Momentum Care Services

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Inspection report

Forth Banks House
Skinnerburn Road
Newcastle Upon Tyne
Tyne And Wear
NE1 3RH

Tel: 01912320234
Website: www.momentumuk.org.uk

Date of inspection visit:
12 February 2016
18 March 2016

Date of publication:
02 June 2016

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

This was an unannounced inspection which we carried out on 12 February 2016 and 18 March 2016. This was the first inspection of the service since it registered with the Care Quality Commission in April 2015.

Momentum Care Services is a domiciliary care agency providing care and support to people in their own home. At the time of inspection 23 people were using the service and 17 staff were employed.

A registered manager was in place. 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 safe when receiving care. They told us that they felt safe with the staff who supported them and looked forward to them visiting. Staff had received training in relation to safeguarding adults and would report any concerns. Appropriate processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced to support people with their personal care needs.

People told us staff were compassionate and kind and care was provided by the same staff to give consistent care. Their comments included, "My care is fine, it suits me," and, "The carers are all kind, they're very friendly." We were told by people staff came on an introductory visit to meet them before they started to support them. Communication was effective with people from the main office as they said they were kept informed if there were any changes to their care or staff were running late. Staff were reliable and attended home visits on time. Staff were well supported by management and staff and people who used the service told us they felt management were approachable. The provider had plans in place to deal with emergency situations through the use of an 'on call' out of hours system, manned by senior staff.

Staff had the necessary skills to support people. They received training and there was a system in place to ensure this was updated on a regular basis. Staff received supervision and appraisals. A staff member commented, "There's plenty of training." Staff had received training in relation to the Mental Capacity Act 2005 and could describe how it related to their work and they were able to talk about 'best interest' decisions and supporting people to make choices. Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted to cook their own food and other people received meals that had been cooked by staff.

People were supported to maintain some control in their lives. Care plans were in place and provided guidance for staff about peoples' care and support requirements but some lacked detail of how people wished to be supported. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

A complaints procedure was available and people we spoke with said they knew how to complain, although they said they had not needed to.

The provider had a system in place to monitor the quality of the service provided. Senior staff undertook regular spots checks on support workers to ensure they were providing appropriate levels of care. People told us they were contacted to ask their views on the service and discuss any concerns. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in systems. Records were up to date and stored securely.

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.

People received their medicines in a safe way.

Staffing levels were sufficient to meet people's needs safely and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

Is the service effective?

Good

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care. Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. We observed staff supporting people appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about their care.

A copy of the complaints procedure was available for people and it was written in a way to help them understand if they did not read.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

Momentum Care Services

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 12 February 2016 and 18 March 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We received no information of concern from these agencies.

We spoke on the telephone with three people who used the service and one relative. We also visited two people in their own homes to obtain their views on the care and support they received. We interviewed six staff members and the registered manager for the service.

We reviewed a range of documents and records including four care records for people who used the service, four records of staff employed by the agency, complaints records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. Comments from people included, "Yes, I feel safe with the staff, "The staff are kind to me they make me feel comfortable," "I trust the staff, I feel quite safe," and, "I feel safe with the carers."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported. Staff members' comments included, "I'd tell my line manager or the manager straight away," "I'd report any worries straight to the on-call manager and record my concerns." Other staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary. We viewed the safeguarding records and found concerns had been logged appropriately by the registered manager. Four safeguarding alerts had been raised. They had been investigated where required and the necessary action had been taken by the registered manager to address the concerns. The information had been shared with other agencies for example, the local authority safeguarding team. One safeguarding was still under investigation by the local authority safeguarding team at the time of inspection.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring and at the same time supporting people to take risks to help maintain their independence.

We considered there were enough staff to meet the needs of people who used the service. We spent time during the inspection observing staff care practice. We saw staff had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People using the service made positive comments about the staff and staff we spoke with told us they thought there were enough staff employed by the service. The registered manager told us staffing levels were based on the individual needs of people who used the service. They told us they were responsive and responded flexibly and provided extra hours and staff cover when emergencies had occurred in the lives of people they supported. They also gave an example of reducing the amount of support, after assessment by the commissioner, if a person became more independent. A staff member commented, "We've dropped going to [Name]'s from three times a day to twice a day."

