Mofor Solutions Limited

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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

Overall summary

This announced inspection took place on 10 11 & 17 December 2015. The service provides domiciliary care and support to adults that live at home throughout Northamptonshire.

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 had delegated the day to day running of the agency to a branch manager.

Summary of findings

There were some systems in place to monitor the quality and safety of the service however these systems required strengthening to ensure any concerns or areas for improvement were identified and acted upon.

People felt safe in the house and relatives said that they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

When there were unforeseen changes in staffing levels the branch manager reviewed the workload so that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and where possible people or their family members were involved in making decisions about their support.

People were prompted to take their medicines as prescribed. People were supported to maintain good health as staff had the knowledge and skills to support them and when there were concerns these were raised with family members or healthcare services when needed.

Where possible people were actively involved in decision about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff developed good relationships with the people they supported. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy.

The branch manager was visible and accessible and staff and people had confidence in the way the service was run. The branch manager was supported by the registered manager.

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.

People received care and support in their own homes by suitable staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Good

Is the service effective?
The service was effective

People received a consistent service from regular staff. Communication between staff and people regarding unavoidable delays or other changes to their service was timely and appropriate.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) when providing support and care to people in their own home.

People received personalised support in their own homes. Staff received supervision and training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Good

Is the service caring?
The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

People and their families were happy with the support provided by the service.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Good

Is the service responsive?
The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Regular reviews were held to ensure the service provided continued to meet people's needs.

Good

Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Requires improvement

The service was not always well-led.

There were some systems in place to monitor the quality and safety of the service however these systems required strengthening to ensure any concerns or areas for improvement were identified and acted upon.

A registered manager was in post and they visited the service regularly. The registered manager had delegated the day to day running of the service to the branch manager

People their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the 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 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 over three days in December 2015 and was announced and was undertaken by one inspector. The provider was given 4 hours' notice of the inspection as we needed to be sure that when we inspected the manager was in the agency office. We do this because in some community based domiciliary care agencies the manager is often out of the office supporting staff or, in some smaller agencies, providing care.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people using the service that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with seven care staff, including the registered manager and branch manager. We reviewed the care records of two people who used the service. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We visited one household with people's prior agreement. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also telephoned the relatives of four people to ask them about their family member's experience of using the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

There was sufficient staff to keep people safe and to meet their needs. One family member said that their relative had experienced some 'missed calls' over a weekend. We discussed this with the manager and they explained that they had investigated the reason for this and they told us of the changes they had made to mitigate against this occurring again. People's relatives said that the communication with the manager was good in that they were kept advised of staff changes or any delays in care staff arriving to care for their family member. One relative said " I have used other agencies before and this one is very reliable."

The manager said that they were in the process of recruiting more staff and as an interim measure they were not taking on any more packages of care until they had increased their staffing levels. In addition some care packages had been returned to the council which ensured that people's care needs could be safely met by the current staffing levels. People said that they felt safe receiving their care and support from the service. One relative said "I think that [name] is safe in their hands." Another relative said "[Name] is definitely looked after safely."

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. The manager demonstrated the system that was used which confirmed that all staff had received a disclosure and barring check (DBS) before commencing employment. Newly recruited care staff 'shadowed' experienced staff and were 'signed off' by the manager before they were scheduled to work alone with people receiving care and support.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The manager had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

People had care plans kept in their homes, with a copy held at the agencies office. Care plans provided staff with the guidance and information they needed to provide people with safe care in the way that the person wanted to be cared for. People's care plans accurately provided care workers with up-to-date information about people's healthcare needs, their mobility, and other factors that had to be taken into consideration so that safe care was provided.

People's risks had been assessed and there was appropriate guidance for staff to follow to provide safe care. When additional risks had been identified such as a risk of slipping from a bed that was too high, staff had alerted community based professionals who had arranged for an alternative bed that the person could use without the risk of slipping off. Accident and incident forms were sent to the manager to review and action where necessary for example as a result of one person having a fall the manager contacted the GP and falls team for guidance to reduce the risk of further falls..

Staff had received training in medicines and were familiar with the medicines that people had been prescribed. The manager said that they had identified that one person was at risk of taking more or less medicine than had been prescribed as they had become confused and were not able to read the packaging. The manager arranged for the medicines to be dispensed into a 'blister pack' this ensured that the correct medicine was taken by the person and they would not be at risk of receiving too much or too little medicine.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as moving and handling and health and safety. One member of staff said that as part of their training they had experienced what it felt like to be in a 'hoist' and this gave them a good understanding of how it felt to be placed in a hoist to move your position and this made them appreciate how people felt. We noted certificates in staff's files which evidenced their learning. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed. Additional training relevant to the needs of people were also included such as percutaneous endoscopic gastrostomy (PEG) feeding which was provided by a community based healthcare professional.

Staff received an appropriate induction and shadowed more experienced staff to gain an understanding of how to provide care and support to people. One member of staff said that they had been given the time to get to know people and their routine and that once they felt confident they were 'signed off' by the manager to carry out visits independently.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Care staff had their work performance appraised at regular intervals throughout the year by the manager and senior care staff. This often took the form of 'spot checks' to ensure care was being carried out as per the care plan. The provider had an appraisal policy in place. Appraisal dates had been booked for those staff that had worked for over 12 months.

