Mofor Solutions Limited

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Inspection report

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Tel: 02476662800

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mofor Solutions Limited is a domiciliary care agency which provides personal care to people in their own homes. At the time of our visit the agency supported approximately 43 people with personal care and employed 37 care staff.

We inspected this service on 15 September 2016. The inspection visit was announced. We told the provider 48 hours before the visit we were coming so they could arrange to be available to talk with us about the service.

This service was last inspected on 16 May 2014 and we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was 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. The registered manager was also the provider of the service.

People felt safe with the staff that provided their care and staff understood their responsibility to protect people from abuse and keep people safe. Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. Staff were trained to give medicines safely and there was a robust system for checking people had received their medicines as prescribed.

Risks to people's health and wellbeing were identified at an initial assessment of care, and care plans included actions staff should take to minimise the risks. Staff understood people's needs and abilities because they visited the same people regularly and had time to read their care plans. People told us staff were kind and respected their privacy, dignity and independence.

People were involved in planning their care and care plans provided detailed guidance for staff about how people would like their care delivered. Plans were regularly reviewed to make sure people continued to have the support they needed.

There were enough staff to deliver the care and support people required. Staff received the training and support they needed to meet people's needs effectively. New staff shadowed experienced staff so they could get to know people before working with them independently.

The managers understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People made their own decisions about their care and had given agreement for the care to be provided. Staff respected people's decisions and gained people's consent before they provided personal care.

People and staff were confident they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team checked people received the care they needed by monitoring the time staff arrived for scheduled calls, reviewing daily records, and through feedback from people.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits to review their care and questionnaires. There was a programme of other checks and audits which the provider used to monitor and improve the service.

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.

Staff understood their responsibilities to keep people safe and protect people from abuse and avoidable harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. There were enough care staff to provide the support people required. The provider checked staff were suitable to deliver personal care before they worked with people in their own homes. People received their medicines from staff who were trained and competent to do this safely.

Is the service effective?

Good

The service was effective.

Staff completed an induction to the service and received training to make sure they had the skills to effectively meet people's needs. The managers understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. If required, people were provided with support with meals and drinks and the service involved other healthcare professionals to maintain people's health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff worked with the same people regularly so they understood people's likes and preferences, and knew how they wanted to be cared for and supported. People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and staff were kept up to date about changes in people's care. People and staff were confident

that complaints would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led.

People were satisfied with the care they received and were encouraged to share their opinion about the quality of the service provided. Staff received the support and supervision they needed to carry out their work safely and felt confident to raise any concerns with the management team. There were systems to monitor the quality of the service and to ensure people continued to receive a safe, effective and responsive service.

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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.

The office visit took place on 15 September 2016 and was announced. We told the provider 48 hours before our visit that we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This 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. We found the information in the PIR reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the office visit we spoke with ten people (eight people who used the service, a relative and the service manager where one person lived). During our inspection visit, we spoke with the registered manager who was also the provider of the service, a manager, two care co-ordinators and three care staff.

We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with told us they felt safe with the staff who visited them. People said this was because they had regular staff who understood their needs and how best to support them. One person told us, "Yes I feel safe with them, they (staff) are brilliant," and a relative said, "Yes, my [family member] is safe with them, very much so."

The provider had a safeguarding policy and procedure to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. One staff member told us, "I know about abuse and safeguarding, we have a duty of care to the people we visit, they are vulnerable so we need to keep people safe." Staff understood the signs of abuse and told us this could include unexplained bruising or changes in people's behaviour. Staff said they would refer any concerns to the managers or care co-ordinators and were confident any concerns would be acted on. Staff told us, "I have no concerns about the people I visit but I would report to the managers if I did." The registered manager understood their responsibility for reporting any concerns they had to the local authority safeguarding team and to us.

The provider also had a whistleblowing policy and procedure which meant staff knew they could share concerns about other staff's practice in confidence.

