

Moreland Trust Health & Social Care

Moreland Trust

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

Our inspection took place on 16 June 2016 and was announced. We last inspected the service on 21 January 2014. At the last inspection we found the provider was meeting regulations.

Moreland Trust provides personal care to primarily Afro Caribbean older people with a range of needs in their own home. The service will cater for people of any cultural background however. At the time of the inspection they were providing a personal care service to two people.

There was a registered manager in post at the time of our inspection. 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 told us they were safe and there was sufficient staff to ensure they received the support they wanted. Systems in place identified risks to people. Staff were aware of these risks and how to minimise them. Staff were checked before they commenced work to ensure they had the aptitude and values to work with people. People's medicines were managed safely.

People felt staff had the necessary skills and knowledge to meet their individual needs. People's rights were protected as their consent was always sought before and during care. People had the support they wanted with their diets. Other health services were advised of changes in people's health and circumstances with their agreement.

People thought staff were kind, caring and showed them respect. People felt their dignity and privacy was respected. Staff understood how to ensure people were able to make choices about their care. Staff supported people's independence.

People were involved in their care, with involvement in their care plans and any changes to these. People's care was provided in line with their agreed care plans. Staff understood people's needs and preferences. People said they could complain and were confident concerns would be resolved.

People were confident the provider ran the service well. Systems were in place to capture and respond to people's experiences and monitor the quality of the service. Staff were happy with their jobs and felt well supported.

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 said they felt safe. People said there was sufficient staff to ensure they received support promptly when needed. There were systems to identify risks to people and staff were aware of these, and how to minimise risks. Pre-employment checks were carried out on new staff to ensure they were safe to work with people. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were confident in staff skills and knowledge. Staff had a good understanding of people's individual needs and how to meet these. People's rights were protected as staff knew to obtain their consent before delivering care. People were supported with and advised about their diet. People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and showed them respect. People said their dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive

People were involved in planning their care. People said that any changes to their needs and preferences were responded to by the provider. Staff knew what people's needs and preferences were. People were aware of how to complain and were confident that any complaint would be resolved.

Is the service well-led?

Good ●

The service was well led

People had confidence in the provider and felt the service was well run. There were systems to capture and respond to people's experiences and monitor the quality of the service. Staff were supported by the provider and happy in their work.

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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 was planned to check 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 inspection took place on 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with one person who received a service from Moreland trust by telephone. We spoke with the registered manager, and two members of the care team.

We reviewed a range of records about how people received their care and how the domiciliary care service was managed. We looked at two care records of people who used the service, three care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, call records, provider quality checks, complaint records and questionnaires/surveys from people.

Is the service safe?

Our findings

The person we spoke with said they felt safe with the care staff that supported them. They told us staff knew how to keep them safe, and had helped source equipment to promote their safety. They said, "I have got extra [equipment] and feel safer as a result".

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff knew how to escalate any concerns to ensure people were kept safe. The registered manager had demonstrated their awareness of local procedures for protecting people by alerting the local safeguarding authority when they had concerns about potential abuse. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated.

We found there were sufficient numbers of staff available to keep people safe. One person told us staff arrived at the times they were expected. They also said, "They arrive when I expect them and stop for the agreed time". Staff told us if people needed more support the registered manager would support staff to provide additional care. A member of staff told us, "I have enough time to do what I need to do, if I needed more time I would ring the office and they would allow this if needed". The registered manager told us they had recruited additional bank staff that allowed them to be flexible in meeting people's needs, and cover any staff leave. This showed staffing arrangements considered people's changing dependencies and there were systems in place to cover for staff absence.

The registered manager told us people usually received visits from regular staff and changes to people's calls were usually only when the regular staff were on leave. They told us staff were responsible for informing the office should they not be able to carry out a care visit. A member of staff we spoke with was aware of their responsibilities to inform the office if unable to fulfil a care call. The person we spoke with told us they had always received their calls when needed, and these were on time. This showed care calls were timely and if there was difficulties in attending the call staff knew what they should do to ensure people were not put at risk.

We looked at the provider's staff recruitment systems and found these made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. The registered manager had an understanding of what checks needed to be completed to ensure staff were safe to work with people. These checks made sure the right staff were employed to keep people safe.

Assessments were undertaken to assess any risks to people and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of people. For example where one person was identified at risk of falls staff had contacted the falls prevention service and used recommendations made to support the person's risk assessments. Staff we spoke with showed they had a good awareness of the risks to people, and were able to describe how they would minimise these. For

example they would ensure there were no obstacles in the way of the person so that they would not trip when walking.