People's care plans contained their consent to receive care and support. Family members had also been involved when care and support arrangements had been discussed and planned. There was also information detailing which areas of their home people were happy for staff to access and other areas such as upstairs where care staff did not have their consent to enter. Care staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. One family member said that the staff had recommended that they contact an occupational therapist who could advise on equipment that would make bathing more safe and comfortable for their relative. They said that the new equipment was now in place and made their relative feel much more comfortable and relaxed when bathing. Family members were also very complimentary about staff's awareness in any changing conditions. Timely action had been taken if there were concerns about people's wellbeing, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP or community nurse.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One family member said "Mum is asked what she wants, she is encouraged to make decisions as to where she wants to sit and the staff are very respectful of her wishes, and she is handled in a very caring way." Relatives praised the caring nature of the staff. One relative said "The girls don't rush, they always check if you need anything else, I couldn't speak more highly of them."

People were encouraged to express their views and to make choices. There was information in people's care plans about their life history what they liked to do for themselves. This included how they wanted to spend their time and what personal goals they may have such as wanting to stay as independent as possible. People had also described how they wanted their care to be given and their preferred daily routines. Where people were unable to express their views and to make choices, we noted that family members had given guidance to staff about what people liked to do and what their preferences were. This information was also recorded in people's care plans to guide staff about what people liked or disliked. Staff we spoke with were very familiar with people's likes and dislikes and how they liked their care to be given.

People were given information in a way that they understood; the provider had a 'service user guide' which people had within their homes. This detailed services that were available to them such as an advocacy service should they need independent advice. The provider also had a policy in place to support the use of advocacy.

People's dignity and right to privacy was protected by staff. Staff told us that they respected that they were coming into people's own homes to provide their care and support and acted accordingly. One member of staff said "We always check that everything is alright before we leave."

Relatives were very complimentary about the service and the fact that they had regular carers who developed positive caring relationships with their family member. One relative commented. "We have been especially pleased with the fact that we have one carer and not a succession of different people, perhaps a small detail but much appreciated."

Good

Is the service responsive?

Our findings

People were assessed to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. For example if people were moving from hospital back into their own home additional equipment such as a hoist may be required. Once care was being provided in people's homes the staff noted that a pressure relieving mattress was not inflating correctly and promptly arranged for a replacement.

People received the care and support they needed in accordance with their assessed needs. The assessment and care planning process also considered people's likes and dislikes as well as their needs. Care plans contained information about how people wanted their care and support to be given. If people's ability to communicate verbally had been compromised then family members were consulted so that care plans reflected people's preferences as much as possible. Relatives said "The staff always ask [name] if she wants a bath or a wash, they involve her in making choices and decisions wherever they can."

Staff were creative in finding ways to meet people's needs. One person did not have English as their first language and they also had a limited understanding of what care staff were saying to them. One member of staff told us that they had learned some words in the person's first language and used these along with gestures and touch to gain the persons understanding of what care was going to be given such as washing or supporting to eat.. They had also learned how to greet the person in their own language before providing care.

There were arrangements in place to gather the views of people. The manager showed us the results of a questionnaire which had been sent to people and their relatives in August 2015. Of those that were returned we noted that the majority of the feedback was 'good' or 'very good'. The manager said that they would be repeating the questionnaire again in 2016.

Most of the relatives we spoke too said they had no complaints about the service. Where one relative had raised concerns with the manager we were told that this had been resolved to the person's satisfaction. One relative said "I have no complaints at all, but I am happy to pick up the phone and talk to [manager's name] if anything was wrong." Another relative said "All the staff are great, if I had any concerns at all they would sort it out for me." Information on how to raise complaints was detailed in the providers service users guide. The complaints file to record any issues raised and how they were resolved were blank, therefore we were unable to confirm that any concerns had been resolved in a timely way and in accordance with the provider's policy. The manager gave an undertaking to ensure that any concerns or complaints would be recorded.

Requires improvement

Is the service well-led?

Our findings

The arrangements to consistently monitor the quality of the service that people received require strengthening. The registered manager visited the office on a weekly basis but had not put robust arrangements in place to monitor the overall quality of the service. We noted that there had been some audits undertaken of care staffs entries in people's daily records and as a result an action had been taken to address the findings. In addition there had been some care plan audits and action plans in place to address any requirements with a timescale attached. However we were unable to find sufficient evidence to assure us that the registered manager had complete oversight of the quality of the service. We discussed this with the registered manager and they outlined their plans to develop an audit calendar to improve the quality monitoring. We looked at a recent report which had been undertaken by the local authority quality monitoring team and we noted that the manager had addressed all the areas in a timely way and that there were no outstanding actions.

People and their relatives said that they had confidence in the manager. One relative said "I have every confidence in [name]." Another relative said "All the staff respect her."

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said "The manager also does some of the calls, she is very supportive and listens to us, and she makes regular phone calls to us to ask if we are all ok. Care staff also said that the manager had an 'open door' policy and that they all felt able to come into the office and talk to the manager and discuss anything with them.

The manager demonstrated an awareness of their responsibilities for the way in which the service was run on a day-to-day basis and for the quality of care provided to people in their home. People using the service found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

The provider had a process in place to gather feedback from people their relatives and friends in the form of annual questionnaires but in practice most of the feedback about the service was given during the managers visits to people's homes. The manager said "I always ask if people are happy with the care they are receiving, and if there is anything we need to change we do it."

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff said "I absolutely love my job, it is really nice to get such positive feedback from people and their family members."

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.