There were systems and processes to minimise risks to people's health and wellbeing and to staff's safety. The managers or care co-ordinators visited people at the start of the service to ask them about their care and support needs. They assessed risks to people's needs and abilities and the environment in each individual's home. People's care plans included the actions staff should take to minimise the identified risks. For example, for people who required equipment to move around, there were instructions for staff about people's mobility aids. Where a hoist was used staff were reminded to check the equipment was in good working order before using it. One staff member told us, "The risk assessment will tell you how many staff are needed, and if you need to use a hoist, how to check the sling and make sure it's in the correct position."

Where people were at risk of skin damage due to poor mobility, staff were instructed to check skin for changes and to report any concerns to the office staff, who would contact the district nurse. The management team made sure people had the correct equipment to minimise skin damage, where required, people had air mattresses on their beds and pressure relieving cushions on chairs. Care plans instructed staff to check people's skin for changes during personal care routines and completed records of calls showed staff carried out checks as advised.

There were enough staff to deliver the care and support people needed. Most people we spoke with said staff arrived on time, people told us, "Yes they arrive about the same time," "They usually phone to say if running late," and "We have never had a missed call." People said staff stayed for the expected time and completed all of the care that was needed. Staff told us they always had enough time to deliver the care and support people needed. They said, "I have plenty of time allocated for each call, I am allocated a 'run' and

this is not changed unless someone is off sick or on holiday." Another said, "No-one is ever rushed. We always stay and do everything we have to before we leave." Staff told us if they needed to stay with someone in an emergency, they called the office to make sure people were advised they had been delayed, or to advise people that another member of staff would be allocated to their calls.

A care co-ordinator showed us the electronic call monitoring system. This showed the times calls were allocated to people and which staff had been allocated to carry out the call. The monitoring system recorded when staff had logged in and out of calls and updated continuously to show where staff were. The co-ordinator told us if staff did not log in to a call at the time they were expected, they phoned to check where they were, and the reason for any delay. This minimised the risk of people receiving late or missed calls.

The provider's recruitment process ensured risks to people's safety were minimised. Checks were made to ensure staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers, obtained proof of identity, their right to work and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they did not work independently with people until all the checks were completed satisfactorily. The registered manager told us that to ensure they recruited the right sort of staff, during recruitment they not only looked at an applicant's work experience but also the type of person they were, to make sure they had the right attributes and values to work for the service.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where staff supported people to manage their medicines, people told us this was administered as prescribed and recorded in their care plan. One person told us, "They help me with medicines, I've never had a problem", and a relative told us medicines were given to their family member on time and that staff 'write it all down'.

Staff told us they were trained in medicines administration, had been assessed as competent to give medicines safely, and were confident they knew what to do. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by staff during visits and by the management team during spot checks for any gaps or errors. Completed MARs were returned to the office monthly for auditing. A care co-ordinator checked the MARs had been completed accurately when they were returned to the office. Completed audits showed where errors were identified staff had been asked to confirm whether the medicines had been administered and were reminded of the importance of keeping accurate records. The MARs we looked at had been signed and dated by staff when medicines were administered.

Good

Is the service effective?

Our findings

Most people we spoke with told us staff had the right skills and knowledge to support them effectively. People said, "I think they are mostly well trained." "Yes they know what they are doing", "Some are well trained, some not so. I think it is an age thing" and "Yes they are well trained, and the new ones shadow for two to three days which I think is a good idea."

Staff told us their induction to the service included learning about the provider's policies and procedures, shadowing experienced staff and training. The induction programme included face-to- face training, for example, moving and handling, health and safety, infection control, and dementia awareness. The managers told us the induction followed the principles in the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Staff told us they felt prepared at the end of their induction programme. They told us, "With the training, shadowing and double up calls I felt ready to work on my own," and "The training and induction worked well for me, I asked if I could shadow (work alongside an experienced worker) for a bit longer as I wasn't 100% sure, there was no problem doing this." Staff told us the training was good because it was relevant to people's needs and gave them confidence in their practice. They told us, "I enjoyed the training and I learnt a lot. We have regular updates as well." Another said "I was shown how to use a hoist, how to check to make sure it's safe to use, and how to put the sling on properly. We had training in giving medication so we know how to fill in the MARs. It gave me confidence to do the job properly."