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people. Staff meeting minutes showed any incidents were discussed with staff and they were reminded of the importance of reporting incidents that may occur in a timely way.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from staff members included, "Someone is on call and available out of hours if you need advice," and, "The phone is always answered by on call when the office is closed."

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Staff were able to describe how they supported people with their medicines. They told us they prompted medicines to people they supported, they described how they took medicines out of dossette packs and individual boxes and gave them to people for them to take. Support workers were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they thought they were sufficiently skilled to help people safely with their medicines. Medicines records were accurate and supported the safe administration of medicines. However, a care plan was not in place for a person who sometimes refused to take their medicine. The registered manager told us that this would be addressed so all staff had guidance so they worked consistently with the person.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. Two people from the agency were involved in the interview process and an interview check list was used for questioning applicants to ensure a fair process was followed and to promote equal opportunities.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Staff were positive about the opportunities for training. Their comments included, "We get regular training," "We have training from the organisation and from external trainers," and, "I'm studying for a National Vocational Qualification (NVQ) at level 3 (now known as the diploma in health and social care.)"

Staff members told us they received an induction before they began to work with people to give them information about the agency and training for their role. They also had the opportunity to shadow a more experienced member of staff for two weeks. This ensured they had the basic knowledge needed to begin work. The registered manager told us new staff worked a probationary period to ensure they were trained and suitable to work with people who needed support. They also studied for the Care Certificate in health and social care as part of their induction training. Staff members comments' included, "I did a week's training when I started and then shadowed for a few weeks to get to know the job," and, "As part of my induction I shadowed other staff for two weeks and did some training courses such as management of actual and physical aggression.(MAPA)."

The staff training records showed and staff told us they were kept up-to-date with safe working practices. The registered provider told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, mental health awareness, palliative care, epilepsy awareness, mental capacity, communication and values and principles in care. Staff we spoke with told us they had completed National Vocational Qualifications (NVQ) at levels two and three, now called the diploma in health and social care.

Staff told us and records showed they received supervision from the management team, to discuss their work performance and training needs. Their comments included, I just had supervision three weeks ago," "My line manager or the manager does my supervision," and, "I had supervision recently." Staff told us they could also approach the registered manager and their line manager at any time to discuss any issues. Staff also received an annual appraisal to evaluate their work performance and to jointly identify any personal development and training needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction. People were supported to be independent and make decisions about their own care.

Seeking consent was an underlying principle of the organisation and was contained in a range of policies and procedures we examined, including where support was offered with finance or medicines.

People who used the service were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. When a person did not have mental capacity to make decisions relatives confirmed they were involved in the decision making process. Peoples' records showed their family members and health and social care professionals were involved in their care and decisions were made for them in their 'best interests'. People told us support workers always asked their permission before acting and checked they were happy with the care the workers were providing. At a home visit we saw the support worker checked the person was happy for them to proceed as they provided support to the person. We saw people's care records contained signed consent forms and care plans and contracts were signed by them or their representatives to keep them involved.

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Staff also told us they would support people to shop for food and help them make their own meals and snacks in order to promote their independence. Care plans recorded the nutritional needs of people and how they were to be supported. People identified as being at risk of poor nutrition were supported to maintain their nutritional needs For example, one care plan stated, "Staff will promote a healthy eating regime to ensure [Name] eats appropriately….staff will assist them to prepare food to promote [Name]'s enjoyment."

We looked at how people were supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff assisted with arranging and attending appointments when needed. One person told us, "They take me to the doctors and hospital appointments when needed." Records showed the service was aware of which General Practitioner people were registered with. Where people received care and support from other professionals, such as the physiotherapist, occupational therapist, mental health team and medical consultants, this was documented and care adapted appropriately. People's healthcare needs were considered within the care planning process and we noted assessments had been completed on physical and mental health needs. Staff told us and records showed good links had been developed with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Staff told us communication was effective and they were kept up to date to inform them if there was any change in people's needs so they could provide the correct care and support. Staff members' comments included, "Communication is fine," "The office staff will let you know if the person isn't going to be in," "Generally communication is very good," and, "Communication is good, we're kept up to date."

Good

Is the service caring?