The provider only supported one person with topical applications (creams) at the time of our inspection. We saw that these were documented and information as to how they should be applied was clearly documented in the person's risk assessments and care plan. A member of staff told us how they applied the person creams, which reflected what we saw documented in the person's care plan. We saw records of when these creams were applied were well recorded and show they were applied as prescribed. This showed people people's prescribed creams were managed safely.

Is the service effective?

Our findings

The one person we spoke with said staff always asked if they were in agreement and consented before providing any care or support. They said they had discussion with senior staff about their consent and agreement to the planned care and support they received. The registered manager and staff were able to tell us how they would ensure they acted in accordance with the Mental Capacity Act 2005 (MCA). The 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. Staff understood what their responsibilities were in respect of the MCA and how they gained people's consent prior to any care and support they offered. Staff told us they would give people support to make decisions. One member of staff said, "You can't force a person to do anything, you give them their right [to consent]". Staff told us they had received training in the MCA which helped them understand the importance of gaining people's consent. This showed staff were aware of their responsibilities under the MCA.

The person we spoke with was confident in the skills and knowledge staff had. They said the staff, "Are good at their job, definitely they are alright, they look after me". Staff told us they were well supported by the provider with regular training and they felt supported to do their job well. While we found not all training was confirmed by copies of staff certificates we did find staff had received recent training that reflected the specific needs of the people they cared for, for example staff had received training in the care of people living with diabetes. Staff told us the registered manager ensured they received updates so the skills and knowledge they had reflected what they needed to know to keep people safe and provide effective care. The registered manager told us that all care staff employed to provide personal care held a vocational qualification in care; this confirmed by records and the staff we spoke with. We saw that staff providing personal care had worked for the provider in some capacity for some time. The registered manager was aware of the need to have an induction that tested out staff knowledge of fundamental care standards however and this would be provided so staff would have support when starting their jobs. Staff told us they had regular one to one supervision meetings, appraisals and their competency was checked by the registered manager or the provider through spot checks. Staff said this meant they received the support they needed to understand their roles and responsibilities. This showed staff were supported by the provider to gain the knowledge and skills required to support people.

People were happy with the support they had to eat and drink. The person we spoke with said, "they do know what [food and drink] I need and provide it to me" and had commented to the provider how staff ensured the seasoning of food they were given was considered. They said staff were aware of their dietary needs due to their living with diabetes and supported them appropriately. We saw the support people needed with food and drink was detailed in their care plans and staff were aware of what support they needed to provide. One member of staff said they had the knowledge (through training and accessing information from health care professionals) to give people, "Informed choice and advice about their diets". This showed people had the support they needed to make choices and have access to appropriate diets.

The person told us staff were observant of any changes in their health and supported access to health care services when this was required and agreed with them. Staff we spoke with recognised what they should look out for in respect of monitoring people's health, and any action they should take. We saw this was reflected in people's records, where concerns about people's health were shown to be escalated appropriately, for example where there were concerns about people's changing health care needs action was taken to involve other healthcare professionals. This showed that the provider ensured people's health care needs were monitored and people were supported to access health care services when needed.

Is the service caring?

Our findings

The person we spoke with said staff were kind and caring. They said, "They are nice people, they are alright I get on well with them". They also said, "I'm happy with the care" they received from staff.

The person told us they had good relationships with the staff who visited them. They said they were given choices telling us, "They ask me whatever I want, They don't just do it, and they ask me first". They also told us they received visits from staff who had a similar cultural background, which ensured staff had a good understanding of what was important for them. They also said they were happy with the gender of the care staff they had. Staff were able to tell us about what was important for the people they visited, and they told us what the people they visited thought was important in respect of how their care was provided. One member of staff told us, "You make people feel comfortable and give them their rights". This showed people were supported by staff they knew well.

Staff understood the importance of communication and talking to people about the care they provided. For example staff understood they may need to spend time with people to support their understanding of their choices and be able to make better informed choices. The person we spoke with said staff listened to them before and during providing care. They told us this meant they had choices about how their care was provided. We saw information about people's preferred communication methods was reflected in their care plans. This showed the importance of how staff communicated with people was recognised and understood by staff.

