Manorcourt Care (Norfolk) Limited

Attleborough

Inspection report

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Date of inspection visit:
10 January 2018

Date of publication:
09 March 2018

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

The inspection was announced and took place on 10 January 2018.

Attleborough is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides personal care to people with a variety of needs including older people, younger adults, people with a learning disability, physical disability and people who need support with their mental health. At the time of the inspection, 120 people were using the service.

Not everyone using Attleborough receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Eighty-three people were being provided with 'personal care'.

Attleborough was registered by the Care Quality Commission (CQC) on 27 June 2016. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. This was the first comprehensive inspection since the provider registered with CQC to provide personal care to people. As such, they had not yet received a CQC rating.

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.

People were protected from abuse. Staff followed the provider's safeguarding procedures to identify and report concerns to people's well-being and safety.

Appropriate risk management systems were in place. Staff followed the guidance in place to support people's safely in line with the risks identified to each person's health and well-being.

People were supported by a sufficient number of staff who underwent appropriate recruitment checks.

People received the support they required to take their medicines. Staff knew how to minimise the risk of infection.

Appropriate systems were in place to enable staff to report and learn from incidents that may happen at the service. Staff had access to out of hours' guidance for additional support when responding to an emergency or difficult situation.

Staff received support, regular supervision and attended training to enable them to undertake their roles effectively. People were involved in the planning and review of their care. Staff delivered people's care in line

with their changing needs, preferences and best practice guidance.

People were encouraged to maintain a healthy diet and to have sufficient food to eat and drink. Staff supported people to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent before providing care and treatment.

People received care in a manner that treated them with respect and promoted their privacy and dignity. Staff developed positive relationships with the people they supported and offered emotional support when needed.

People and staff commended the registered manager and their care provision. People received person-centred care and benefitted from an open and transparent culture.

People were confident about making a complaint and had received information about how to make their concerns known. The registered manager sought people's views about the service and acted on their feedback.

The quality of care was checked and monitored regularly. The registered manager made improvements when necessary to develop the service. There was collaboration between the registered manager and other agencies to enhance the quality of care provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to carry out their roles.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager monitored the quality of the service.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were supported and listened to by the provider. They were clear about their responsibilities.

Attleborough

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 checked 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 comprehensive inspection took place on 10 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We did not request a Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager and provider an opportunity to provide us with information that was relevant to our inspection.

Before, during and after the inspection visit to the provider's head office, we spoke with 11 people using the service and two relatives. We also spoke to five care staff, a care coordinator and the registered manager.

We reviewed seven people's care records and their risk assessments and management plans. We looked at seven staff records relating to recruitment, induction, training and supervision. We looked at other records related to the management of the service including quality assurance audits, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service had received from people using the service, their relatives and health and social care professionals.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and neglect. Staff understood the provider's procedures about how to safeguard people. They were able to describe their responsibilities to identify and report potential abuse. Staff received safeguarding adults training regularly and knew how to whistleblow on poor practice to the registered manager and external agencies. The registered manager told us and records confirmed that there was a close working relationship between the registered manager and the local authority safeguarding team when they had concerns about people's welfare.

People received care in a manner that mitigated any known risks to their welfare. One person told us, "They [staff] are like family to me. I am very safe with them." Another person said, "I do feel safe with all of them, they look after me very well." Staff carried out risk assessments on people's health and well-being and reviewed these when there were changes to their needs. Records showed staff had sufficient guidance about how to provide safe care to people. People told us and records confirmed they received safe care and were not restricted from taking informed risks.

People's needs were met safely and in a timely manner. Comments included, "It depends if they [staff] are held up at other calls, or traffic is bad. It is never a huge problem though and they have never let me down." Another person told us, "Staff do arrive on time. They never let me down." Another person told us, "Staff are on time and they never miss a call." Another person told us, "Staff are usually on time, unless it is snowing or icy roads. But even then they get here eventually. They never let me down."

Each person had an agreed slot when staff visited to provide their care. Staff told us that they sometimes experienced busy periods. However, they said the care coordinators and field supervisors came out to support them when needed. Duty rosters showed there was a regular team that covered normal shifts and absences due to staff training and leave absences.

People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People were supported to take their medicines safely. Staff had assessed each person's ability to self-administer and manage their medicines. People were happy with the prompting and reminding to take their medicines where this was required as part of the care package. Staff monitored and reported to health and social care professionals when they observed that a person was not consistently taking their medicines.

People's medication administration (MAR) records were accurate and clear. Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medication training. Medicine assessments considered the arrangements for the supply and collection of medicines. They included whether the person was able to access their

medicine in their own home and any risks associated with this. Staff were aware of the provider's policies on the management of medicines and followed these. Staff had a good understanding of why people needed their medicines and how to administer them safely. MAR charts contained clear guidance about the use of medicines prescribed for occasional use, such as for pain relief or anxiety.

