Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Moorcare Devon Ltd

Unit 9, Tavy Business Centre, Rowden Wood Road, Tavistock, PL19 0NU

Tel: 01822616020

Date of Inspection: 04 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Moorcare Devon Limited
Registered Manager	Mrs. Isla McEhie-janjanin
Overview of the service	Moorcare Devon Limited is an agency based in Tavistock which provides assistance with people's personal care needs in their own home. They also provide personal care for up to six people living in a communal setting. People who use the service are over 18 years of age.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that the care they received was 'really good, nothing is ever to much trouble'. We saw that a person's consent was obtained before care was delivered and people were treated with respect and dignity in their own home. We saw that staff were respectful of people's right to live as they chose.

People were involved in making decisions about the care they received and that wherever possible, the provider would be flexible in meeting people's requests for changes to visit times. People were encouraged to remain as independent as possible, for example when washing and getting dressed on their own.

The provider liaised and cooperated with other providers to ensure that people obtained appropriate support. This included liaison with the local authority as well as health providers including GPs, district nurses and the complex care teams.

Staff were supported to deliver safe, effective care through provision of an induction programme as well as on-going training and support. Staff were also supported to undertake additional, nationally recognised qualifications.

The provider had quality monitoring systems to ensure that people were protected against risks of inappropriate or unsafe care. This included checks on staff techniques during visits as well as documentary systems for monitoring reviews, staff appraisals, supervision and training. There was a system in place to record complaints and incidents which included lessons learned.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We visited and spoke with four people in their own homes. We also visited the supported living accommodation where six people lived and spoke with four of these people. People told us that they were always treated with dignity and respect and were asked before any care was undertaken whether they were happy with it being carried out. People told us that they were asked about the times of their visits and that, if needed, these were altered to suit them. One person told us that they liked to get up early and that staff normally visited them between seven and eight in the morning, whereas another person told us that they preferred a later morning visit and staff usually visited between half past eight and half past nine. A carer told us that staff were always 'very accommodating particularly if the person had an appointment in which case they would alter the time of their visit to suit.' This demonstrated that people were involved in making decisions about their care.

One person we visited said that they now only needed help from staff putting on their stockings and that staff had helped them become more independent when dressing. This showed us that staff considered each person as an individual and supported them to maintain as much independence as possible.

We spoke with three staff, two of whom worked in people's homes and one who worked at the supported accommodation.

One member of staff told us that whilst there had been concern about the general level of cleanliness in one person's home, this person did not want their help in this area and they respected this. Staff told us that the issue had been discussed in a staff meeting, and that it had been agreed that there was no immediate risk to the person or staff so there was no need to take any action other than encouraging the person to undertake housework if they wanted to. Staff told us that they always ensured that they wore protective personal equipment including apron and gloves when working with people to ensure their own and

the person's safety. They also described how they would wash their hands at the start and end of every visit and use antiseptic gel when necessary. This demonstrated that staff respected people's right to have different values to themselves but also were aware that both theirs and the person's health and safety needed to be taken into account when working with people.

We spoke with one person who told us that staff always knocked and called out before entering their home as they were unable to answer the door themselves. We also observed the manager on each home visit, knocking and waiting for the door to be answered by the person where they were able.

We reviewed six sets of care records. This included the care records for each person we visited. Each person's file was kept in their own home with a copy of the current assessment and care. Copies of the current documents together with previous care plans and assessments were also held in the office. Daily notes of visits were stored in the file at people's homes for a few weeks and then archived at the office. People had signed their risk assessments and care plans as well as consent forms. This showed us that people were involved in developing and agreeing to their package of care and could see any notes relating to their care at any time.

We reviewed the care notes of one person where it was identified that due to their religion, staff should always ensure they removed their shoes when entering the person's house. This demonstrated that consideration had been given to ensure that a person's beliefs were respected.

People told us that staff always 'had time for them' and that they really enjoyed their visits seeing the staff as 'a lovely large extended family'.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The manager told us that care packages were usually commissioned by the local authority who would decide on the number of visits that would be carried out daily, how long each visit should be and what activities should be undertaken during each visit. The local authority would then provide a copy of their assessment to the provider, who would use this to make their own initial assessment of what was required with respect to actual care needs at each visit. The manager told us that a follow up visit would be undertaken once care had been provided for a few weeks, so that the provider could discuss with the person whether the care package being delivered met their needs. This demonstrated that the provider was ensuring that the care and welfare of people was being adequately met.

The manager told us that staff undertook up to four visits per day with the people they were working with, and that some of the visits required two members of staff to attend. The manager told us that visits could be for any period of time between seven in the morning and half past ten at night. A few visits were for only fifteen minutes, where the purpose of the visit was to ensure that a person was prompted to take their medication, but that other visits would take thirty or forty-five minutes and in some cases could last for several hours.

The manager told us that where staff found that they needed longer to support someone on a visit than had been agreed with the local authority, they would raise this with the manager, who would accompany staff on a visit, reassess the needs and then discuss this with the local authority. We reviewed care records which showed that in the case of one person, their needs had increased and that changes had been agreed with the local authority to enable extra time and staff. This provided an indication that the provider was responsive to changes in people's care needs.

