

Morecare Services (Uk) Ltd

# Morecare Services(UK)Ltd

## Inspection report

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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 

### Overall summary

The inspection took place on 12 November 2015 and was announced.

Morecare Services (UK) Ltd. provides personal care for people in their own homes. There were four people using the service at the time of our inspection and the agency employed nine care workers.

There was no registered manager in post at the time of our inspection. The manager had submitted an application for registration with the Care Quality

Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Staff attended safeguarding training and were made aware of the provider's whistle-blowing policy, which clarified their responsibilities should they suspect abuse was taking place. The agency took appropriate steps to

# Summary of findings

keep people's property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency. People were supported by competent staff who had access to the training and support they needed. Staff had received training in safe medicines management and in the use of any specialist equipment or adaptations involved in the delivery of people's care.

Relatives told us their family members received their care from regular care workers who knew their needs well. People said their care workers were kind and caring and that they had developed positive relationships with their care workers. They told us their care workers almost always arrived on time and stayed for the length of time required to ensure all their needs were met.

People's needs were assessed before they began to use the service and an individual care plan drawn up from their assessment. Care plans reflected people's individual needs and preferences and provided clear information for staff about how to provide appropriate care and support.

The agency's Director carried out spot checks to ensure that care workers delivered care in line with people's care plans and supported people in a way that maintained their safety and dignity.

The provider had a complaints policy which set out the process for dealing with complaints. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People told us the agency contacted them regularly to seek their feedback and said the agency had responded appropriately if they had requested changes to the care provided.

People told us the agency was efficiently managed. They said they had always been able to contact the office when they needed to and that the agency communicated well with them. Staff told us they felt supported by the agency's Director and the manager and that out-of-hours support was available if they needed it.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives. The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately.

The last inspection of the service took place on 19 December 2013 and there were no concerns identified.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were procedures in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place.

The agency took appropriate steps to keep people's property secure.

People were protected by the provider's recruitment procedures.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by competent staff who understood their needs.

People received consistent care from regular care workers.

Care workers had access to the training and support they needed.

Care workers were shown how to use any equipment they used in delivering people's care.

Care workers understood the importance of notifying the office if people's needs changed.

Good



### Is the service caring?

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

Good



### Is the service responsive?

The service was responsive.

Care workers provided a flexible service that was responsive to people's needs.

Care plans were person-centred and reflected people's individual needs and preferences.

The agency sought people's views about their care and support and responded to their feedback.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Staff felt well supported by the agency's Director and the manager.

Records relating to people's care were accurate, up to date and stored appropriately.

# Morecare Services(UK)Ltd

## 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 12 November 2015. The provider was given 48 hours notice of our visit because we wanted to ensure the agency's Director and manager were available to support the inspection process. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were

addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During our inspection we visited the agency's office and spoke with the Director, the manager and the administrator. We checked care records for two people, including their assessments, care plans and risk assessments. We checked four staff files and other records relating to the management of the service, including the complaints log and quality monitoring checks.

After the inspection we spoke with three people that used the service and two of their relatives by telephone to hear their views about the care and support provided. We also spoke with three care staff to ask them about the induction, training and support they received.

The last inspection of the service took place on 19 December 2013 and there were no concerns identified.

# Is the service safe?

## Our findings

People told us they felt safe when staff provided their care. They said this was because staff understood their needs and any risks involved in their care. One person told us, "They know the care I need. They use the hoist for my transfers and they do that safely. They know what they're doing." Relatives were confident their family members were safe when receiving their care. One relative told us, "I've never had any concerns about his safety; they look after him very well."

They did risk assessments before they started providing the care to make sure everything was done safely."

The care records we checked provided evidence that the agency had carried out risk assessments to ensure that the person receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to be taken to prevent a recurrence.

People told us their care workers had never missed a visit. They said they could rely on their care workers when they needed them. The agency's Director explained how the agency's monitoring systems highlighted if a care worker had not arrived at the visit. This meant action could be taken to ensure that the person received the care they needed and to check on the care workers' safety and welfare. People told us that the agency took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

Staff were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to tell us how they would recognise the signs of abuse and how they would report any concerns they had about people's safety. Staff attended safeguarding training in their

induction and the agency's Director told us they had reminded staff of their responsibilities to report any concerns they had about abuse or poor practice. A copy of the local multi-agency safeguarding procedures was available in the service and staff had been given information about the agency's whistle-blowing policy.

The agency carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The Director demonstrated that risk assessments had been carried out to identify those people most at risk in an emergency, such as those living alone, and plans put in place to prioritise those at risk. There were arrangements in place to ensure that staff had access to management support out of office hours. At the time of our inspection the agency provided care between 7am and 9pm. The Director and manager told us that one of them was always available on call outside these hours should staff need advice or support.