People were supported by staff who followed good hygiene practices. People told us staff washed their hands and changed gloves when performing different tasks such as personal care and food preparation. Staff had access to personal protective equipment such as disposable gloves, aprons and shoe covers to help minimise the spread of infection. The provider ensured staff attended food and hygiene training to guide their practice to protect people from the risk of cross contamination and food poisoning.

People were protected from the risk of avoidable harm. Appropriate systems were in place to record, report and monitor accidents and incidents at the service. There had been three accidents involving people using the service in the past 12 months. All of which the registered manager had reviewed to look at lessons learnt. Staff told us they highlighted to the managers and their colleagues when they had concerns about areas that could result in incidents and accidents to ensure suitable plans were in place to reduce the risk.

Good

Is the service effective?

Our findings

People's needs were assessed and met in line with the guidance they received from health and social care professionals involved in each person's care. Health and social care professionals were involved in assessing and planning people's needs and the support they required. Staff had sufficient information about people's care and support needs, which the registered manager had gathered before each person started to use the service. The registered manager included in people's care plans the guidance provided by health and social care professionals and ensured staff understood each person's needs and the support they required. People told us and records confirmed that staff delivered care in a manner that met their individual needs according to best practice guidance and legislation.

People were supported by staff who were competent in their roles. One person told us, "I think they [staff] are all well trained. They are very professional and good carers." Another person told us, "The staff are very good and they do all I need. I only have to ask." Staff received regular training and attended refresher courses to keep their knowledge and skills up to date. This enabled them to provide care that was safe and effective. One member of staff said, "We are very well supported and receive regular training. If we feel we need more support in an area we can request this."

Staff received regular supervision, had daily catch-ups with the care coordinators, office staff and their colleagues about people's needs and felt well supported in their work. Staff had received an annual appraisal of their performance, which identified and set staff's learning and development plans.

People received care of a high standard and according to the provider's procedures. Field supervisors carried spot checks on staff's practice. Staff told us they received feedback about their performance and were happy that the care coordinators were able to demonstrate good practices when needed.

People received support with eating and drinking, meal preparation and food shopping when needed. One relative told us, "Staff make breakfast and lunch usually. We make sure the fridge is stocked and [person] chooses what they fancy. Staff make sure they leave a drink and a protein drink every day."

People were supported to access healthcare services to maintain their health. Staff contacted emergency services when a person's health declined and in addition informed other health and social care professionals involved in their care. Care plans identified when staff needed to monitor people's health in areas such as substance misuse, weight loss and non- compliance with their medicines and the action to take. Records showed people were seen by their GPs, district nurses and were supported to attend hospital appointments when required.

Staff worked in close partnership with other agencies who provided people's care. This ensured that people received support that was coordinated to achieve best outcomes. Records showed people benefitted from the coordination of their care because appropriate arrangements were put in place before they were moved on or accepted care provision from Attleborough.

People's home environments were adapted to meet their care needs. A person who remained in bed for a period was supported to access an appropriate bed to reduce the risk of skin breakdown. Staff involved appropriate professionals and agencies when they had concerns with the safety of a person's environment. This ensured people received the support and equipment they required to enable them to live in a safe environment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People had signed their care and support plans to show they were involved and in agreement with the service to be provided. Staff ensured they obtained people's consent to care and treatment and reported to the office when a person was unable to make decisions about their care. Assessments were carried out to ensure decisions made were in people's best interests.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. At the time of the inspection, the registered manager had not needed to notify the Local authority about any person that they provided a service to. The registered manager demonstrated to us that she had a good understanding of this legislation.

Good

Is the service caring?

Our findings

People were highly positive about the caring and kindness of their care delivery. Comments included, "Staff are very kind and caring. They just get on with it with no fuss at all." Another person told us, "We could absolutely not wish for better carers." Another person told us, "We all get on very well. I love them all and feel blessed to have them."

One relative told us, "Staff are very respectful towards [person] but at the same time will have a laugh and a joke. It is a perfect relationship." Another relative told us, "Staff are very kind and caring. Nothing is too much trouble for them." Staff told us they provided emotional support for people and made referrals to health and social care professionals when needed to have their needs addressed. Staff had started to undertake training in dementia, supported by a care co-coordinator, to understand how the condition had an impact on the lives of the people they supported.

People were involved in the planning of their care and were happy that staff delivered support as they wished. One person told us, "I get on very well with them [staff] all. They do listen to me, if I ask for something doing and they know how I like things." People told us staff talked to them and asked how they wanted their support delivered.

Care plans had sufficient detail about people's background, medical history, family and health and social care professional's information and emergency contact details. Records confirmed staff delivered people's care as planned and in line with their preferences. One person told us, "I have a care plan and it is looked at when my needs have changed and I am involved."

