

Moon Rise 24 Hr Recruitment Ltd

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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

This inspection took place on 14 and 18 June 2018 and was announced. This was the first inspection since the service was registered at this location.

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

Not everyone using Moonrise 24 hr Recruitment receives 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. At the time of our inspection three people were using the service who received personal care.

There was a registered manager in place. 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 and their relatives told us staff employed by the service helped them to stay safe. Risks to individuals were documented. These assessments included guidance for care staff on how to manage any risks identified and minimise the likelihood of harm.

The provider had business continuity plans in place to ensure that people's support needs were still met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection. Medicines were managed safely.

People were safeguarded from abuse and avoidable harm. Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty to keep people safe. Recruitment policies minimised the risk of unsuitable staff being employed.

Staff received the training they required to help them keep people safe and were supported with regular supervision. Staff appraisals had not yet taken place due to the length of time the regulated service had been in operation however these had been scheduled.

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.

Some people using the service received support with food and nutrition. Where this was the case people were assisted with their dietary needs and preferences. People were supported to access external professionals to monitor and promote their health.

All of the people and relatives we spoke with said that the staff team were kind and caring. We observed and were told by both people and their relatives that staff treated people with respect and promoted independence. Personalised care was planned and delivered based upon people's support needs and preferences.

A complaints policy and procedure was in place. Staff understood and followed people's care and support. The provider had policies in place to support people with end of life care if needed.

People, their relatives and staff informed us communication within the company was good. The staff we spoke with told us there was always someone to speak to if they needed guidance or support including out of hours. Quality assurance checks were carried out by the registered manager and provider to monitor and improve standards at the service. Feedback from people, relatives and staff about the service was sought and analysed.

The registered manager promoted the service's policies and procedures and monitored the use of these to ensure the expected quality outcomes for people supported were met.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Policies and procedures were in place to safeguard people from abuse. Staff knew how to recognise and report any concerns.

Risks to people were assessed and staff knew what actions to take to reduce them.

Infection control policies and practices were in place.

Recruitment procedures helped reduce the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was Effective.

People received care from staff that had the skills and knowledge to meet their needs.

Staff were supported through regular training and supervision.

Staff sought consent from people before any care or support was provided.

People were supported to access external healthcare professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was Caring.

People and their relatives spoke very positively about the care and support they received.

Staff displayed caring attitudes towards people and understood the importance of maintaining people's dignity.

People's independence was promoted by staff.

Is the service responsive?

The service was Responsive.

Care and support plans reflected people's individual needs and were regularly reviewed and updated.

Staff knew the people they were supporting well including their desired outcomes and preferences.

People knew how to complain if they chose to do so.

Policies were in place to provide end of life care where needed.

Good 

Is the service well-led?

The service was Well-led.

Staff spoke positively about the culture and values of the service.

A range of quality assurance checks were carried out to monitor and improve standards at the service.

The service had worked closely with health and social care professionals to best meet the needs of people supported.

Feedback was sought from people, relatives and staff and suggestions for improvement were acted upon.

Good 

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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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 June 2018 and ended on 20 June 2018. It included telephone calls to people and their relatives and friends. We visited the office location on 14 and 18 June 2018 to see the registered manager and office staff, and to review care records and policies and procedures. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The inspection team consisted of one adult social care inspector.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Moonrise 24 hr Recruitment.

We spoke with one person who received personal care from the service and two relatives or friends of people using the service. We looked at two plans of care and support and two medicine administration records (MARs). We spoke with six members of staff, including the registered manager, the care coordinator and four care staff. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People and their relatives and friends told us staff at the service helped them to stay safe. One person told us, "I feel safe with the carers."

Policies and procedures were in place to safeguard people from abuse. Staff knew the signs that may indicate a person was at risk from potential abuse. They told us and records showed that they had received safeguarding adults awareness training. Staff showed an understanding of how to keep people safe and knew their responsibilities for reporting accidents, incidents or concerns. One member of staff we spoke with said that if they had concerns about a person at risk of abuse, "I have 100 percent confidence it would be dealt with" [by the management team].

The service had not had any recorded accidents since it was registered with CQC, but the registered manager explained how any that occurred would be reviewed monthly and shared with staff in order to reduce the risk of further incidents occurring.

People's support needs were assessed before they started using the service. If a risk was identified plans were put in place. Records showed that risk assessments were available to staff covering areas such as moving and handling, health and safety and medication. The assessments included control measures to reduce the chance of the risk occurring. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Though the provider was not responsible for people's accommodation staff also carried out a pre-assessment check of people's home environment to see if recommendations could be made to help keep them safe, identifying for example poor lighting, loose flooring and trip hazards.

The provider had plans available which showed how people would be supported in emergency situations that disrupted the service, including loss of telephones, computers or loss of access to the building and information was available of who staff should contact in case of such an emergency.

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, complete a literacy and numeracy test, provide written references and undertake a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with children and vulnerable adults.

The registered manager monitored staffing levels to ensure sufficient staff were employed to keep people safe. People and their relatives said that staff usually arrived at their allocated times. An on-call system was in place should staff require support outside of office hours.

The provider had a comprehensive medicine policy. Individual's medical needs were recorded in their care

and support plans. One person told us, "It runs quite smoothly, [staff member] is up on my meds, I never run out of anything."

We reviewed two people's medicine administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's medicines were managed safely however we did identify some minor gaps in recordings. The recording errors had not impacted upon people using the service and we were informed these had been addressed by the registered manager following this inspection.

Policies and procedures were in place to help ensure the control of infection. The provider had an infection control policy that contained guidance to staff in areas such as effective hand washing. Staff had received infection control training. Stocks of personal protective equipment (PPE) such as gloves and aprons were available in the provider's office. The staff we spoke with told us that PPE was available to them whenever they needed it.