Some people's care involved support with medicines administration. People who received this support told us that staff helped them to take their medicines safely. All staff responsible for administering medicines had been trained in this area and their competency had been assessed by the agency's Director. Each person whose care involved the administration of medicines had a medicines administration record and the Director and manager carried out audits to ensure that people were receiving their medicines correctly.

# Is the service effective?

## Our findings

People told us that they were supported by competent and reliable staff who understood their needs. They said that staff always followed the instructions in their care plans and recorded the care they had provided in their care log. People told us they received their care from regular care workers, which was important to them. One person said, "I'm more than happy with them. They're reliable and efficient and they always follow the care plan" and another person told us, "We get the same carer every time, which is something we were clear was important to us." A relative told us, "We're delighted with them. They're to be recommended."

People told us that their care workers almost always arrived on time. They said that if their care worker was running late, they always received a telephone call from the agency's office to let them know. People said their care workers always stayed the correct amount of time for each visit and that they did not feel rushed when receiving their care. One person said, "They're always here within five minutes of the scheduled time" and another person said of their care worker, "Her time-keeping is very good."

Staff told us the visits were planned by the agency to make sure they had time to provide all the care each person required. They said the agency always ensured they had sufficient travelling time between visits to arrive on time at each call. One care worker told us, "The length of the call is determined by the assessment. They make sure we have time to do all the tasks on the care plan."

Staff told us they were well supported by the agency. They said they had an induction when they started work which had included training in moving and handling, infection control, food hygiene, safeguarding, medicines management and confidentiality. In addition to classroom training, staff had to undertake competency assessments in moving and handling and the administration of medicines. Staff told us that they were always shown how to use any equipment they used in delivering people's care, such as hoists or shower chairs.

Staff told us that the agency provided regular refresher training to ensure they maintained their knowledge and skills. Staff also said the agency arranged additional training in areas where it was needed. For example one member of staff told us the agency had arranged training in

end of life care when they had provided support to a person with a life-limiting condition. The staff files we checked confirmed that staff had attended an induction and had access to training in mandatory areas. The agency's Director told us that the Care Certificate would be introduced for all care staff from December 2015. The Care Certificate is a set of standards designed to ensure that health and social care workers provide compassionate, safe and high quality care.

The agency's Director told us that all staff had access to regular one-to-one supervision and this was confirmed by the staff we spoke with. One member of staff told us, "I'm very happy with the support [from the agency]. They've given me all the training I need." Another member of staff said, "The support is very good. We have the chance to discuss things at supervision and ask for any help we need."

The agency's Director told us that formal supervisions for staff were arranged every three months and that they and the manager kept in regular contact with staff to ensure they felt supported and valued. The Director said "It's important they [staff] feel supported. We let them know we're here for them if they need us. We call them regularly to check they're okay and to ask them if there's any training they need." The Director told us team meetings were also held regularly to provide an opportunity for staff to meet with colleagues, to seek advice and to share good practice. The Director told us that notes of team meetings were distributed to any staff unable to attend the meetings.

The agency encouraged people who used the service to make decisions about how their care was provided their care and respected their choices. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans, which had been developed in a way which gave people as much choice and control over their care as possible.

The agency's Director told us that staff had been told to raise their concerns with the office if they noticed a change in a person's needs or found that people were unwell when they visited. The staff we spoke with understood the importance of notifying the office if people's needs

## Is the service effective?

changed or if they appeared unwell. Relatives told us that their family members' care plans were updated if their needs changed and that the agency contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care

plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.



# Is the service caring?

## Our findings

All the people we spoke with said the staff who supported them were kind and caring. They said staff were polite, courteous and treated them with respect. Several people told us that they had developed good relationships with their care workers and looked forward to their visits. One person said of their care worker, “She’s a lovely person and I get on with her very well; she’s become like part of the family.”

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members’ needs. Relatives told us that staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, “We’re more than happy with her [care worker]” and another said, “I can’t fault the carer we have, she’s excellent, very kind and caring.”

People told us that staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members’ care in private and ensured their dignity was upheld when receiving personal care. One relative told us, “The carer certainly treats [person] with respect, I have no concerns about that, and she always provides her care in private.”

Staff told us that the manager and Director had clarified their expectations that care workers should treat the people they supported with respect. They said the induction process had included sessions on promoting people’s rights and ability to make choices about their care. Staff recognised the importance of providing support in a way that maintained people’s privacy, dignity and independence.

People who used the service and their relatives were encouraged to contribute to their care plans. People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a Confidentiality policy, which set out how people’s confidential and private information (CPI) would be managed. Staff were briefed on the policy and the importance of managing CPI appropriately during their induction.

