Morecare Services (Uk) Ltd

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Inspection report

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18 January 2019

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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

The inspection took place on 18 January 2019 and was announced.

The last inspection of the agency was on 12 January 2018 when we identified no concerns and rated the service Good.

This service is a domiciliary care agency. It provides support and personal care to people living in their own homes. The agency supported 61 people at the time of our inspection.

There was no registered manager in place 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. The agency's manager was able to demonstrate that they had submitted an application for registration with CQC.

Safeguarding concerns had been raised by professionals about the agency in the latter half of 2018 and in January 2019. Some care calls had been missed and the agency had taken on a care package that it was unable to meet. There were also concerns about some aspects of care provision.

The agency had investigated these concerns when required to do so by the local authority and shared the results of its findings. However, the provider had not notified CQC of these concerns at the time they occurred, which meant the provider had not met their statutory obligations.

We found that some of the concerns had arisen because the provider's management systems were not sufficiently robust to cope with an increase in the number of people using the agency. For example, records and call monitoring systems were in paper rather than electronic form, which meant the provider was not always aware of issues as soon as they occurred.

The provider had implemented some measures to address the issues highlighted by the safeguarding concerns, such as moving to an app-based call monitoring system, although we have made a recommendation that the provider further improve the monitoring of people's medicines.

The feedback we received from people and their relatives indicated that staff infection control practice and their knowledge of people's needs was good. People told us staff kept their homes clean and used gloves and aprons when necessary. Staff reported that they had attended training in infection control and always had access to supplies of personal protective equipment.

The agency carried out assessments to ensure that staff had the skills they needed to provide people's care. Care plans were developed from these assessments, which provided guidance for staff about how to provide people's care. However, there were no specific end-of-life care plans in place for people receiving this care.

We made a recommendation about this.

People said they received their care from regular staff who knew their needs well. They told us staff had the skills they needed to provide their care in a safe way. Staff received the induction, training and support required to carry out their roles. Staff gave positive feedback about the training and support they received and said they were encouraged to obtain further relevant qualifications.

The registered provider made appropriate checks on staff before they started work to ensure they were suitable for their roles. Staff attended safeguarding training and knew how to report any concerns they had about people's safety or wellbeing. Staff who had reported concerns gave us examples of how people's care had improved as a result.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff sought people's consent before providing their care and people told us staff respected their decisions about their care. People's nutritional needs were assessed and any dietary needs recorded in their care plans. Staff understood people's healthcare needs and supported them to maintain good health.

Staff were kind and caring. People told us staff treated them with respect and maintained their privacy and dignity when providing their care. Staff supported people to maintain their independence where this was important to them.

People know how to complain and told us they would feel comfortable in doing so. We saw that complaints were investigated and responded to appropriately by the agency.

People and their relatives told us they could contact the office if they needed to and get access to the information they needed. They said they had opportunities to give feedback about the care they received, including through satisfaction surveys. Staff told us that communication from the agency's office had improved and that they had access to management support when they needed it, including out-of-hours.

We identified one breach of the of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of this 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.

We made a recommendation that the provider improves medicines audits.

There were enough staff employed to meet the agency's care commitments.

Risk assessments had been carried out to manage any risks involved in people's care.

People were protected by the provider's recruitment procedures.

Staff attended training in safeguarding and knew how to report any concerns they had.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff maintained appropriate standards of infection control.

Is the service effective?

Good

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were assessed and recorded in their care plans.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect.

Staff maintained people's privacy and dignity when providing their care.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff understood people's individual needs and knew their preferences about their care.

Staff had enough time at each visit to provide the care people needed.

People knew how to complain and felt comfortable raising concerns.

Complaints and concerns were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Management systems had not been effective in ensuring that people received a reliable and well-planned service.

The provider had failed to tell CQC about notifiable events.

People were able to contact the agency's office when they needed to and to access the information they needed.

Staff had access to management support and felt able to speak up if they needed to.

People had opportunities to give their views about the care they received.

Quality monitoring including spot checks on the care provided by staff.

