

More-Energy Care Services Ltd

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Inspection report

8 Grove Ash, Park House
Mount Farm
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

More-Energy Care Services Ltd is a domiciliary care service. It provides care for people living in their own houses and flats to enable them to live as independently as possible. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, one person had been receiving personal care support from the service since September 2021.

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

People were supported by regular care staff that had built trusting and supportive relationships with people using the service. We received positive comments such as, "The rapport [Family member] has with the staff is great. [Family member] feels comfortable with the staff, we are the lucky ones, the staff's whole approach to providing care and support for [Family member] is very comforting."

Risks to people's health and wellbeing were assessed. Care plans and risk assessments provided staff with information and guidance on how to safely manage the risks. Where the provider took on the responsibility people's medicines were safely managed. Infection control practice was embedded into the service.

Staff received safeguarding training and understood their roles and responsibilities in protecting people from all forms of abuse and avoidable harm. They were safely recruited, and effective training and support systems were in place to ensure they fulfilled their roles and responsibilities. The staffing arrangements ensured people received care and support according to their assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's independence was promoted, and their privacy and dignity were respected by staff.

People and their relatives were involved in the planning and reviews of their care. Staff worked with other healthcare professionals to ensure people were supported to live healthier and independent lives and to achieve positive outcomes.

People's individual communication needs had been assessed and planned for. Staff had received end of life training, although at the time of our inspection, no people required end of life care.

The provider had a complaint policy and relatives told us they felt confident to raise any issues, concerns or complaints. People's views were sought to help drive improvement. The staff worked in partnership with health and social care professionals to ensure people received care following a consistent approach.

The registered manager was committed to providing a service that promoted person centred care. Systems and processes were in place to continually monitor quality and safety and oversight of the service. The registered manager understood their legal responsibilities and continually worked towards driving improvement at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration date.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

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

Is the service caring?

Good ●

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

Is the service responsive?

Good ●

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

Is the service well-led?

Good ●

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

More-Energy Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to gain consent to contact people using the service, relatives and staff by telephone and email.

Inspection started on 23 March 2022 and ended on 08 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at other information we had received about the service from the provider. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video, telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We reviewed a range of records. This included care records, risk assessments, staff training, supervision and recruitment files. A variety of other records relating to the management of the service, including the providers policies and procedures.

We spoke with the relative of a person using the service about their experience of using the service. We spoke with registered manager and received written feedback from two staff on their experience of working for the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had received safeguarding training and the provider had a safeguarding policy available to staff.
- A relative spoke highly of the staff. They commented, "The rapport [Family member] has with the staff is great. [Family member] feels comfortable with the staff, we are the lucky ones, the staff's whole approach to providing care and support for [Family member] is very comforting."
- Staff understood their role and responsibilities in protecting people from abuse and avoidable harm. One staff member commented, "Our timesheets have a column to write any risks or concerns, this helps the office staff to capture any concerns quickly. Should I have any concerns at all, I would follow the safeguarding escalation process. If needed I would use the whistleblowing route to inform the council and/or CQC of my concerns."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support health were assessed and planned for. Staff told us they had received training to support the needs of people using the service. One staff member commented, "The risk assessments are well documented and clear to understand."
- Environmental risk assessments had been completed to ensure all staff were aware of environmental factors to ensure the safety of the person and staff when providing care and support.

Staffing and recruitment

- Staff recruitment procedures were followed to ensure staff were recruited safely and suitable to care for people using the service. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staffing arrangements ensured people's needs were met safely.

Using medicines safely

- A medicines policy was in place and staff received appropriate medicines administration training to support people with taking their prescribed medicines.
- Where risks with safely self-managing medicines were identified best interests', decisions were made to ensure staff supported people to be as independent as possible in taking their prescribed medicines.

Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place, which included COVID-19 guidance. Staff

told us and records showed they received both IPC and COVID -19 training.

- The provider participated in the staff COVID-19 testing programme, to reduce the risk of COVID-19 transmission.

Learning lessons when things go wrong

- Safeguarding, complaints and accident and incident management systems and processes were in place. The registered manager was open and transparent with people using the service and relatives and responded timely to any concerns raised with them. The registered manager used staff meetings as a forum to share learning with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs were assessed, planned for and reviewed. A relative confirmed the service worked closely with them to ensure their family members needs were continually met.
- Changes to a person's care and support needs were effectively communicated to all care staff. A staff member said, "We use a method of continuous assessment and reporting on daily basis. We record and report to the office any changes or concerns."

