem experienced and know what they need to do." Another person told us, "The things I need help with are not technical but they know how to care for me."

An induction was completed by all staff when they commenced employment with the service. Staff told us that they completed mandatory training courses followed by a period of shadowing another member of staff. One member of staff said, "The induction is training and then shadowing. You get checked on to see how you're doing." Records confirmed the training programme followed by each member of staff and the assessment of their competency during this period through observations of task completion, workbooks, and assessment of medicine administration and by spot checks.

Staff also told us that they kept up to date with skills relating to their roles through regular training. One member of staff told us, "I've received training and support recently. I know I'm up to date." Another member of staff told us, "We get called when we've got training to do. We have all recently done the medicine workbooks again to make sure we are up to speed." Staff training records showed that staff had completed the required training identified by the agency and had further courses planned to develop their skills and knowledge. The area manager had completed an audit of the staff training needs and had identified when refresher courses were required. The audit and subsequent training plan had enabled the service to monitor the training needs of the staff team and make plans for the future.

Staff told us that they not always received supervision on a regular basis but there had recently been improvements. They told us that they had regular contact with senior staff and had also received additional support through spot checks. All of the staff we spoke with expressed they could speak to the office or a senior member of staff if they needed support. One member of staff told us, "I feel supported now. It's much better than it was before." Another member of staff told us, "I've seen improvements. We've all now had supervision and reviews." Both members of staff went on to explain that changes in management had led to the improvements in the support available to them and they were now satisfied with the support they received.

We saw evidence of supervision meetings in the records we looked at and that they were used as opportunities to discuss performance, training and any other support measures that the member of staff required. There had been a marked increase in the supervision provided to staff in the three months prior to our inspection. Senior staff had recently undertaken spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These 'observational supervisions' included an evaluation of the care workers' performance, skills, attitude and timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

People we spoke with confirmed that staff would always ask them for consent before they provided them

with care or support. One person said, "The girls always make sure I'm ready for them. They call out when they get here and ask if they can come in." Another person told us, "The carers always ask me if they can do what they need to do. You know, check its ok for them to get on." We saw that consent forms were present in people's care records which they or a relative, if the person had requested it, had signed on their behalf.

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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support. Records that we viewed confirmed the training completed by staff.

People told us they received the support they required with preparing meals and to eat and drink sufficient amounts by the care staff, where they needed help. One person told us, "The girls always make sure I'm drinking and eating enough. They help me a little bit where I need it." A relative told us, "They don't make [Name of person] any food as I do that but they always check on how [Name of person] are doing and have eaten well." Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan to ensure that they had enough to drink and were aware of the people assessed as high risk. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to the office or to the on call person. We saw that people's needs in relation to food, fluids and meal preparation were documented in their care plan.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One member of staff told us, "We know about people's health needs and where we need to help them. I call a relative or ring into the office if someone is unwell." Staff told us that they sought advice from the office if they had concerns over a person's well-being, called the person's family or GP. We also noted from the care records that people had accessed other health care professionals, such as district nurses and dietitians, either during their assessment or when required in managing an ongoing health concern.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff who visited them. One person said, "They are all lovely." A relative told us, "The care received is good and the staff are all caring. They work hard." Comments from the latest satisfaction survey included, "Very cheerful, caring ladies", "The team that attend to me are understanding and friendly" and "Caring and considerate."

Staff we spoke with were positive about the relationships that they had developed with people. One member of staff told us, "I've been here a while now and I'm getting to know people more and more." Another member of staff said, "I like to visit my 'regulars'. You get to know their ways when you visit them and have a connection with them."

Staff knew the care preferences of the people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported or where to find that information if they were providing care to someone who they were not familiar with. Through the development of personalised care plans, and visiting people more frequently, staff were made aware of people's histories and backgrounds and used this information to build relationships with people.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I am very satisfied with the service. I'm always asked whether I am set before the carers leave. They'll always stop and do something extra if I ask." Another person told us, "I'm absolutely listened to. All the help I need and want, I get." A member of staff said, "It's important to check that someone has all they need before you go on to your next call. We're there to make sure of that." This meant that people were enabled to make choices and decisions regarding their care which were respected by the staff supporting them.

People confirmed that they had copies of their care plans in their homes and knew what they were for. We saw a copy of the files held in people's homes which showed that a range of information had been included for use by people and the members of staff providing care. This included details of people's care needs, information about the service, the complaints procedure and emergency contacts. Members of staff spoke about how they used the care plan as a guide in providing care to people and ensuring that they met their needs during each visit.

Care plans had been reviewed and updated whenever there was an identified change. We looked at five care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content.

People told us that care workers were respectful, treated them with dignity and took care not to rush when helping them. One person said, "They are all very respectful. Even when they're running late I don't feel they are rushing me." A relative said, "I have no concerns over the carer's attitudes. They are all very good." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people which

included ensuring they provided personal care in a respectful manner, ensuring that care was provided in privacy and they spoke to people in a dignified way. One member of staff said, "You have to make sure you treat people well and are considerate to them. We all might need help one day."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, making telephone calls in private and keeping information and records confidential.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care. One person said, "I remember someone coming to talk to me about the care I needed and making plans with me. They check in with me from time to time now." A relative told us, "A manager came to do an assessment when they started the package and worked it all out with us; what we needed, on what day and the like."