People had access to their care plans and information about the services available to them. People were supported to access befriending, counselling and advocacy services to ensure they had the right support.

Each person had a communication care plan, which gave staff practical information about how to support individual people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, angry or in pain and how staff should respond. People told us staff communicated with them in an appropriate manner according to their understanding.

People's care was delivered in a dignified and compassionate manner. Staff respected people's privacy and one person commented, "Staff all treat me with respect and, also, I feel very comfortable when they are helping me shower, which is important to me." Another person told us, "I am at ease with them [staff] all, especially when they are helping me have a shower and dressing." Another person told us, "Staff treat me very, very well."

Staff were able to describe how they respected people's privacy by providing personal care behind closed doors and respecting their decisions on how they wanted their care delivered. Staff encouraged people to maintain their independence and people commented, "I am confined to bed most of the time but staff still

let me do as much as possible for myself."

Good

Is the service responsive?

Our findings

People received care that was appropriate to their individual needs. Staff updated the care coordinators everyday about any changes in people's health conditions and their support needs after each home visit. Care coordinators reviewed people's care needs and updated their support plans daily and when needed. This ensured staff had appropriate information to enable them to meet each person's individual needs.

Staff told us they understood the information provided in people's care plans and had sufficient details about how to deliver their care. People told us staff were flexible to their requests for changes to their visit times and additional support when required.

Care coordinators and staff prioritised visits to people according to their needs and accommodated medical and social appointments. Staff informed the care coordinators if they needed to spend more time with a person, who reassigned their next calls to colleagues to minimise delays and missed visits. Records showed that staff provided people's care in line with their changing needs.

People were provided with a 'Service User Guide' which contained information about the provider, including the values and who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

People were able to make a complaint and raise concerns about their care. One person told us, "I would ring the manager. I have never needed to though." Another person told us, "My husband would be straight on to them if we were not very happy with them all." One relative told us, "I am very able and would have no qualms contacting them with any concerns."
People said they felt confident discussing issues about their welfare. They told us they were happy in the manner that their issues were resolved.

Care coordinators and office staff visited people, contacted them by telephone to find out if they were happy with the way staff provided their care. Feedback from people using the services and their relatives was positive.

People benefitted from a planned move between services. Health and social care professionals were involved in planning people's transition between services. Support plans were put in place and handovers were done before a person transferred to other agencies and teams such as the hospital team, emergency duty team and falls prevention team. This ensured there was no gap between service provision and that people received the support they required.

People who were at the end of their life received compassionate care. Staff told us they ensured they made them comfortable. Staff worked with other agencies who provided palliative care to people and ensured they supported them in line with the guidance in place.

Good

Is the service well-led?

Our findings

A registered manager was in post as required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the support they received because of the person-centred culture at the service. Staff told us the registered manager and care coordinators were supportive and available for guidance and to provide hands on support in the community when needed. Staff described the registered manager as, "approachable" and "knowledgeable". Comments about the care coordinators included, "They are exceptionally good. Very approachable." and, "They work incredibly hard and are driven to always improve our practice."

Staff were passionate about their work and described how they sought to make a positive change to people's health and well-being through their work. They told us staff morale and teamwork were good. Staff were clear about their responsibilities and understood the reporting structures to raise concerns about people.

People benefitted from quality assurance checks to the care they received. The care co-ordinators audited people's care plans, risk assessments, daily logs and record keeping to ensure that people received person-centred care in line with best practice guidance. Record management systems were effective and people's information was well managed and accessible when needed. Staff's learning and development needs were reviewed on a regular basis to ensure they received training and the support required to make them effective in their roles. Incidents and accidents were recorded, monitored and analysed to identify patterns. Staff had access to up to date policies and procedures to guide their practice.

People's care was subject to continuous improvement. The registered manager identified trends and patterns of the health and support needs of people referred to the service and ensured staff were trained and skilled to deliver appropriate care. The registered manager attended training and external meetings and shared learning acquired from other agencies to develop the service.

People had their health and well-being promoted because of the partnership of the service with other agencies. Relationships between the registered manager and clinical commissioning group and the local authority were positive. They worked closely together to ensure that people's transfers between services were done sensitively and in a timely manner.

People completed surveys to share their views about the quality of care and support provided. People were positive about their care delivery and support and the management of the service. People told us, "I think it is an excellent service, from the top to the bottom." Another person told us, "It is an excellent service."

Staff completed questionnaires together with other employee's under the same provider and feedback from

the October 2017 questionnaire was positive.

Team meetings were well attended and minutes showed robust discussions and involvement of staff in developing the service. Staff said they received information about people in a timely manner through their daily interactions with the office staff, coordinators and team meetings.