

Manorcourt Care (Norfolk) Limited

Manorcourt Homecare

Inspection report

Hockley Business Centre
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Tel: 01255440744

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21 July 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manorcourt Homecare is a domiciliary care agency registered to provide personal care to people living in their own homes. 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 our inspection there were 33 people using the service.

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

We have made recommendations to the provider around safe recruitment practises and involving people in discussions about their care and support. Please see the Safe and Well- led section of this report.

Minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. People and their relatives told us they were not consulted prior to changes to in their allocated call times. The registered manager responded to the concerns raised and has sought to rectify them.

People and their relatives felt safe and spoke positively about care workers because they had confidence in their knowledge and skills. Staff told us they felt confident their training provided them with the knowledge they needed to support people. People were supported to take their medicines safely by trained staff. Incidents and accidents were reported, investigated and actions taken to prevent recurrence. Staff had received safeguarding training and knew how to act on any concerns. Staff had completed a comprehensive induction. Competency was monitored through spot checks and supervisions. Staff were provided appropriate personal protective equipment (PPE) which they used effectively to prevent spread of infection.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being modified and developed by the registered manager and support team. The registered manager also had a focus on improving the service provided before expanding the business further. The registered manager further demonstrated how the service continued to work well with external agencies to provide a better outcome for people who use the service.

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.

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

Rating at last inspection and update

The last rating for the service at the previous premises was Good (published 7 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manorcourt Homecare on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Manorcourt Homecare

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 service was inspected by two inspectors and one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the start of the inspection there was not a registered manager in post. However, during the inspection the manager had been successful in registering with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 July 2022 and ended on 9 August 2022. We visited the location's office on 21 July 2022.

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. 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 three people and seven relatives of people who use the service about their experiences of the care provided. We spoke with six members of care staff including the registered manager.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager had not always reviewed the applicants complete work history. We discussed it with them and we were satisfied they would improve their oversight to ensure safer recruitment of staff.

We recommend the provider follows best practise around recruitment checks, to ensure they have the necessary information about applicants.

- The registered manager told us they continued to recruit to increase staff capacity to ensure they can continue to meet peoples care needs.
- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff received training appropriate for their roles and received regular assessments and supervisions. One relative told us, "My relative needs two carers four times a day for their medical needs and the carers do know how to deal with those needs".

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe using the service. One person told us, "I definitely feel safe with these carers, most of the girls know me well and can spot if I'm a bit off colour".
- Staff had received training in safeguarding and knew how to raise any concerns. One member of staff told us, "I would contact the office if I am concerned as it is all about protecting the clients".
- There were policies and systems in place to keep people safe. The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place that met their care requirements. These provided clear guidance to help reduce the likelihood of people being harmed.
- People's care plans and risk assessments were regularly reviewed and updated. This was done on a rolling schedule, or sooner if a person's care needs had changed.
- The registered manager told us the field care supervisors and care coordinators would update the information, and then the registered manager would check it was accurate.

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.

- We found the service was working within the principles of the MCA.

Using medicines safely

- Staff received training in safe medicine management and were assessed as competent before administering medication.
- The registered manager told us medicine administration records were audited regularly; appropriate action was taken if any errors were identified.
- Spot checks of staff competencies were regularly carried out to ensure safe administration and support of medicines.

Preventing and controlling infection

- All staff had received training in infection control practices and appropriate personal protective equipment (PPE) was provided. One staff member told us, "There has not been an occasion where we have been left without any PPE". One relative told us, "The PPE wearing has been good all the way through this period".
- Visitors to the office were required to provide evidence of their COVID-19 status in line with government guidance. The registered manager told us of the risk assessment and procedures in place for the office staff, particularly during the period of hot weather. Screens were provided at each workstation to limit the wearing of masks.
- The provider's infection prevention and control policy was updated regularly to reflect changes in government guidance. Staff continued to LFT test twice weekly. One staff member told us, "I feel very safe out there".

Learning lessons when things go wrong

- There were systems in place for staff to share learning and experiences. Staff confirmed lessons learnt were shared in team meetings. One staff member told us, "We always discuss concerns that are raised or cases of mishap and we discuss and find solutions together to learn".
- Staff understood their responsibilities to raise concerns and report them both internally and externally. All staff were issued with the head office contact details. The registered manager told us emails were sent to staff highlighting actions taken to improve safety when things go wrong.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives we spoke with voiced concern about the lack of consultation prior to changes to their allocated care time. One person told us, "I was not consulted about these changes they just took place which I was not happy about".

We recommend the provider seek advice and guidance, from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

- The registered manager had an 'open door' system in place for staff to share information as and when needed. One staff member told us, "Outside of meetings we can contact the office at all times to express how we feel".
- Quality assurance surveys were sent to people and their relatives annually. The registered manager was able to demonstrate actions taken to feedback received.

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

- Care documentation was very person centred, putting the person at the centre of all their care and support needs. One person's care plan stated, '[name] has expressed that due to numbness in her body she feels unsafe when being rolled on the bed and requires the safety bars to be put on the side of the bed she is facing'
- People we spoke to told us about the care being received. One relative told us, ""I feel they are absolutely brilliant; they all know my relative's needs 100% and they all go above and beyond what we expect of them"
- One staff member told us, "The registered manager is very much supportive and encouraging and is respectful of us as carers and is in support of us furthering ourselves".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. 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 was aware of their legal responsibility and had systems in place to report appropriately to CQC as part of regulatory requirements. They had been open and honest when things had

gone wrong and worked to resolve them and share learning.

- The staff we spoke to were clear about their role and understood regulatory requirements to provide safe care to people.
- The registered manager completed regular audits of the service, to monitor the quality and safety and look for improvements. Audits of medication administration records (MAR) were used to identify if staff required further training, or if concerns needed to be raised to the local authority.

Continuous learning and improving care; working in partnership with others

- The registered manager demonstrated how they have learnt, including the need to positively delegate work.
- The registered manager had joined networks with the other registered managers where ideas and information on the care systems were shared.
- The registered manager had a clear vision for the service and demonstrated how they had been working with external professionals to ensure the service provided better outcomes for people.