People and their relatives told us how a member of staff from the service visited them to complete an assessment prior to them receiving a service. The area manager told us that assessments were completed prior to a care package being provided to a person. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan. A copy of the care plan was held in the office and at the person's home.

Staff demonstrated knowledge about people they supported. They were aware of some people's hobbies and interests and their family backgrounds and had gained this knowledge from the care plans and time spent talking to them or their relatives. One member of staff told us, "The care plans are improving now and providing us with more detail about people. So when we do visit someone who we are not so familiar with we have a good amount of information about them." Staff told us that they were kept informed of changes in people's needs by telephone calls from the office or by reading care plans. Staff confirmed they would call the office to ask for clarification if they were unclear about anything written in people's care plans. Care plans that we viewed followed a standard template which included information on the support required during each visit, people's background, and their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. One person told us, "I know to ring them up if I have a problem." Another person told us, "I haven't made any complaints but I know what to do." A copy of the complaints procedure was kept within the file in their homes and was issued in the information pack when a person began using the service.

There was an effective system for managing complaints. We saw that where complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the provider used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through telephone interviews and an annual questionnaire. We saw records of calls from the office which were made to people by senior staff to ensure they were happy with the service they received and to give an opportunity to provide feedback on the service they received. Any feedback from these calls was shared with the area manager and with the care staff working with the person.

The annual questionnaire was completed by the provider organisation and the result sent through to the office for analysis. The survey results had been analysed and shared with people and staff. We saw that a memo had been sent to staff to provide feedback and the areas that required to be improved on.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was no longer employed at the service and had left their post in June 2016. Between June 2016 and September 2016 the branch had been overseen by the area manager from the provider organisation. The new manager who had been appointed was not yet in post and was due to commence their role in the near future. The area manager and new manager were present throughout our visit to the service to provide us with relevant information and access to required records.

There were quality assurance processes in place from the provider organisation; however we found that that prior to June 2016 the processes had not been effectively used or implemented in line with the provider policy. The quality and compliance officer explained to us that they had made regular visits to the branch to complete audits since the branch had commenced operation. They shared with us that the previous manager had not engaged with process and had not completed the actions identified as required from their audit. The area manager confirmed that this lack of management oversight had resulted in a failure to address concerns and the provider had learnt from the experience and had since taken action. Since June 2016 the area manager had conducted reviews of the training and supervision of staff, medicines audits, care plan reviews and quality assurance audits. The new manager explained to us how they planned on using the information from these audits and reviews to complete an overall development plan for the service once they commenced their role.

Senior staff had recently undertaken spot checks to review the quality of the service provided and these had been completed for the staff whose files we viewed. The area manager had also carried out audits of care records to ensure that all relevant documentation had been completed and was up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps had been found in records, an explanation was given and the actions taken recorded. This included the action identified as being required to improve the management of medicines in the service and the audits completed. We also saw a new provider audit to be completed with the manager on future visits to ensure that action was taken following internal audits and external audits completed by the local authority. This was also to be used as a performance measure for the manager. This demonstrated how the provider had responded to the concerns they had found within the service and was taking action to drive future improvement in the service.

Staff told us that they were clear of the management structure of the service and understood their roles and responsibilities but felt they had not consistently been supported. One member of staff told us, "It's getting better now. I can see where the improvements are being made and how the service is going to be moving forward." Another member of staff told us, "We've been through a difficult time but I think things are going to improve now. I've had a recent supervision and have some outcomes planned."

Staff told us that they had not always been provided with the opportunity to discuss their work and share information within the workplace. One member of staff told us, "Under the previous management I felt we didn't always get a chance to discuss our concerns or get taken seriously. I'm glad that things are changing now." Another member of staff told us, "It's all functioning much better now. Staff are being heard." Staff told us that more regular supervision and staff meetings were being held and they were provided with the

opportunity to discuss issues relating to their work and the running of the service. They confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included call monitoring, training, care plans, medicines, compliments and the outcome of the branch audit that had been completed by the provider.

People and their relatives spoke positively about the management of the service. One person said, "It's all well run." Another person told us, "I'm sure that it's a well managed service, a few hiccups sometimes but that's to be expected along the way. It's always sorted out well." A relative told us, "I'm satisfied with the service that we receive. I have no concerns about how it's all managed." Telephone surveys conducted with people and the annual questionnaire showed that people had a high level of satisfaction with the service. People told us that they had been made aware that the previous manager was no longer working at the service but felt this had not had an impact on the care they received.

During our inspection we saw that staff were confident and positive. There were limited telephone calls made throughout the day by care staff but when these occurred we saw these opportunities were used to actively share information about people and their care. The area manager told us they were working hard to encourage staff to share information, ask questions about their work and to provide a positive response to any concerns that were raised. The area manager and new manager demonstrated a commitment to making improvements and improve the confidence of staff. We observed positive communication amongst the staff present on the day of inspection and saw the office team members working together to meet the needs of people and the staff on duty. We saw that records were held securely in the office and that computers were password protected. This meant that people's information was protected from unauthorised access.

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 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely and record keeping was not comprehensive. Medicine audits were completed however they failed to identify concerns and did not sure action was taken to rectify errors.