

Mortimer Homecare Limited

# Mortimer Homecare Limited

## Inspection report

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Date of inspection visit:  
26 July 2019

Date of publication:  
04 September 2019

### Ratings

|                                 |                               |
|---------------------------------|-------------------------------|
| Overall rating for this service | Good ●                        |
| Is the service safe?            | <b>Requires Improvement</b> ● |
| Is the service effective?       | <b>Good</b> ●                 |
| Is the service caring?          | <b>Good</b> ●                 |
| Is the service responsive?      | <b>Good</b> ●                 |
| Is the service well-led?        | <b>Good</b> ●                 |

# Summary of findings

## Overall summary

### About the service

Mortimer Homecare Limited is a domiciliary care agency based in Leominster, Herefordshire. It specialises in providing care and support to older people and younger adults who may have physical disabilities, sensory impairments or are living with dementia. At the time of our inspection, there were 41 people using the service.

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

The provider had not consistently obtained employment references for prospective staff, to check their suitability, before allowing them to work in people's homes under supervision. Staff understood how to identify and report potential abuse involving people who used the service. The risks associated with people's individual care needs had been assessed, reviewed and plans were in place to manage these. People received a consistent and reliable service from the provider. The registered manager reviewed reports of any accidents or incidents involving people to learn from these. Staff used personal protective equipment to protect people from the risk of infections.

People's individual needs and requirements were assessed with them before their care started and kept under review. Staff received training and ongoing management support to ensure they worked safely and effectively. New staff received induction training to help them settle into their new roles. People had the support they needed from staff to prepare their meals and drinks. Staff and management worked with a range of community health and social care professionals to ensure people's health and care needs were met. 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.

Staff approached their work with kindness and compassion. People and their relatives were encouraged to express their opinions about the care provided. Staff understood the importance of promoting equality and diversity through their work. People were treated with dignity and respect at all times.

People's care and support was based upon their individual needs and requirements. People's care plans were individual to them and followed by staff. People and their relatives understood how to raise any concerns or complaints with the provider, and had confidence these would be listened to. People's wishes and choices about their end of life care were explored with them, to ensure these were addressed at the appropriate time.

The management team promoted an open and inclusive culture within the service. People found management easy to contact and helpful. Staff were well-supported by a management team who were prepared to listen and act. The provider had quality assurance systems and procedures in place to enable them to monitor and make improvements in the quality of people's care.

#### Rating at last inspection

The last rating for this service was good (published 28 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 is well-led.

Details are in our Well-led findings below.

**Good** ●

# Mortimer Homecare 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 Care Act 2014.

#### Inspection team

The inspection was carried out 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with the registered manager, team leader and four care workers. We reviewed a range of records. These included five people's care records, medicines records, staff training records, four staff files in relation to recruitment, selected policies and incident and accidents records. We also reviewed complaints records, incidents and accidents records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people, five relatives and two community health and social care professionals about their experience of care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider carried out pre-employment checks to confirm prospective staff were suitable to care for people in their homes. However, we found these checks were inconsistent. Suitable employment references had not always been obtained for staff before they commenced 'shadowing' (working alongside experienced staff during induction). Enhanced Disclosure and Barring Checks (DBS) had, however, been carried out for these staff members. The DBS helps employers make safer recruitment decisions by checking police records. We discussed this issue with the registered manager. They reviewed and updated their recruitment procedures to ensure suitable references were received before prospective staff started work.
- People and their relatives told us they received a reliable and consistent service from staff, who were usually on time. No one we spoke with had experienced any missed care calls.
- People's care was usually provided by regular staff whom they were familiar with. People confirmed new staff worked alongside experienced staff before coming to provide care on their own.
- People told us staff did not rush their care, and stayed with them for as long as they should.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support from staff in their own homes. People's relatives had confidence staff protected their loved ones' safety and wellbeing.
- Staff understood how to recognise and report any abuse involving people who used the service. They told us they would immediately report any concerns of this nature to the registered manager.
- The provider had procedures in place designed to ensure any witnessed or suspected abuse was reported to the relevant external agencies in line with local safeguarding procedures.