The person we spoke with told us staff treated them with dignity and respect. Staff were able to tell us how they ensured they respected a person's dignity and showed respect. For example they were able to tell us what was important for the person and how they could show the person respect in a way that reflected their individuality. One member of staff told us how they ensured they always listened to what the person wanted and provided any personal care as they directed. Another member of staff told us how they spent time talking with a person and their relative so they knew what they wanted, and were able to promote their views to other agencies. This showed people were treated in a way that promoted their dignity.

The person told us staff also respected their privacy. Staff we spoke with told of ways in which they would ensure people's privacy was respected, for example always gaining permission to enter their house and ensuring the person was happy with whatever they were doing whilst attending the care call. This meant people's privacy and dignity was respected.

The person we spoke with told us how staff helped them be more independent, for example supporting them with sourcing aids for independent living. We saw people's care plan set out how their independence should be promoted. Staff we spoke with understood the importance of promoting people's independence in a safe way. They also told us how they had involved other agencies, with a person's permission to source appropriate aids that would help the person to retain and gain further independence, for example ensuring seats were available that allowed the person to sit at the correct height when having a wash. This meant people's independence was promoted.

Is the service responsive?

Our findings

The person we spoke with told us they were involved in reviews of their care. They said they had, "Information about the service" when they first received support from Moreland trust although this had been a long time ago. They told us they understood their care plan however and this reflected what they wanted and was accurate. They told us how staff sought their and their relative's views when reviewing their care. We saw people's care plans had been reviewed on a regular basis and people were involved, with these agreed with them, and signed when they were happy with it. We also saw that changes to people's health were recognised and had led to changes in a person's care plan if this was needed. We saw people were involved with any changes to their care and this was clearly recorded, this involvement confirmed by the person we spoke with. Staff we spoke with told us that any changes in a person's circumstances or health would be quickly reported back to senior staff, for example if they felt the person needed additional support with their personal care. The registered manager said changes would be reflected in the person's records and care plans and when additional care was needed they would discuss with the agency that commissioned the service. This showed the provider had systems in place to ensure they were responsive to any changes in people's needs.

Staff told us they had read people's care plans and demonstrated a good understanding of people's needs and preferences. We talked through the care one person received with them and they told us how staff provided this, which we found reflected their care plan. They told us, "They [staff] do know what I need and provide it to me". They also said; "I'm happy with the care" they received. This showed people received care that reflected their needs and preferences.

The person we spoke with said they were confident raising any concerns with staff but said, "I have no complaints". Staff we spoke with recognised the importance of listening to any concerns and said they would report these to the registered manager or provider. The registered manager told us about one complaint they had received in the last twelve months and how they had escalated this to a safeguarding alert. We saw this was investigated by the provider, following agreement with the local safeguarding authority and there was a clear audit trail that showed there was a full investigation. We saw there was feedback to the complainant in writing. The registered manager told us any complaints received would be treated seriously, investigated, and the complainant involved in any resolution. This showed that people's complaints would be listened to, and addressed by the provider.

Is the service well-led?

Our findings

The person we spoke with told us they thought the service was well run and they were satisfied with the care they received. They knew who the registered manager was and expressed confidence in other senior staff with whom they said they had regular contact with. The registered manager demonstrated a sound knowledge of the people's needs and their responsibilities as a registered manager. They also demonstrated they were updating themselves with current national developments by use of up to date training and links with other organisations, for example checking current best practice through the websites of national social care bodies.

The provider had a number of ways in which they gathered people's views. For example people told us they had received survey forms from the provider to ask for their views of the care they received. We saw the people who received personal care had said they were satisfied with the quality of the service they received, making positive comments about the staff and the service. The person we spoke with said they were happy saying what they thought to staff and was confident they would be listened to. This showed people were able to share their views about the service they received.

We saw the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service. We saw changes to people's care, and any risks that presented were recorded and monitored for trends and patterns, to inform how these risks were managed. For example accidents and incidents were recorded and examined for any possible trends that would help improved people's safety. We saw copies of regular audits the registered manager completed, and documented records where the provider had checked on aspects of the service. For example when they had completed some spot checks on staff while the registered manager was on leave. We saw people's views were sought on a regular basis, and while we saw only positive comments had been made by people, the registered manager told us these would be used to help drive changes if people thought this was needed. This showed the provider monitored the quality of the service people received.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and told us the registered manager was available and they were quite happy with the support they gave them. They told us they received one to one meeting to discuss their work that reflected their needs. Staff we spoke with were also aware of the aims of the provider in providing people with a service that would help people live independently at home. Staff told us they felt able to raise concerns by speaking to the registered manager or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. This meant staff felt well supported and able to share their views with the provider.

We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so.