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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 inspection took place on 18 January 2019 and was carried out by two inspectors. We brought this inspection forward from its scheduled date because of concerns raised about missed calls and standards of care. We gave the provider 48 hours' notice of our visit because we wanted to ensure the manager and provider were available to support the inspection process.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also considered information shared with us by the local authority about their monitoring of the service. We had not asked the provider to return a Provider Information Return (PIR) as we had brought this inspection forward. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's office and spoke with the manager and the registered provider. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records related to the management of the service, including satisfaction surveys, complaints, quality monitoring checks and audits.

After the inspection, we spoke with five people who used the service and five relatives to hear their views about the care and support provided. We received feedback from 10 staff about the training and support they received from the agency to carry out their roles.

Requires Improvement

Is the service safe?

Our findings

We had brought this inspection forward due to safeguarding concerns raised by the local authority and paramedics. These concerns related principally to missed calls, aspects of care provision and, in one case, medicines management.

We found that the provider had implemented some measures to address the issues highlighted by the safeguarding concerns and improve the safety of the service people received. However, the provider had not taken all reasonable steps to ensure that people received their medicines safely.

The local authority recommended at a quality monitoring visit in November 2018 that the provider carry out monthly medicines audits for people receiving support with this aspect of their care. We saw evidence that the registered provider had carried out medicines audits in December 2018 for four of the six people who received support to manage their medicines. One of these audits had identified issues with a medicine, which had been addressed by the provider. However, the failure to audit two people's medicines records meant the provider could not be certain that their medicines were being managed safely.

We recommend that the provider carry out monthly medicines audits for all people who receive support with this aspect of their care.

Since our last inspection in January 2018, the agency had implemented an app-based, rather than paper-based, system to monitor care calls. The system tracked staff arrival and departure times, which enabled the agency's office staff to identify straightaway if a care worker had not arrived at a scheduled visit. The provider told us there had had been no missed calls since the implementation of the app-based system, although it should be noted that the system had only been in operation for two weeks at the time of our inspection.

There were enough staff employed to meet the agency's care commitments. One of the safeguarding concerns raised by the local authority in 2018 involved the agency taking on a package of care that it was unable to meet. The people we spoke with as part of this inspection told us staff usually arrived on time and said they were happy with their care workers' timekeeping. They said staff stayed for the full length of their scheduled visits and that they did not feel rushed when receiving their care.

The people we spoke with told us staff helped them keep their homes clean and tidy. They said staff maintained appropriate standards of infection control when providing their care. People told us staff always wore personal protective equipment, such as gloves and aprons, when providing their care. Staff attended infection control training in their induction and confirmed that sufficient personal protective equipment was always available to them.

Risk assessments had been carried out to identify and manage any risks involved in people's care. Staff received training in moving and handling and reported that they were confident in using any equipment involved in people's care. The agency maintained an incident log which we saw had been used to record any

accidents or adverse events and measures that could be taken to reduce the likelihood of a recurrence. The agency had a contingency plan to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The plan identified which people would be most at risk if they failed to receive their care and prioritised these people should an emergency occur.

People were protected by the agency's recruitment procedures. We saw evidence that the provider had obtained all necessary documentation before staff began work. This included proof of identity, proof of address and appropriate references. The agency had obtained a Disclosure and Barring Service (DBS) certificate for staff. DBS certificates help providers ensure that staff are suitable for work in care and support services.

Staff confirmed they had received training in safeguarding and recognising the signs of abuse. They said they were confident that any concerns they reported about people's safety or welfare would be acted upon. We asked staff whether action had been taken if they had raised concerns with the agency. One member of staff told us, "Yes, I contacted the office and they contacted the client's social worker. The outcome was that a meeting took place at the client's home with the care agency and their social worker. This has resulted in more care support for the client."

Good

Is the service effective?

Our findings

Staff had the training and support they needed to carry out their roles. Staff reported that they had an induction when they started work, which had included shadowing colleagues to learn how people's care should be provided. One member of staff told us, "There was an induction where we were given all relevant handbooks and got told about the policies as well as who to contact in emergencies. I also had to do shadowing with more experienced staff until the office were happy that I would be OK on my own." Another member of staff said, "All the training I have attended has helped me to care for my client." Staff also received one-to-one supervision four times each year, which enabled them to discuss their performance and their training and development needs.