### Assessing risk, safety monitoring and management

- The risks associated with people's individual care needs had been assessed, recorded and reviewed. This included an assessment of people's mobility needs and risk of falls, their nutritional risks, and the risk of skin breakdown. Plans were in place to manage identified risks. For example, one person received regular staff support with repositioning themselves to reduce the risk of them developing pressure sores.
- Staff confirmed they read people's risk assessments in order to understand how to provide safe care and support.
- Staff told us they were quickly informed of any changes in the risks to people through, for example, the provider's use of a secure group messaging application.

### Using medicines safely

- The provider had systems and procedures in place to ensure people received the support they needed to manage and take their medicines safely. A relative told us, "I don't have much contact with the carers [staff], but it makes me rest easy knowing [person] gets their meals and their tablets when they should."
- Staff confirmed they had received training in, and felt confident following, the provider's medicines procedures. We saw they maintained accurate and up-to-date records of the medicines they administered.
- Staff were provided with written guidance on the expected use of people's 'when required' (PRN) medicines.

#### Preventing and controlling infection

- Staff were supplied with appropriate personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection and were clear when they needed to use this.
- People confirmed staff wore gloves and aprons, at the appropriate points, when carrying out their personal care.

#### Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving people who used the service.
- The registered manager reviewed these reports, along with any complaints or concerns received, to ensure lessons were learned and to reduce the risk of things happening again.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 individual needs and requirements were assessed with them before their care started and then kept under regular review by staff and management. A relative explained, "The manager came and we discussed together what was needed and it was put in the care plan."
- Staff underwent regular unannounced spot checks to confirm they were delivering people's care in line with expected standards.
- The registered manager kept themselves up to date with any changes in legislation and best practice guidelines through, for example, attending further training and events organised by the local authority.

Staff support: induction, training, skills and experience

- People felt staff had the necessary knowledge and skills to meet their needs. One person told us, "I am very happy with my carers [staff]. They are well trained to look after me "
- New staff received induction training to help them understand and settle into their new roles. This incorporated the requirements of the Care Certificate. The Care Certificate is an agreed set of standards aimed at giving care staff the knowledge and skills they need to provide safe and compassionate care.
- Staff spoke positively about their induction experience. One staff member told us, "It [induction] was good. I felt quite confident because I had a lot of shadow shifts. They [provider] didn't chuck me in at the deep end."
- Following induction, staff participated in a programme of training designed to enable them to work safely and effectively. Staff told us their training enabled them to work with confidence. One staff member said, "It [training] has been really good. We've done all the mandatory training and they [provider] are really good at offering extra training."
- Staff attended regular one-to-one meetings with the registered manager, during which they received constructive feedback on their work and were able to request any additional support or training.

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

- People and their relatives told us staff gave people the help they needed to prepare meals and drinks of their choosing, where they needed support in this area.
- The provider had procedures in place to record any complex needs or risks associated with people's eating and drinking, in order that these could be addressed. A relative told us, "I am very happy with how [person] is looked after by their carers [staff]. They [staff] mainly concentrate on making sure that [person] is kept hydrated, as they can't always remember to drink."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with a range of community health and social care professionals to ensure people's care needs were met, including social workers and district nurses.
- The community professionals we spoke with talked positively about their working relationships with, and trust in, the provider. They had confidence any recommendations or requests made to the provider would be acted on. One professional told us, "They [provider] are very professional and completely honest."

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's general health and helped them seek professional medical advice and treatment in the event they were unwell.
- Information about people's current health and medical history was recorded in their care files, to ensure staff understood this aspect of their care needs.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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

- Management and staff had a good understanding of people's rights under the MCA, including the need to actively support people's decision-making and respect their decisions and choices.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives told us staff adopted a friendly and caring approach to their work, and treated people well. One person told us, "I have no complaints about how I am treated by the carers [staff]. In fact, I really look forward to them coming each day..." Another person said, "Whoever [staff] comes to help me always has a smile on their face." A relative explained, "[Person] has very complex issues and the carer [staff] who comes has really worked hard to build a professional but caring relationship with them."
- Staff received training in, and understood, the need to promote equality and diversity through their work with people and to avoid any form of discrimination.