A training programme was in place that included courses that were relevant to the needs of people using the service. The registered manager considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. The majority of the mandatory training was carried out by a manager, who was a qualified trainer. The managers maintained a record of staff training, so they could identify when staff needed to refresh their skills. Training records confirmed staff completed training and had their training refreshed in line with the provider's timescales.

Staff's skills, competence and behaviours were continually assessed by care co-ordinators and managers who observed their practice at regular 'spot checks'. Care staff told us, "At the spot check, they check everything. They watch what we do, check the records and MARs, speak with the person and give us feedback about our practice" and "They do spot checks to see you are working to the right standards of care."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The provider understood their responsibilities under the Act and provided training for staff about the MCA and about obtaining people's consent to receive care.

People told us staff respected their right to make decisions and they always obtained their consent for care. Staff understood the principles of the Act. They told us all the people they visited could make their own decisions, or had a close relative who supported them to make decisions in their best interests. Staff said, "MCA is about people's ability to make decisions. All the people I visit have capacity to do this. They have also signed a consent form so we can provide care, but I always get their consent on each call before I do anything." Another told us, "If I was concerned about their capacity, I would phone the managers." Staff were confident the managers would address their concerns by assessing the person's capacity and involve other health professionals if decisions needed to be made in people's best interests.

Most people told us they or their relative provided all their meals and drinks. People who relied on staff to assist with meal preparation were satisfied with the support they received. Most people were supported by staff to heat ready-prepared meals, or prepare sandwiches. Care plans included people's preferred food and drinks. All staff spoken with said they always made sure people were left with hot or cold drinks of their choice before they left.

People we spoke with managed their own health care appointments. In addition staff said they helped people manage their health and well-being if this was part of their care plan. People's care plans included their medical conditions so staff knew the signs to look for that might indicate a person was unwell. Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor, contact a family member and contact the office. Records showed health professionals were consulted where concerns had been identified, for example referrals to the occupational therapist for assessment of people's mobility. People were supported to manage their health conditions where needed and had access to health professionals when required.

Good

Is the service caring?

Our findings

People said staff were kind and caring, comments included, "Yes very caring," and, "Yes they all are, [staff name] is brilliant with me." Nine of the ten people we spoke with had no concerns about how staff treated them, although one person thought some staff attitude could be improved.

People received continuity of care, they had regular staff who they got to know and who knew about their needs and abilities. During our discussions, staff demonstrated they cared about the people they supported and understood the importance of developing positive relationships with people and their families. A member of staff told us, "We are like one big family, you form attachments with people. If you think about it we see people more than some of their relatives." Another said, "I love all my clients, they make my day. I love finding out about their lives it's so interesting and surprising what some people have done."

The managers and care co-ordinators told us they tried to make sure people were supported by the same team of staff. The manager told us, "Continuity of care workers is the key with domiciliary care. People want the same care staff who they can build relationships with and who they trust."

Staff confirmed they visited the same people regularly and told us continuity was important so they could gain people's trust and develop a good relationship with people. They told us, "I get to know people well. They know who is coming and when, so they are reassured about that." Another said, "I visit the same people, I have enough time allocated so I never have to rush. I have time to sit and chat with people; it's all part of supporting their wellbeing."

We asked if people were supported to maintain their independence, people told us they were. "Definitely if it wasn't for them I wouldn't be able to live at home", and, "Without them, [person] would not be able to function at all." Staff told us how they supported people to do things for themselves if they were able to, "When I'm making lunch I will ask the person to help put their meal in the microwave and put the kettle on for a cup of tea." Another said, "I like to help people have a little walk even if it's just around the lounge to encourage their mobility so they remain independent and can stay at home." People's care plans promoted people's independence, by reminding staff to support and enable people rather than 'look after' them.