People confirmed that staff had the knowledge and skills they needed to provide their care. One person told us, "I think the staff do have training - they know what they are doing. Sometimes the experienced staff bring a trainee with them as they are on their induction training. The staff all they work well together." Relatives reported that they were happy with the consistency of care their family members received. They confirmed that staff understood how to provide their family member's care. One relative told us, "[Staff] understand his needs and how to meet them."

People's needs were assessed before they used the service to ensure the agency's staff could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. People and their relatives told us their views had been taken into account when their assessments were carried out.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. People told us that staff sought their consent on a day-to-day basis before providing their care and relatives confirmed this. One person told us, "Staff ask for my permission before they do anything, they are very good like that." A relative said of staff, "They would not do anything without asking [family member] first."

People were asked to record their agreement to their care plan and confirm their consent to the care being provided. The manager and registered provider understood that if a person lacked the capacity to make an informed decision about their care, the agency should contact relevant professionals to arrange a mental capacity assessment and to ensure any decisions were made in the person's best interests.

People for whom staff prepared meals were happy with this aspect of their support. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans.

People's healthcare needs were recorded in their care plans and were known by staff. People told us staff had supported them to make appointments related to their health if necessary. Staff told us they had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they had established good relationships with their regular care workers staff who supported them. They described staff as, "Very polite" and "Helpful." One person said of the staff who visited them, "They are all very nice, I am very happy with them."

People told us staff were willing to carry out any additional tasks that they needed doing. One person said of staff, "They do anything extra that I ask of them." Another person told us, "They will bring things for me if I run short of anything."

Relatives confirmed that their family members received their care from kind and considerate staff. One relative told us, "They are very good with [family member], especially if he is having a bad day. They wait until he is ready to have his care." Another relative said, "They look after [family member] very well." A third relative told us, "Having regular staff has helped [family member] to build relationships with them." Other relatives described staff as, "Very caring" and, "Gentle."

Staff treated people with dignity and respect. People told us staff respected their choices and decisions about their care. One person said, "I tell staff what I like and how I like things done and they respect that." Another person told us, "Staff are very caring and they all respect me." A third person said, "Staff respect my privacy and dignity, they close the door when they help me."

People and their relatives told us that staff stayed for the allocated time of their calls and did not rush people when providing their care. One person said, "The staff stay for the full time and they never rush me." A relative told us, "Staff do stay for the allotted time, they never rush with her care."

Relatives said staff were respectful and maintained their family member's privacy and dignity when providing their care. One relative told us, "Staff are very caring, I have no concerns about that. They respect her privacy and dignity." Another relative said, "They respect [family member's] privacy, they attend to his personal needs in private." A third relative told us, "They leave him on his own when he is in the bathroom so he can have his privacy. He tells them when he is ready."

People and their relatives said they were as involved in planning their care as they wished to be. They told us their care plans had been discussed with them and that their views were taken into account before care plans were agreed. One person told us, "I feel that I am involved with my care, I make the decisions about me." A relative confirmed, "We were involved in writing the care plan."

Staff supported people to be independent where this was important to them. People's care plans identified which aspects of their care they could manage by themselves and in which areas they required support. One person said of staff, "They help me to keep my independence." A relative told us, "They encourage Mum to be as independent as she can be."

Good

Is the service responsive?

Our findings

The agency had developed a care plan for each person, which provided guidance for staff about people's needs and the way they preferred their care to be provided. People told us staff understood their needs and knew their preferences about the support they received. They said they could request changes to their care plans if they wished. One person told us, "Staff are very familiar with my needs, they know my likes and dislikes." Another person said, "I have a care plan, I can ask if I want things changing." A relative told us, "We and Mum could make changes to the care plan if we wanted to."

Staff told us they were given enough information about people's needs before they began to provide their care. They said care plans provided the details they needed about how people's care should be provided. One member of staff told us, "I get sent the care plan before I visit." Another member of staff said, "We have quite enough information through the care plan in the client's house."