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

- Staff and management encouraged and supported people to express their views about their care and be involved in decision making that affected them. One relative told us, "I am very impressed with how [person] is included in all the planning [of their care]."
- People were invited to give feedback on the service during regular telephone surveys and an annual online survey.
- People were provided with information on where to seek independent support and advice about their care in the provider's 'service user's guide'. The registered manager confirmed they helped people access this support, including independent advocacy services, as required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully, and encouraged them to maintain their independence. One person told us, "I am treated with respect at all times by my carer [staff] and I think they really care about me."
- Staff understood people's rights to privacy and dignity, and gave us examples of how they promoted these on a day-to-day basis. This included protecting people's modesty during personal care, taking the time to understand their wishes and preferences and never talking over people. One staff member told us, "It [dignity] is about ensuring the person feels they matter and that everything you are doing improves their quality of life."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives told us the care and support provided by staff reflected what they wanted and needed from the service.
- People had individualised care plans, which provided information about their personal backgrounds and interests, alongside guidance for staff on their current care needs. Staff confirmed they read and followed these plans.
- Where this was an agreed part of their care package, staff provided people with support to participate in social and recreational activities, and so avoid social isolation. This included cinema trips, playing golf, personal shopping and going out for meals and drinks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed, recorded and kept under review, and staff were provided staff with guidance on how to promote effective communication.
- The provider had the facility to provide key information in accessible, alternative formats (e.g. large-print or audio version) upon people's request.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise concerns or complaints with the provider and were confident these would be listened to. One person told us, "I do feel that if there was anything wrong I would be taken seriously, as the manager seems very understanding."
- Where people had previously raised concerns, they were satisfied with the way the provider had responded to these.
- The provider had a complaints procedure to ensure all complaints were handled in a fair and consistent manner.

End of life care and support

- At the time of our inspection visit, staff were supporting two people with end of life care.
- The provider had procedures in place to identify people's wishes and choices regarding their end of life care and worked with community healthcare professionals to meet these.

## 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had confidence they would be listened to by management. They told us they were always treated with respect by the provider's helpful office staff. If the registered manager was unavailable at the time of their call, people said she would call them back when next able to.
- Staff were enthusiastic about their work for provider and meeting people's needs in a person-centred way.
- Community professionals praised the registered manager's commitment to finding solutions to problems affecting people's care, and the willingness of staff and management to go the extra mile for people. One professional told us, "They [staff and management] are really caring and go beyond the call of duty."

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 recognised their responsibility to be open and honest with people, their relatives and relevant others if mistakes were made in delivering their care and support.

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

- Staff were clear what was expected of them at work. Regular communication from management ensured they were kept up to date with any quality concerns or new risks in relation to people's care.
- The registered manager had a clear understanding of the duties and responsibilities associated with their role, including the need to inform the Care Quality Commission of certain incidents involving the service or the people who used it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider took steps to actively involve people and their relatives in the service through, for example, inviting them to complete regular surveys on the quality of the care provided.
- Staff felt valued, well-supported and listened to by an approachable management team. One staff member told us, "They [management] are brilliant. If I've had a problem, I've told them and they've sorted it out. Every month we have an 'employee of the month'. They also bring us around ice creams and drinks in the hot weather." Another staff member said, "They [management] take the time to listen, even when they are piled down with work."

#### Continuous learning and improving care

- The provider carried out audits and checks to monitor and, where necessary, make improvements in the quality of the service provided. These included unannounced spot checks on staff, feedback surveys with the people who used the service, and monthly audits on people's care files and medicines records. The registered manager also monitored any accidents, incidents, complaints and safeguarding issues on an ongoing basis.