# Is the service responsive?

## Our findings

People told us they received personalised care that was responsive to their needs. They said that their care workers were willing to do whatever they asked of them at each visit. One person told us, “They’re very good, they do everything I ask of them.” Another person told us that what they required their care worker to do depended on how they were feeling at the time of the visit. The person said that the care worker provided a flexible service that enabled this, adapting to their needs on a daily basis.

Relatives said the agency provided a flexible service that was responsive to people’s needs. One relative told us, “They’ve been very good if we’ve ever needed to change the day or time of a visit.” Another relative told us their family member’s needs had changed recently and that the agency had responded to this change appropriately. The relative said the agency had carried out a new assessment to identify the support their family member required due to the recent reduction in their mobility. The relative told us the assessment had determined their family member would need two care workers to provide their care in future and that the agency had amended the rota to reflect this. The relative said, “She’s only needed one carer in the past but since her fall they [the agency] have said they will send two carers because she needs to be hoisted.”

The agency’s Director assessed people’s needs before they began to use the service to ensure that the agency could provide the care they needed. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Care plans were person-centred and reflected people’s individual needs and preferences.

For example they specified how people preferred their meals and drinks to be prepared. Care plans also provided clear information for staff about how to provide care and support in the way the person preferred. Staff told us that they read people’s care plans regularly to ensure that they were familiar with any changes.

People who used the service and their relatives told us that the agency had encouraged their involvement in the development of their care plans. The records we checked contained evidence that people had been consulted about their care and their consent to their care had been recorded. People told us the agency reviewed their care plans regularly to ensure that they continued to meet their needs.

The agency sought people’s views about their care and support and responded to their feedback. People said that the agency contacted them regularly to ask for their views about the service they received. Relatives also told us that the agency contacted them to request feedback about the care their family members received. Relatives told us that the agency responded well if they had needed to change arrangements at short notice or to arrange additional visits.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. We checked the complaints log and found that where the agency had received concerns or information about the service, these had been documented and handled appropriately.

None of the people we spoke with had made a complaint. People who used the service and their relatives told us they were confident that if they did so, the agency would take their complaint seriously. People said they had been able to contact the agency’s office when they needed to and had been happy with the response they received. One relative told us, “If there’s ever been a problem, I’ve called them up and they’ve sorted it out straightaway.”

# Is the service well-led?

## Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People said they were happy with the frequency with which the agency contacted them to seek their views. One person told us, “They are often on the ‘phone to ask if we’re happy with things” and a relative said, “They visit every three months to check we’re happy with everything.”

People who used the service and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the service they received. One relative said, “I’ve always been able to get hold of someone if I’ve needed to” and another relative told us, “We have a very good relationship with them. Their communication is very good.” The agency’s Director and the manager told us they aimed to be approachable to people who used the service and staff. They said they encouraged people to raise any concerns they had with them.

There was no registered manager in place at the time of our inspection but the manager had submitted an application for registration with the CQC, which was under consideration. The agency’s office-based staff comprised the Director, the manager and an administrator. Staff told us they felt supported by the agency’s Director and the manager. They said that advice and support was always available when they needed it. One care worker told us, “I’m very happy with the support” and another said, “They are very helpful. They’ve supported me whenever I’ve had a problem.” Staff told us they were confident that their managers would take any concerns they raised seriously and ensure that appropriate action was taken to resolve any issues they had. They said that they were encouraged to give their views about how the service could improve. The registered manager confirmed that they welcomed the input of staff in improving the service people received.

People told us that the agency’s Director visited their homes by arrangement to carry out spot checks on the care workers who supported them. Care workers confirmed that the agency’s Director carried out these checks to ensure that they arrived on time, carried their identification, wore the correct uniform and used personal protective equipment where necessary. Care workers said that the agency’s Director also checked that they delivered care in line with the person’s individual care plan, recorded the care they had provided and supported people in a way that maintained their safety and dignity.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives. The agency’s Director regularly visited people to seek their views and the agency distributed satisfaction surveys to people who used the service and their relatives. People were asked whether their care workers arrived on time, stayed for the correct length of time and whether the visit length was sufficient for care workers to provide all the care and support they needed. People told us the agency had always responded appropriately if they had raised a concern. One relative told us, “Any time I’ve raised an issue, they’ve sorted it out straightaway.” The agency’s Director told us that a spot check was carried out on each care worker every six months.

The records we checked in the agency’s office relating to people’s care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. One relative told us that the daily notes made by care staff were valuable as they could see how much their family member had eaten and drunk when they visited them. We found evidence that care records were checked and monitored by the agency’s Director and manager to ensure that the quality of recording was appropriate.