Our findings

People told us they were well looked after and supported by staff. Comments included, "I don't think of them as my carers but as my friends," "They'll do anything I ask in fact I have to chase them away, as long as they do the jobs that are needed, they can leave", The staff are very kind and friendly," "The workers are great," "The staff are very kind," and, "They always explain what they're doing."

People said they had received information about the care they were to receive and how the service operated. All the people we spoke with told us they were introduced to any new staff who would be working with them so they knew which staff would be supporting them. Staff members' comments included, "At induction you get to meet people you'll support," and, "When I was shadowing I went with other support workers and met people then."

Staff told us some people with more complex needs had a staff team to work with them to help ensure consistency of care. This meant when a regular staff member was not available other members of the staff team whom people knew would provide the care. A staff member commented, "People with brain injuries have a team of carers who work with them, which is important so they can get to know the same faces."

During home visits we saw care delivered matched the care highlighted in peoples' care records. We saw staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. People were encouraged to make choices about their day to day lives. People we spoke with also said they were fully involved in decision making about their care. They said they were consulted and offered choices about their daily living requirements. They said they were fully aware of their care plans which were kept in their house. One person commented, "I tell staff what I want and they listen to me." Care plans promoted peoples' choice and involvement. For example, one care plan recorded, "Staff to accompany [Name] to kitchen and breakfast of [Name]'s choosing to be prepared. Staff not to restrict [Name]'s choice of meal."

Each of the support workers we spoke with had a good understanding of people's needs. They spoke respectfully about people, their individual preferences and routines, and how they were supported to meet their diverse needs. They were able to describe how they promoted positive relationships and respected people's diversity. A range of policies and procedures were available that were given to staff as part of their induction. These included policies regarding people's rights and equality and diversity. One policy for diversity and equal opportunity stated, "Services aim to be person-centred, that is, driven by the individual needs of each person who accesses them. This means that the service reflects the diversity of needs of the individuals who use it."

Staff described how they respected people and maintained their dignity throughout the delivery of care. They explained how they always knocked or rang the bell before entering houses, even when they had a key. We saw people's care was delivered discreetly and with respect for the individual. Care plans recorded how people's dignity should be respected. For example, one care plan for personal hygiene stated, "[Name] needs the care worker to assist them to the bathroom. The care worker to wait outside the bathroom and

[Name] will shout when they need assistance to come out of the bathroom."

People told us they were respected by staff. They told us they were contacted and kept informed by the office if their care worker was going to be late. A person commented, "They [support workers] use public transport so the office will let me know if they're running late." A staff member told us, "If I'm running late I'll let the office know so they can tell my client I'll be late."

People and relatives told us they felt involved in their care and that they had been involved in discussing what care and support they required. They told us they were aware of the care plan that was kept in their home. They said staff checked the information and care required was still appropriate on regular occasions. Relatives said they were kept informed about any changes in people's care and support. One relative commented, "Staff will let me know if [Name] is unwell."

Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. A policy was available which staff received when they started work with the home care agency. They told us they would always check with their line manager if they were unsure what they could or could not discuss.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views for people who are not able to express their wishes. The registered manager told us of a situation where an advocate had become involved where a person needed to have additional support whilst making decisions about their care.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. People's comments included, "The care is helpful to me, and, "People ask me what support I need." People told us they were involved in discussions about their care and support needs. They helped in developing their care and support plan and identifying the support they required and how this was to be carried out. People told us their care was reviewed on a regular basis and could be changed if they needed it to be. They told us they were involved in meetings about their care and support packages. Relatives we spoke with said they were involved in meetings to discuss their relative's care needs.

Records were kept in peoples' houses and an up to date copy was also kept at head office so management staff could oversee if there were any changes. A person commented, "I have my care plans in my house." Assessments were carried out to identify people's support needs and they included information about peoples' medical conditions and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, continence, mobility and communication. This was necessary to ensure staff could provide support to people in the way they wanted and needed to ensure their health and well-being. Records contained assessments with regard to mental capacity where it was thought people may no longer have capacity to be involved in all decision making in their day to day living.