Staff support: induction, training, skills and experience

- People received care from staff that received induction and ongoing training and support. One staff member commented, "I completed the mandatory training, this included the use [moving and handling equipment]. We are supported through daily coaching and supervisions. For instance, whenever I get stuck, I will call the office, and someone is always available to give a working solution to the problem."

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

- People's support and independence needs for eating and drinking were assessed and recorded.
- Guidance was available for staff on how to provide support to maintain a balanced diet. For example, information on how to prepare meals to ensure people's food preferences and cultural needs were met.

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

- Staff worked with other health and social care professionals to understand and meet people's individual care needs to achieve positive outcomes.
- Staff had the emergency on call numbers available for office hours and weekends in the event of an emergency arising. One staff member commented, "We are a well organised team which provides an efficient service. There is good and clear communication between the manager, clients and staff, and a 24 hour on call team is always available."
- Care records demonstrated where the staff followed the advice of healthcare professionals. For example, staff supporting a person to carrying out exercises on the advice of the physiotherapist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the MCA and followed the MCA principles when providing care and support. One staff member commented, "We make sure all aspects of [person's] care is completed giving full choice and control. We support [person] to lead the process through them deciding how they want their care to be provided."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care staff provided. One relative said, "The staff know [Family member] extremely well, they go over and above. The care is very person centred; I would definitely recommend the service to others." A staff member commented, "We know and understand [Person's] cultural needs, for example, we prepare meals in keeping with their culture."
- Information within the care plans and comments from a relative and staff demonstrated the service had a good understanding and approach to providing person centred care. A staff member said, "We know people well now, and are familiar with their care packages, likes and dislikes. We know their care needs and how to uphold their dignity and independence."

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

- People were involved in decisions about their care and support. A relative said, "I am very involved in all aspects of [family members] we work together as a partnership, it's been quite a journey."
 - The care plans contained detailed information on the person's likes and dislikes, hobbies and interests. The detailed information helped staff to better understand the person and provide individualised care.
- Respecting and promoting people's privacy, dignity and independence
- People's independence was consistently promoted. The registered manager had regular contact with people and their relatives to discuss their needs and this was confirmed by people using the service.
 - Staff respected people's privacy and dignity. One staff member commented, "We make sure that all aspects of care are completed giving choice and control. A typical example is when we visit [Person] we greet them and introduce ourselves to make them aware of who is in attendance."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The care plans reflected the specific needs of people and the type of support required from staff. Guidance for staff was up to date and reflected people's individual needs and preferences.
- People had shared information on their likes and dislikes, hobbies and interests to support staff to understand what was important to them and to develop meaningful conversations and relationships.
- Care records had information about people's hobbies and interests where they had shared this.
- At the time of the inspection, no person was receiving support to access social activities within the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication care and support needs had been assessed. Staff were provided with guidance of how to effectively support people.

Improving care quality in response to complaints or concerns

- A complaints policy was in place to ensure any complaints received would be investigated and responded to following the policy.
- People were confident they would make a complaint if necessary and that the registered manager would be responsive. At the time of the inspection, the registered manager confirmed they had not received any complaints from people using the service.

End of life care and support

- An end of life strategy was in place, which described how the service was to provide end of life care when required. However, at the time of our inspection, no people required end of life care to be provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the care and support they received. A relative told us they had looked at several other care agencies before choosing More-Energy Care Services Ltd. They said, "The whole rapport and their approach to [Family member] felt really comforting. I think at first, we took a bit of a gamble, as there was no CQC rating, we made the right decision as they have proved themselves."
- The registered manager and staff demonstrated the vision and values of the service in providing person centred care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they understood their responsibilities. Staff were aware of the provider's systems and processes and understood their role, responsibilities, and accountability. One staff member commented, "We use a method of continuous assessment and reporting on daily basis."
- Systems and processes were in place to assess and monitor the quality and safety of the service. This included routine checks on staff's performance and providing ongoing staff support and training.
- The registered manager understood their responsibility under the duty of candour and had systems and processes in place to respond to events that may happen. They were open, honest, and enthusiastic to continually look at ways to drive improvement at the service.

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

- The registered manager had daily contact with people using the service, relatives and staff.
- People and relatives confirmed they felt involved and consulted about the care they received.
- Staff demonstrated an understanding and awareness of people's equality and diversity characteristics

Continuous learning and improving care

- The registered manager was proactive in continually exploring ways of developing and improving the service. This included reviewing assessments and care plans, risk assessments, policies and procedures, staff training and support needs.

Working in partnership with others

- People's care records demonstrated how staff supported them to access advice and guidance from health care professionals and services.