

Motion Care Ltd

Motion Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Motion Care Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of this inspection 1 person was receiving the regulated activity of personal care from the service.

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.

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

People were cared for by a sufficient number of staff who were given enough time to spend with people and see to their needs. Staff were given sufficient guidance around people's care needs and potential risks. This enabled them to help ensure people remained safe in their own home whilst receiving appropriate, person-centred care. Staff had been recruited safely and had access to policies and procedures to guide them in their day-to-day work.

People were cared for by staff who received appropriate training. This helped ensure staff were confident and competent in their role. Staff were able to describe what they would do should they suspect a person was the subject of abuse. They were also able to tell us how they treated people with dignity, encouraged their independence and enabled people to give their consent and make their own decisions in relation to 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's needs were assessed, and person-centred care plans developed with them. Care plans were monitored and reviewed regularly and provided care workers with enough information to provide safe care for people.

The management team was committed to providing a high-quality service. People were happy with the care they received from Motion Care Ltd staff. They were given regular opportunity to feedback their views on the service and they were provided with clear information on how to make a complaint should the need arise.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 February 2022 and this is the first inspection.

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 ●

Motion Care Ltd

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

This inspection was carried out by one inspector.

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 provider or registered manager would be in the office to support the inspection. Inspection activity started on 03 April and ended on 05 April 2023. We visited the location's office on 03 April.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since it was registered in February 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service to obtain their views on the care they received and 1 relative. We spoke with 4 staff which included the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents. This included the care plans for 1 person, 6 staff files in relation to their recruitment and various other documentation relating to the running of the service, such as training and supervision records and audits.

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; Staffing and recruitment

- There were systems in place to safeguard people using the service from the risk of abuse. People and their family members told us they felt safe with how the staff supported them. One person told us, "I know I'm safe, the carers always come, without fail." A family member said, "Oh yes, I'd say that [relative] is safe. We've had previous experiences of working with other carers with these ones really know how to support [relative] safely."
- Staff received training on safeguarding adults and were clear about their responsibility to report any concerns, and how to escalate concerns as necessary.
- Those staff we spoke with told us they would report any suspicions of abuse to the registered manager or nominated individual who would then make a referral to the local authority safeguarding team. One staff member told us, "I would explore the reasons for any change in behaviours or unexplained bruises. I would alert my manager and write it all down." Another said, "It depends on how the client is. It is good to talk with people because sometimes their behaviour is different. You can find out with little hints from their behaviour whether things are not right. I inform [nominated individual] of all of this is."
- The service operated safely and ensured there were enough staff to support people safely. People and relatives told us, "Carers arrive on time and are very predictable" and "I never feel they rush with me."
- Staff said they had enough time with people. They told us, "I can do everything that is on [person's] care plan within the given time. If this became difficult, then I would tell the office and perhaps they have to review the package."
- Staff were recruited safely to the service. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and clear guidance was in place for staff to help reduce these risks. Staff were able to speak about the potential risks to people and described how they would help mitigate these. For example, a member of staff told us of the importance of a person receiving their breakfast at a certain time to accommodate for their healthcare condition, "This is especially important for [person] to make sure they keep well."
- The registered manager or nominated individual carried out assessments to identify and manage any risks involved in people's care. For example, risks relating to falls, health conditions and people's home environment.
- Whilst there were no recorded accidents, there were systems in place to ensure any accidents would be recorded and reviewed to identify any learning and actions which could be taken to prevent a similar event

happening again.

- The service had a business contingency plan to ensure people would continue to receive care in the event of an emergency, such as an infectious disease outbreak or adverse weather conditions.

Using medicines safely; Preventing and controlling infection

- The service was not supporting anyone with medicines administration at the time of our inspection.
- Staff completed their medicines training and the nominated individual told us that at the point when a service user would require support to take their medicines, they would ensure that staff competency to do this would be assessed.
- People told us staff used personal protective equipment (PPE) when attending to their needs. Staff wore PPE in line with government guidance. A staff member said, "There is plenty of PPE available; [nominated individual] delivered a large amount the other day to a person's house."
- We were assured that the provider's infection prevention and control policy was up to date.

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 of 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.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were trained well. One person told us, "The carers are very good and knowledgeable."
- Staff told us they were supported to do training. A staff member said, "Both managers are very insistent on all our training being done." Another staff member said, "We have face to face training at a place in London, as well as being expected to complete online modules."
- Staff completed the Care Certificate induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Before a new member of staff could support a person, they spent time shadowing another staff member prior to being signed off as competent to work on their own.
- Senior managers understood the importance of regular supervision to provide opportunities for staff to discuss their role and their training and development needs. Staff had the opportunity meet with their line manager regularly. This gave them the chance to discuss their role, any concerns or training requirements. One staff member told us, "I like this time, when I can talk about how I do my job and the person I support."

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

- People's needs were assessed by the provider before their care began. The registered manager or nominated individual met with people and their relatives and reviewed any professional reports to draw up a care plan based on their needs and preferences.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and their family members.
- Care was provided in line with relevant national guidance. The registered manager kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and their relatives told us that their consent was sought by the care workers before they were supported during their visits. One person told us, "The carers would never dream of doing anything before asking me if it was ok to do it."
- All staff attended training in the MCA and understood how its principles applied in their work. Staff told us how encouraged and supported people to make their own decisions. One told us, "I must respect the person and I always ask shall I do this or that; I will explain clearly what I intend to do and wait for their consent."
- The registered manager understood the need to assess mental capacity if there was a possibility a person lacked the capacity to make informed decisions. Where an assessment determined a person lacked the capacity to consent, the registered manager told us they would involve relevant people to ensure decisions were made in the person's best interests.