Care plans were in place and contained some detail with regard to how people should be supported. For example, one care plan for communication stated, "[Name] has very good communication skills, however staff are never to assume they have understood what [Name] is saying to them," the care plan however, did not state what staff had to do to check if they had understood. All people spoken with were complimentary of the care provided by staff. Care plans provided some detail of the interventions staff provided to people. For example, a care plan for personal hygiene detailed, "[Name] will wash themselves, however will need assistance to wash their right side due to left side impairment to arm and leg." Another stated, "Staff will assist [Name] to get out of bed and to wash and dress. Staff will assist [Name] to wash their legs and feet, and if requested assist [Name] to wash their hair and ensure they have had a complete body wash and promote their involvement in personal hygiene." The care plans although detailed did not show staff what they needed to do to assist the person to be supported in the way they wanted and what the person could do themselves. The registered manager told us that this would be addressed.

Other care plans such as for nutrition were individual and contained detail about how the person liked to be supported. For example, part of a nutritional care plan stated, [Name] likes to listen to music whilst eating and has a large CD selection."

Records were personal to the individual, they contained information about people's likes, dislikes, interests and hobbies. For example, [Name] likes bingo," "[Name] enjoys reading books," and, "Staff should ascertain [Name]'s choice of music when in the dining room."

Staff told us they kept up to date with people's care needs by reading through care records. They also told

us changes in people's care were passed on to them through the agency's office. Staff members' comments included, "As part of shadowing we get to meet people and read their care plans," "Communication is very good and we are given enough information about people's needs before we start to work with them." Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. These gave a detailed record of people's wellbeing and outlined what care was provided.

People told us they were satisfied with the service they received. They told us they knew how to complain if they needed to. Their comments included, "I don't have any concerns," and, "I have absolutely no complaints and I have the office telephone number if I did need to phone up to complain." The agency's complaints policy provided guidance for staff about how to deal with complaints. People also had a copy of the complaints procedure that was available in the information pack they received when they started to use the service. A complaints log was available and we saw no complaints had been made.

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2015.

Staff received information when they started to work at the service to make them aware of conditions of service. The aims and objectives of the service were outlined in the provider's publicity material and their statement of purpose.

The registered manager and senior staff acted as role models for the staff team. People and relatives told us they were happy with the service provided and with the leadership. A person commented, "Management are approachable."

Care workers expressed confidence in the management and leadership of the service, confirming the managers were open in their approach, communicated clearly with them and had clear, positive values. They said they felt well-supported. Comments from staff included, "The manager is very approachable," "I'm quite happy with the organisation," and, "I feel well supported by the manager and my line manager.

Staff told us meetings took place on a regular basis and the registered manager confirmed they took place usually three monthly. Staff told us meeting minutes were available if they were unable to attend. Minutes showed topics discussed included, safeguarding, incidents, staff performance. Minutes also showed reflective practice had been introduced to give staff the opportunity to reflect on positives and negatives that they experienced each month. It was also an opportunity for staff to highlight any areas for their personal development. Further work was being done with staff to promote the benefits of this.

People who used the service told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out including checks on general care, moving and handling and the safe handling of medicines. We saw copies of spot check documentation in staff's individual files. People also told us they were contacted by the provider to ascertain if they were happy with the service provided and whether they had any issues or concerns they wished to raise.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included health and safety, infection control, safeguarding, training, care provision, medicines, personnel documentation and care documentation. Audits identified any actions that needed to be taken and results of audits were also discussed at staff meetings. For example, with regard to the reporting of safeguarding incidents to make sure they were reported in a timely way.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and questionnaires which were completed annually by people who used the service. We were told that as there had been a poor response from the first survey of the 23 people who used the service, only 15%, arrangements had been made for a student social worker, who was

independent of the service to go out to meet all people who used the service individually to help them complete the survey. This was so the provider could check the support and quality of service provision and make improvements where needed. We saw results were available from February 2016 from the 14 questionnaires which had been completed. Comments from completed surveys included, "I'm 200% happy with the care," "The girls should get Blue Peter badges," and, "More than happy with the care." Examples of survey results showed all 14 respondents said, 'Staff treated them with respect,' most people responded that, "The service checked regularly to make sure their needs were still being met," and,13 of the 14 replies stated, "They knew in advance who was coming to support them." We saw the result of the analyses and the action plan that was devised to make the improvements that were required.