

Moral Care Ltd

# Moral Care Limited

## 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 ●

# Summary of findings

## Overall summary

### About the service

Moral Care Limited provides personal care to people in their own homes. The office is based in Overton in Morecambe and supports people in the surrounding areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 18 people received support, 10 of which received support with personal care.

### People's experience of using this service and what we found

People were safe and protected from harm. One relative said, "I feel that [relative] is safe; if I want to go on holiday, I can leave him with them, and he will be safe." People were supported by enough staff that were safely recruited. People were supported to receive their medicines safely. Staff followed safe processes to minimise the risk of the spread of infection. The registered manager learned from incidents to reduce the risk of them happening again.

People's needs were fully assessed and people received support according to their care plans. People were supported by consistent staff who had the right skills and experience. Staff helped people to eat and drink and supported them to lead healthy lives. Staff helped people to make their own decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring, and promoted people's independence. One person said, "The carers are all very pleasant and they have a lovely attitude, they call me by my name and they remember the things I like and the things I don't like and they always ask me if I need anything."

People's individual needs were responded to well and everyone we spoke with was extremely satisfied with their service. There was a complaints process and low-level concerns were dealt with timely. Staff received training about how to care for people that were at the end of their life.

There was a positive culture at the service; people spoke highly about the staff and staff enjoyed their jobs. The registered manager had a good understanding of risk and made sure that outcomes were monitored. The registered manager was committed to learning and developing to improve the service, and engaged well with people, their relatives and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 20 May 2021 and this was the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Moral Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 1 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people that used the service and 7 relatives, and viewed written feedback sent to us. We spoke with 5 members of staff including the registered manager.

We looked at 2 care plans and risk assessments, rotas and 3 sets of staff recruitment records. We looked at policies and procedures, audits and the electronic recording system.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The registered manager arranged safeguarding training for all staff, and this was up to date.
- There was an up to date safeguarding policy and staff could describe what they would do if they had safeguarding concerns.
- People and relatives told us they felt safe, 1 relative said, "I know [relative] feels safe with them because he doesn't call me all the time, he's much more settled."

Assessing risk, safety monitoring and management

- People were protected from risks and safety was monitored.
- The registered manager completed comprehensive risk assessments and we saw these documented in people's care plans.
- Staff had up to date and accessible guidance about how to manage people's care safely and effectively.

Staffing and recruitment

- People benefitted from safe and consistent staffing levels, and staff were recruited safely.
- The staff team was small, and people were supported by the same, regular staff.
- People told us that staff were usually on time and stayed for the required amount of time.
- We checked staff recruitment records and found that staff had been recruited according to safe processes. All staff had references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were protected from risks associated with unsafe medicines management.
- The registered manager arranged medicines training for all staff, and this was up to date.
- Staff supported people with their medicines according to their care plans.
- One relative said, "They helped him get his repeat prescriptions and they phoned the doctor for him, they are very good, and I know if there is a problem they will help." Another relative said, "The carers do the medication and there are no issues, in fact the office organise the repeats and the manager collects it from the pharmacy and sorts out everything."

Preventing and controlling infection

- People were protected from the risk of the spread of infection.

- Staff wore gloves and aprons when required and regularly washed their hands.
- The registered manager carried out spot checks of staff and completed hand hygiene audits.

#### Learning lessons when things go wrong

- People were protected from the risk of mistakes happening again.
- There was a thorough incident reporting process and the registered manager considered any themes which could contribute to an incident happening again.
- Changes were made to practice following analysis of incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with guidance.
- The registered manager assessed people's needs before commencing a care package and staff could easily access all the information they needed to support people properly.
- People and their families were included in planning personalised care, and these were reviewed regularly.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed relevant training to their role.
- The registered manager or senior carer made sure that staff received thorough inductions and new staff shadowed more experienced staff until they felt confident. One person told us, "If there is a new carer, they come with my usual carers to learn; every one of them is so lovely. They all know what they are doing. They always ask what I want, and they are all really well trained and know how to use the hoist."
- The registered manager supported staff well. Staff had regular supervisions and could visit the office for informal support as and when they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet.
- Information was included in people's care plans about their nutritional needs, and their preferences.
- Staff supported people with making shopping lists and doing their shopping and encouraged people to make healthy choices.
- A relative told us, "The carers noticed [relative] wasn't eating and was struggling so they went to social services (with consent) and fixed an hour's call to help with this. We can really rely on them."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with other services to make sure people received holistic care.
- The registered manager supported and encouraged people to access other services that could benefit their health and wellbeing. Sometimes staff supported people to access their health appointments.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to have as much choice and control over their care as possible.
- The registered manager completed MCA assessments to make sure choice and consent was upheld.
- Staff could describe the principles of the MCA and completed training in the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated, and staff respected equality and diversity.
- A relative told us, "These are the best carers we have had. They give [relative] the time he needs and do not rush [relative]. The carers listen and [relative] is never frightened of asking them for help." The relative added, "They do more than not less than. They help him make phone calls if he needs to."

Supporting people to express their views and be involved in making decisions about their care

- Staff actively encouraged people to express their views and be involved in decisions about their care.
- Staff treated people with respect and kept them up to date. A relative said, "We've been there when the carer tells [relative] who will be coming later or tomorrow, so he knows."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- Staff told us they always considered how to provide dignified care, and made sure people felt comfortable. One staff member said, "I treat people how I would want my own parents to be treated."
- People and staff said staff took the time to listen to people and made sure they understood people's preferences.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were included in planning personalised care. Staff took account of individual preferences and knew people well.
- The registered manager completed comprehensive assessments and considered what was most important to the person receiving support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager assessed everyone's communication needs and staff had guidance in how to support people.
- Staff got to know people well and knew how best to support people using different words and communication methods.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints process and policy which was in date.
- The service had not received any formal complaints although recorded feedback from people when they identified something could have been done better.
- People knew how to raise concerns however people we spoke with said they had not had cause to.

End of life care and support

- Staff were not supporting people who required end of life care and support at the time of inspection.
- However, the registered manager delivered appropriate training to staff, which was up to date, and made sure staff were comfortable in supporting people who had end of life needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a positive culture at the service, which helped to achieve good outcomes.
- People spoke highly of the staff and manager and felt that support was of a high standard. One person said, "I've had a lot of care and this is the best agency. I have never been so happy with an agency. They ask me what I want, they listen to me and they help me."
- Staff enjoyed working at the service and there was a low turnover of staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour.
- People told us the registered manager and staff contacted them with any concerns and kept them up to date with any issues or changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and had a good understanding of monitoring performance and risk.
- The registered manager used different ways to monitor performance and used an electronic monitoring system to check that staff arrived at their care calls on time and stayed for the right length of time. One person said, "We've never had a missed call and they always stay the full time."
- The registered manager understood their regulatory requirements and notified different organisations of incidents when required.
- The registered manager undertook regular risk assessments for both people and staff, and these were reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged well with people, the public and staff.
- Staff gave people feedback forms to fill in and we saw a high amount of positive feedback.
- Staff contributed to discussions about the service in regular team meetings.

Continuous learning and improving care; working in partnership with others

- The registered manager was committed to continuous learning to improve care.
- Staff were encouraged and supported to complete NVQs in care and all staff had achieved level 2.
- The registered manager had achieved 'train the trainer' for several relevant courses.
- The service worked in partnership with other agencies such as district nurses and the local authority.
- The registered manager was part of a network of care agencies which meant good practice could be shared.