The registered manager ensured that information was available to staff about lessons learnt through the sharing of information at team meetings.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills and knowledge needed to provide effective support. Newly recruited staff completed an induction before they supported people. This involved them being assessed as competent and knowledgeable in their role.

The staff we spoke with informed us that they had received the training they needed to undertake their roles effectively. A range of training was provided. This included training in key areas such as infection control, manual handling, health and safety and medication. One staff member told us "We are kept up to date with everything." The provider and registered manager regularly reviewed training to ensure staff had the knowledge and skills they needed. Spot observations of staff practice also took place by the management team.

Staff were supported with supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to discuss the provider's policies and procedures, the welfare and any support needs of staff and any career aspirations the provider could support staff with. Staff told us they found these meetings useful. One member of staff said, "It makes you review your practices so you are not getting too comfortable, you need to do things professionally."

Each person had an individualised plan of care including a health assessment. Care plans identified the areas where a person needed support. The plans we looked at covered areas such as communication, bathing/showering, continence and nutrition. Care plans had identified outcomes, for example for one person the aim was to help promote a good night's sleep and guidance was in place for staff as to help the person achieve this. Plans of care were evaluated monthly.

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. We checked whether the service was working within the principles of the MCA.

At the time of our inspection everyone who received personal care from the service could consent to this. People told us that staff asked for their consent before carrying out tasks.

Some people using the service received support with food and nutrition. Where this was the case the person's dietary needs and preferences were recorded in their care and support plan.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of collaborative working with healthcare professionals such as GP's, occupational therapists, community psychiatric nurses and district nurses.

Is the service caring?

Our findings

People spoke very positively about the support they received from the service. One person told us, "They are very professional, they go over and above, they are lovely girls." They also told us that the carers "see past my problems". This showed us that staff were focused on the person and not just their needs or the tasks allocated.

People and their relatives and friends told us that the staff teams working in people's houses were usually consistent and this was beneficial to the people supported.

Relatives and friends also spoke very positively about staff at the service. One relative told us, "the staff are caring". One friend of a person using the service commented, "I am absolutely thrilled with Moonrise. I've been very impressed. They are absolutely kind and caring. They show respect to my friend."

Care and support plans were person centred. They included detailed information about the person's care needs and preferences including their preferred routines. People's communication needs were documented in their care and support plans. This helped ensure staff knew how to interact with people in the most effective way.

People and their relatives said staff treated people with respect and helped them to maintain their dignity and independence. One staff member told us, "The service is working for [the person]. I've seen a great improvement, they are becoming motivated to become more independent and get back on their feet."

The staff we spoke with showed an understanding of the importance of promoting independence and ensuring people were able to make their own choices.

Regular feedback was sought from the registered manager from people and their relatives. One person stated, "They are very good at communicating, they feedback and ask for feedback."

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The provider had information available to signpost people to advocacy services.

Is the service responsive?

Our findings

Before people started using the service an assessment of their needs and preferences was carried out. One friend of a person using the service told us, "We interviewed them and they [the service] interviewed us to make sure they could meet [the person's] needs."

Where a need was identified a plan of care and support was drawn up based on the help they needed and how they wanted this to be provided. Records showed, and people and their relatives and friends told us, that they were consulted about how they wanted their care and support to be provided. One friend of a person supported by the service told us, "We got exactly what we wanted from the service." One person noted in a recent survey, 'Moonrise have always been very responsive and flexible in the hours provided.' Information recorded in care and support plans included what the person wanted to achieve from their support.

The registered manager told us that where possible staff were matched with the people they were supporting. A friend of a person supported confirmed this and told us, "They ensured that the right carers were matched."

Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Staff we spoke with said care and support plans contained all the information they needed to provide effective support.

People and their relatives told us communication with the provider was good. One person told us that out of office hours there was always someone available for advice if needed. The service used phone, text and email to communicate with people and staff. The manager published a monthly newsletter covering a range of areas from changes within the company to staff training and information about person centred approaches.

A complaints policy and procedure was in place. A copy was given to people and their relatives when they started using the service. The procedure described how issues could be raised and how they would be dealt with. The service had not received any complaints since it was registered but the provider and registered manager were able to describe how any received would be responded to.

People and their relatives told us they knew how to raise issues and said they had nothing to complain about. One person commented, "I've not needed to complain but I know how to."

The service was supporting one person who was receiving palliative care. Staff knew the person's end of life wishes however an end of life care plan had not been recorded for the person. This was raised with the registered manager and they showed us this had been put in place on the second day of inspection. The service also demonstrated how they were working with the palliative care team and district nurses in supporting the person.

Is the service well-led?

Our findings

The service had a registered manager. People and their relatives spoke positively about the leadership provided by registered manager. One person told us that the registered manager was "always available out of hours".

A relative commented that the management team were, "Very helpful and supportive." Staff spoke positively about the culture, values and leadership of the service. One member of staff told us, "The manager's own background as a mental health nurse really helps us as she can give us advice when we need it." Another staff member said that the registered manager was, "very approachable, very understanding and always available".

We were informed by people and their relatives and friends that communication with the management team was good. Communication was carried out through email and text as well as by telephone.

The provider carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included checks of care and support plans, daily notes and medicine records. Records confirmed that where audits identified issues an action plan was put in place to address them.

Feedback on the service had been obtained from the staff team and people using the service. Feedback from people using the service was positive.

Feedback was also sought from staff at meetings. Team meeting minutes covered areas such professionalism and training. Only office staff attended team meetings. The minutes were then shared with the rest of the staff team, however the registered manager informed us that care staff would be included in future meetings. The manager sent us information to say that this was taking place following the inspection.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.