People told us staff treated them with respect and dignity. Comments included, "They are very respectful when they speak to me and they make sure I am always covered when they help me wash. [Staff member] is very respectful I think the world of her." "They all respect my privacy when I am having a shower." "They are all very respectful to my (family member). I can't speak highly enough of them."

Care staff told us they understood the importance of closing curtains and doors and protecting people's dignity by wrapping a towel round their lap while washing their upper body. Records showed that staff's behaviour, and the way they interacted with people, was regularly observed and monitored by the management team to ensure people were treated with dignity and respect.

Most people or their relatives said they were involved in making decisions about their care and were able to

ask carer workers for what they wanted. People said "Yes I feel very involved it is everything I need." "Yes I say what I need and ask them to review it if I think I need more help."

Good

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. They said that close relatives, or people who were important to them, were involved in planning their care if they wanted them to be. People said they had regular care staff that knew their likes and preferences. Comments included, "Oh yes [staff member] knows me inside out," and "Yes I would say they know him very well."

Staff told us they visited the same people so they got to know how they liked their care provided. They said from information in care plans, the daily records and from asking people, they understood people's needs, abilities and preferences for care. One staff member told us, "I know all my clients really well, although I know their likes and preferences I will always ask them about their choices in regards to food and other things, in case they want something different that day." The registered manager told us, "Clients are like family to us, we would never put care workers in to calls that we didn't trust."

Staff said they had enough time allocated to carry out the care and support people required. A care co-ordinator told us, "We (co-ordinators and managers) cover calls in the evenings and at weekends if staff are off, so we get to know people, how their call is working and how long it takes to complete the call." We looked at the call scheduling system and the schedule of calls for the people whose care we reviewed. We saw one person's morning call had been scheduled on the system for 4.30am outside the time the call was delivered. We discussed this with the co-ordinator and viewed the completed daily records for the person. We were satisfied calls were made in line with the person's wishes and following our visit the registered manager confirmed this had been altered on the scheduling system. All other calls had been scheduled in line with people's care plans. People said they received their care around the times expected. Staff told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened.

Care staff we spoke with had good understanding of people's care and support needs. They said the information in care plans told them how people liked to receive their care and informed them what to do on each call. We were told, "We have time to read care plans. They provide good information and instruction about what to do and how people like this done." Staff told us if people's needs changed they referred the changes in care to the care co-ordinators so plans could be updated. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

Staff told us there was always a care plan to read in the person's home that told them what to do on each call. The managers told us they sent messages to staff's mobile phones and phoned them when they needed to support a new person so they knew a little about the person before they met them.

We looked at three care records. Care plans provided staff with information about the person's individual preferences and how they wanted to receive their care and support. There were clear instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions

had been followed. Plans we viewed had been reviewed and updated as needed and had been signed by people or their relative which showed they had been involved in planning their care.

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the managers or co-ordinators. People told us, "I know the process and am confident I could complain. I have complained when the carers left a mess and they sorted it out." "Yes I would know how to complain but have never had to." "We had reason to complain about one of his carers in the past, [manager] sorted it straight away." "No reason whatsoever to complain, I would know how to if need be."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." There had been no formal complaints made to the service in the past 12 months. Concerns from people had been recorded and responded to, which prevented them escalating to complaints.

Good

Is the service well-led?

Our findings

Nine of the ten people and relatives we spoke with said they were happy with the service they received, "Yes he is very happy with them and so am I. He would not be able to live here without their input." Another said, "We are very happy with them. We can't speak highly enough of them."

Most people thought the service was well managed. Comments included, "It is well managed, they are very responsive," "It is well managed, it's better than my previous one." "I don't know if it is well managed, but my carers are ok."