The agency was providing end-of-life care for two people at the time of our inspection. Although there was no indication that these people's needs were not being met, there was no care plan in place addressing their specific needs and wishes regarding end-of-life care.

We recommend that the provider develop specific care plans for people receiving end-of-life care.

Staff told us that they had enough time at each call to provide the care people needed. They said that if people's needs changed, they reported this to the office who liaised with the local authority regarding the time allocated for each visit. One member of staff told us, "One service user was having difficulties with her mobility. A call was made to the office about the service user's situation. An occupational therapist came with us to review her and later brought a hoist for assisting her."

The provider had a written complaints procedure which explained how concerns and complaints would be dealt with. Details of this procedure were provided to people when they began to use the service. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I have never had to make a complaint but if I wasn't happy about something I would call the office." Another person said, "I would talk to the owner if I needed to make a complaint." A third person told us, "I would not hesitate to make a complaint if needed to." A relative said, "I have never had to make a complaint but there is a complaints information leaflet in the package we got from the agency."

Two formal complaints about the agency had been received in the last three months, both of which were made in November 2018. One complaint related to staff speaking in their own language when visiting a person. The second alleged that staff had washed incontinence sheets with a person's other laundry. We saw evidence that these complaints had been investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

The number of people using the agency had increased since our last inspection, partly as a result of the provider taking on more packages of care funded by the local authority. We found that the provider's management systems were not sufficiently robust to manage this increase whilst ensuring that people received a reliable and well-planned service. For example, important records of people's care, such as their medicines administration records and daily care notes, were also kept in paper form rather than electronically. This meant that the errors found by the provider in their medicines audits were identified later than they would have been had an electronic recording system been in use. Staff signed in and out of their scheduled calls in a book rather than an app-based system, which meant the provider received no alert if staff did not arrive for a call. We found that the provider had not done everything they could to improve the safety and reliability of the service. For example, the provider had not audited the records of all the people who received support with their medicines, despite this recommendation being made by the local authority in November 2018.

The provider was not fully aware of all their statutory responsibilities as a registered person. Registered providers have a statutory obligation to notify CQC of significant events without delay. Although the provider had investigated safeguarding concerns when required to do so, the provider had not notified CQC of any of these allegations at the time they occurred and the Commission only became aware of these incidents when informed about them by the local authority.

Failure to notify the Commission about allegations of abuse without delay was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives told us they could contact the office when they needed to and access the information they needed. One person told us, "I contact the office when I need to." A relative said, "I can discuss anything with the office." Another relative told us, "We can contact the office at time."

Staff told us they received the support they needed from the office and management team. They said they had access to management support when they needed it, including out-of-hours on-call support. Staff reported that communication from the office team about their day-to-day work had improved recently, which had improved the reliability of the service people received. Staff told us that information about rotas and care calls was now communicated to them via text message and email and that they had received training in the use of the call monitoring system app.

Staff told us that they felt able to speak up if they had concerns or suggestions for improvements. One member of staff said of the management team, "They respond positively and take suggestions on board." Another member of staff told us, "Ideas and suggestions are welcomed." A third member of staff said, "Management listens. They are always ready to hear you out."

The agency sought the views of people receiving care and their relatives. People told us that a member of office staff had visited them to ask for feedback about the care they received. People and relatives reported

that the agency asked for their views through annual surveys, the latest of which they had recently completed. One person told us, "I recently completed a questionnaire for them, I had nothing bad to say." Another person said the survey they had returned contained, "Only positive comments." The registered provider told us the information from surveys returned in January 2019 was being collating at the time of our inspection.

The quality of care provided by staff was monitored through spot checks carried out by a member of the management team. Staff said the agency encouraged them to improve their knowledge and skills by gaining further relevant qualifications. One member of staff told us, "Everyone is encouraged to improve themselves and necessary support is provided." Another member of staff said, "They offer to put you through your [qualification] in health and social care." A third member of staff told us, "The agency allowed me to further my qualification by being flexible with when I work, which enabled me to study."

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to notify the Commission about allegations of abuse without delay.