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

- People's healthcare needs were discussed during their initial assessments and recorded in their care plans. The registered manager ensured that staff were aware of those needs. One person told us, "They really do understand my healthcare needs and remind me about things."
- A family member told us they were confident that staff supported their relative to access healthcare. They said, "They have assisted [relative] to the GP, which was really helpful and very considerate."
- The registered manager liaised with a local pharmacist to ensure that people's healthcare needs were considered when medicines were dispensed.

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

- The registered manager understood the importance of assessing people's needs in relation to nutrition and hydration and told us they would make referrals to healthcare professionals such as speech and language therapists if people were at risk when eating or drinking.
- Staff understood how to support people and had undertaken relevant training. A member of staff said, "I encourage [person] to eat and write down what is eaten. This is important for their health."

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

- People and relatives told us staff treated them with respect. A person said staff showed kindness towards them, "The staff are full of kindness." A family member told us, "The carers are very good with [relative] and chat a lot to [relative]. [Nominated individual] even delivered a birthday card and flowers."
- Staff enjoyed their work with Motion Care Ltd. They spoke fondly of people and they told us how they had got to know them as an individual, their likes and dislikes. A staff member said, "For me, this job is all about the person. I especially love chatting and finding out about the person, this is so interesting."
- People were asked in their initial assessments whether they had preferences regarding the gender of their allocated care workers. Assessments also recorded any needs people had in relation to their religion, culture and sexuality.

Respecting and promoting people's privacy, dignity and independence

- A person who used the service confirmed staff treated them with respect and maintained their dignity when providing their care. They said, "I sometimes think the staff care more about this than I do, they are so careful about making sure doors are closed."
- People were asked in their initial assessments whether they had preferences regarding the gender of their allocated care workers. Assessments also recorded any needs people had in relation to their religion, culture and sexuality.
- Staff understood the importance of promoting people's independence and supporting them to maintain their skills and abilities. People's assessments recorded what they could do independently, as well as the areas in which they needed support.
- Staff told us how they respected people. One staff member said, "I always knock before I go in and even if there is no one else in the house with the person, make sure the bedroom door is closed."

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 of 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's care plans were developed from their initial assessment by the registered manager or nominated individual and in full consultation with the person and their family members. Care plans were person centred and contained details for staff about how people preferred their care to be provided, as well as people's individual routines and preferences.
- A family member told us they were involved in reviewing and developing their relative's care plan to ensure that care was delivered according to their relative's preferences. The registered manager reviewed people's care plans periodically to take account of any changed needs and to ensure it was accurate and reflected the person's individual needs.
- Staff told us as they got to know a person, they were encouraged to feedback on the level of care to the registered manager which often resulted in the person's care plan being updated. A staff member told us, "I will call the manager if I think there need to be changes made [to the care plan]."

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.

- People's communication and sensory needs were recorded during their initial assessments and any needs identified were documented in their care plans.
- The registered manager told us how information related to the agency would be provided in alternative formats to ensure people were able to understand it. For example, the complaints policy and contract for care were available on request in easy-read format.

Improving care quality in response to complaints or concerns; End of life care and support

- The service had a complaints procedure which set out how any complaints received would be managed. This was given to people when they began to use the service. The agency had received no complaints since its registration.
- At the time of the inspection no one using the service needed end of life care and support. The registered manager knew where to seek guidance and support should anyone using their service require this type of support.

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 of 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.

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

- There was a framework of governance underpinning the service to check people received a good standard of care. The management team consisted of a registered manager and nominated individual who worked together well and had a clear division of roles and responsibilities.
- There were systems in place to monitor the quality and safety of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and their use of PPE.
- The registered manager and nominated individual carried out field observations to observe the quality and safety of the care staff provided. These were unannounced to the members of staff. One member of staff told us, "I value these [field observations]. I would prefer to know whether there was something I should be doing in a different way."
- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions, observations, and appraisals. Staff kept in touch with each other using secure social media. Staff spoke positively about how the nominated individual and registered manager used effective communication methods to keep them informed about people's needs and changing conditions.

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; Continuous learning and improving care

- The registered manager and nominated individual understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. They understood that notifications of significant events must be submitted to CQC and the local authority. At the time of the inspection, there were no incidents which met the duty of candour threshold. People, relatives and staff told us the registered manager was open and transparent.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular quality checks were made with people and their families and it was evident people were happy with the care provided to them. Regular telephone calls were made to people by either the nominated individual or registered manager. People also had opportunities to give written feedback about their care

and told us they were confident their views would be listened to and acted upon.

- The nominated individual told us they encouraged staff to give their feedback; however, this was verbal and therefore not anonymous. They agreed that there should be opportunity for staff to give their views anonymously and planned to develop a system to enable this following the inspection.
- Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care. They said the nominated individual welcomed their suggestions and ideas for improvement. One told us, "If I bring to their attention, I know my point of view will be respected."
- The nominated individual was committed to providing support which achieved good outcomes for people. For example, they contacted health care agencies, such as pharmacists and GPs as required.