People were asked about the service they received during reviews of their care, telephone calls and at 'spot checks' on staff. Care co-ordinators visited people in their homes to ask whether their care plan continued to meet their requirements and to check they were happy with the service. Some people remembered having "spot checks", comments included, "Yes the boss comes out sometimes," "Yes every few weeks," and "Yes a senior suddenly appears to do this." We saw completed 'spot check' forms in staff files, this included how the staff behaved, how they spoke with people, whether people were given choices and accuracy of staff's actions to the care plan. Staff told us they received feedback about what they did well and where they could improve.

People told us the information they received from the staff and managers was clear and easy to understand. People told us that someone from the office visited them at home, so they had an opportunity to give verbal feedback about the service. Most people had received surveys asking their opinion of the service. Responses from the provider's 2016 satisfaction surveys showed people were satisfied with many aspects of the service. These included people knowing who to contact for support, having regular care workers and care workers staying the length of time agreed. Overall, people were positive about the staff team.

The provider understood their responsibilities and the requirements of their registration. For example they understood what statutory notifications were required to be sent to us and had submitted a provider information return (PIR) which are required by Regulations. The provider was also the registered manager for the service.

There was a clear management structure and the management team had defined roles and responsibilities. This included providing the 'on call' procedure that operated out of hours to support staff by offering guidance and advice. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them.

Care staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Care staff said they were given information about the provider's policies during their induction and in the handbook they had received when they started working for the service. Staff told us the provider's policies supported their practice, for example, all staff said they would not hesitate to raise any concerns about the service under the provider's whistleblowing policy. Staff said the managers sent emails to let them know when policies were updated.

The provider used the call monitoring system to check that staff arrived within the expected time and had stayed the allocated time at each call. This enabled them to check people received the care they needed and whether there were any changes in people's needs or abilities that would need a care plan review.

Care staff told us they felt valued and well supported by the managers and co-ordinators. They said they could contact or visit the office at any time to discuss any issues. The manager told us, "Staff are our eyes and ears out there. We are confident they have the right skills and are competent in their work. We are here to offer support and make sure they can carry out their jobs effectively."

Staff told us they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. A staff member told us, "I receive regular supervision and feedback. The managers and co-ordinators are always available for advice." The managers and care staff told us they also had regular staff meetings, where they could share their views and opinions and that the managers listened to any concerns they had. A co-ordinator told us, "We have good support and work well as a team. We have formal meetings on a Monday and informal meetings and regular updates so we all know what's going on."

All the staff spoke positively about working for the service and said they enjoyed working with people. We asked staff what the service did well, one staff member said, "Everything really, client and staff safety is really important to the managers." None of the staff we spoke with could think of anything that could be improved, they said the service worked well. Comments included, "I'm happy with the way things are. I love my work, we make a difference to people's lives." Another told us, "I can't think of anything, the managers and co-ordinators are knowledgeable and offer good advice. You never have to wait long for them to reassess people when things have changed. Communication works well; they always pick up the phone I have never had to leave a message when I call."

We asked the provider and manager about the challenges they had faced managing the service within the last year. They told us earlier in the year they had reduced the number of care packages they provided so they could concentrate on providing a quality service. Both managers said this had a positive impact as people now received a more consistent service, and that they were now, "really happy with the service we provide."

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. Records confirmed people were asked for their opinions through spot checks, satisfaction visits and care plan reviews.

The provider used a range of other quality checks to make sure the service was meeting people's needs. Managers and co-ordinators undertook regular checks of the quality of the service. When people's daily records were returned to the office, the co-ordinators checked care had been delivered as outlined in their care plans and that people received their medicines as prescribed. When co-ordinators found errors or omissions in the records, care staff were reminded of the importance of accurate recording. When required, staff had to complete refresher training and undergo additional assessments in medicines administration to confirm their competency.

The service had a contract with the local authority to provide care to people funded by social services. This was monitored by the commissioning team. They had visited in February 2016, we found the actions recommended from this visit had been completed.