

Mountaincare Ltd

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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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Mountaincare Ltd on the 26 January 2016 and completed home visits to people on 18 May 2016. Mountaincare Ltd is a domiciliary care agency that provides a range of services for people who live in the community. The services include personal care and end of life care, at the time of our inspection there were four people using the service. People who received support often spent time having respite care in hospices.

The service had a registered manager in post. 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 safeguarded because staff had an awareness of how to protect people from harm and ensure that their rights were upheld. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met due to staff having up to date information about their support needs. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Where appropriate, support and guidance was sought from health care professionals, including GPs and hospices. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People were supported with their nutritional choices.□

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs.

The service had a complaints procedure for people to follow.

Is the service well-led?

The service was not well led.

The quality monitoring systems in place were not robust and fit for purpose.

The manager did not always keep accurate records or information on people's care needs.

Requires Improvement 

Mountaincare 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 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.

The inspection was announced. We told the provider 48 hours before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority and spoke with stakeholders.

During the inspection we met with the manager and one member of staff. We reviewed four care records, training records, three staff recruitment and support files. We also visited two people who used the service in their own homes and spoke with two relatives on the telephone.

Is the service safe?

Our findings

The service took steps to ensure people were safely supported whilst using the service. People told us that they felt safe with the care that was provided by staff from Mountaincare Ltd. One person told us, "I feel very safe; they know how to care for me well."

Staff had received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. The provider and manager gave staff information on how to report any concerns in the staff handbook. Staff had information on how to whistle-blow and how to raise concerns to the local authority or the Care Quality Commission.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. For example there was a policy for staff to follow whilst 'lone working'. The risk assessments included making sure the environment was safe, for people and staff going into their homes. The manager completed assessments for staff to follow when supporting people with mobilising and falls risk assessments.

Staff ensured people were safe in their homes checking that the properties were secure when they left them and returned keys securely into key safes. If people were unwell staff knew to contact the manager for advice and support. Where appropriate medical attention would be sought and relatives informed.

Staff were effectively deployed to ensure that people received timely and safe care. Staff had set rotas of calls to the same people to deliver support. People always knew who was coming on which days and at what time. Staff recorded the time of their arrival and length of stay in the person's care file. The manager had in place a system for staff to telephone to check in at times of calls. This meant that calls could be monitored to ensure no calls were missed. The manager told us they were updating this system to a fully computerised program that would monitor calls alongside completing other quality monitoring tasks.

The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required, staff supported people to take their medication safely. This was recorded on medication cards.

Is the service effective?

Our findings

People were supported by staff who had received training to perform their role. The manager arranged for specialist training for staff in giving end of life care at a local hospice. Staff also received regularly updated training to equip them with the knowledge and skills they needed with their role. For example, training in basic life support and infection control. The manager held a qualification in nursing and used their skills to provide support to people.

The manager was developing an induction process for new staff in line with nationally recognised qualifications such as the Care Certificate. New staff were provided with information around policies and procedures and were given a staff handbook when they first started at the service. The manager told us they would then arrange for any training and updates they needed before they started working with people.

Staff were supported at the service with regular supervision and meetings. The manager also carried out observations on staff's work; these observations were to monitor staff's performance and provide support where required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. This told us people's rights were protected.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. Staff ensured people had access to drinks and snacks during their visits and when they left them. Staff checked that people were eating and if they were concerned that people had lost their appetite they would report this to the manager as appropriate.

People were supported to access other healthcare professionals as required. The manager liaised with people and their healthcare support, such as the local hospice and GP to ensure that they had continuous support and that their needs were being met.

Is the service caring?

Our findings

People told us that the registered manager/provider and staff were kind and compassionate. They said that staff treated them, their home and their possessions in a respectful manner and that they were always polite. One person said, "I think the staff are excellent, they are very caring and good at what they do." Staff knew the people they cared for well and had built up positive caring relationships with them and they talked about them in a kind, caring and respectful way. A relative said, "They [staff] are very good to my [relative] they are very caring and patient with them. I really think they are excellent."

People were treated with dignity and respect. One person said, "The staff are always respectful towards me." A relative told us, People told us that staff supported them to maintain their independence as much as they were able to. They said that staff made them feel important. One person said, "They [staff] always take the time to care for me how I need and want to be cared for."

People told us that they had been actively involved in making decisions about their care and support. They said that the registered manager/provider would regularly seek their views. One person said, "I am always involved in my care plans, that way both me and the carers know what needs to be done and how to do it." The care files contained good information about people's preferences to enable staff to care for people in a way that they preferred.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Each person had a full assessment of their needs completed. Information included people's personal histories, their preferences for care and how they wanted to be supported. The manager was in the process of reviewing everybody's care needs and support plans to ensure they still matched what was required.

The manager was responsive to people's needs; if people had specialist care needs the manager arranged for staff to be trained in this, for example, staff had received training in stoma care so they could provide this support.

People who used the service were mostly independent and pursued their own hobbies and interests. One person's interests involved watching sports, they told us, "They always makes sure that I am aware of any upcoming sporting events on the television, that way I do not miss anything."

The service had a robust complaints process in place for people to access. The manager regularly gathered people's views on the service by visiting them and asking if they had any issues. Staff knew how to support people in making a complaint should they wish to make one. People were provided with contact numbers to call if they were concerned about their care and these included the local authority and the CQC.

Is the service well-led?

Our findings

The service had a registered manager in place, who had arranged and provided most of the care. The service is in a stage of developing the care they deliver and currently only provide care to four people with a very small staff team. The manager's vision for the service was to provide good care safely to people. People told us that they were happy with the manager and that she was very helpful. One person told us, "[registered manager] gives me my care so I see her almost every day, she is excellent and will always listen to me and change things if needed."

The majority of care was provided by the manager and one other member of staff who worked closely together to support each other. Due to the small team, records were not always kept up to date. For example, although staff felt supported there was no evidence of staff supervisions, meetings or observations taken place. The manager told us that although these did happen they had not recorded them.

When checking documentation, people's care plans had not always been updated with the most relevant information and assessments had not been reviewed or changed in line with people's changing needs. The manager told us that because they worked hands on with people they had not always updated the paperwork as they knew the care that was to be provided. However this placed people at risk if for any reason another care worker was needed that did not then have the most up to date information to hand. The manager told us that they were in the process of updating records.

The service did not complete any records of quality monitoring for example audits of care plans or records of feedback from people that used the service. The manager told us that they did send out questionnaires to people for feedback but they did not keep this documentation. However, the manager told us they were in the process of installing a new computerised system to help them with their quality monitoring of the service. As the service grows quality assurance systems will become more necessary to ensure the service continually improved and met people's needs to a high standard at all times.