We talked with staff who told us that they felt that they had enough time to deliver the care for each person and then travel to the next person's home. Staff told us that if, for any reason they had to spend longer in one person's home, which would mean that they would be more than fifteen minutes late for the next person they were due to visit, then they would phone and let the next person know. People told us that staff always gave them enough time and did not rush when providing care. This demonstrated that staff showed

consideration and concern about all the people they were working with.

We reviewed risk assessments and care plans which showed that where staff had to support one person getting out of bed, clear guidance about what equipment was needed and step by step instructions for the care had been developed. This showed that the provider had taken precautionary measures for both the person and the staff involved in delivering their care.

We talked with staff who told us that they had had concerns about one person where a family member had been seen to be short tempered with a person in their home. The staff told us that this had been discussed with the manager. They had agreed that the person being cared for had capacity and it was not a safeguarding issue, but that the concern would be raised with another relative. We saw evidence that this had been done. We also saw that the situation had continued to be monitored and that there had not been any further concerns. This showed that the provider had taken reasonable steps to ensure the person's welfare.

We talked with the manager who told us that in the case of emergencies, including events such as a major snowfall, most visits would be able to continue as normal as staff lived locally and would be able to walk to people's houses. The manager also described the arrangements that were in place in the event that an emergency occurred in the supported accommodation. Arrangements with family had been made for one person who lived in a very rural location which could become inaccessible in extreme weather conditions. The provider may wish to consider developing documentation for all the emergency arrangements to ensure that all staff could access them if necessary.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We reviewed care records which showed that the provider worked with the local authority who commissioned their services to ensure that the care delivered met with the person's needs. The records showed that the provider had alerted the commissioner on occasion that the person had had increased needs.

The manager told us that they had attended a case conference to discuss the needs of a person who had had a number of falls when getting out of bed. The case conference had included other care providers including the GP, district nurse and the ambulance service. We reviewed minutes of the meeting which showed that the provider had contributed to the discussions and possible solutions.

We spoke with staff who told us that when the electricity had failed at one person's home, they had contacted an electrician on the person's behalf to arrange a repair to the faulty equipment. The staff told us that they had ensured that the person was safe, aware of what was going to happen and that alternative equipment was in place before leaving the person.

We saw evidence that people's health needs were considered and that where there were concerns, staff had alerted the district nurse. We were also told by people that when they had a hospital appointment, the provider had altered the times of their visits to ensure that they had been able to get to the appointment.

Staff told us that where they had been involved in end of life care for a person they visited, they had worked with hospice staff to ensure that the care given was appropriate.

This demonstrated that the provider cooperated with other providers of health and social care when working with people.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider told us that all new staff undertake an induction when they first join which includes face to face training in first aid, manual handling and administration of medication. In addition to this, staff undertake written courses in food safety, fire and evacuation, infection control, safeguarding vulnerable adults, health and safety, epilepsy and Mental Capacity Act. Staff have to complete a workbook and a written test which is marked and scored by an external company. We saw records of a number of tests that had been undertaken by staff which were due to be sent to the external company.

The provider said that all new staff also undertake a common induction programme with the manager where policies and procedures are discussed. All new staff are accompanied on visits to people they will work with, introduced to these people and then the new member of staff shadowed another worker for up to two weeks before working alone. New staff serve a three month probationary period and the manager undertook a review at the end of this period to establish whether the member of staff has completed the probation satisfactorily.

We talked with staff who told us that they had completed their induction and training. They told us that they had accompanied another member of staff on several visits to the people they were going to provide care for before they went alone. They described the training and support they had received during their induction period and told us that they were always able to contact the manager if they had any concerns or questions. They told us that the manager 'was very supportive' and that they had been 'really helped with people including coming out to visit' if the staff were concerned. One member of staff also told us that they had been supported by the provider to undertake additional training including starting a degree in nursing.

This showed that staff were supported during the initial phase of their employment to gain appropriate training and development. We also saw records showing that staff who had been employed beyond their probationary period continued to undertake training.

The provider told us that supervision was undertaken with staff every two months and we saw records showing that staff had received supervision in the last two months. The

manager also showed us records of checks they had carried out observing staff carrying out tasks such as lifting and handling a person during a visit to their home. This showed that the provider was ensuring that the training provided had resulted in staff who were competent.

We also saw records that showed that staff received an annual appraisal which identified any additional training needs. Staff had identified that they needed training in dementia and the provider told us that this had been addressed.

The provider has an electronic system which monitored what training staff had received. It also recorded when a member of staff had had a supervision or appraisal and alerted the manager when supervision, appraisal and training was due to be redone. This demonstrated that the provider had a system in place to monitor the support that staff had received in terms of training and supervision.

People told us that they felt that their care was delivered by staff who were competent and well trained.

This demonstrates that the provider ensured that their staff have the necessary skills, knowledge and experience to deliver good quality, safe care. It also shows that the provider evaluated staff performance and had systems in place to maintain and improve staff's ability.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had a complaints procedure which they gave to every person during their initial assessment. This procedure described what a person should do if they had a complaint about the care they received and what they could do if they did not feel that the complaint was fairly dealt with. We saw that the provider had a system for recording complaints, recording how the complaint was addressed and what actions had been taken to learn from the complaint. The last written complaint was in March 2013 and there was evidence that this had been dealt with and lessons learned from it.

The provider undertook an annual survey of all the people they worked with both in the community and in the supported living accommodation. Where a person lacked capacity, a relative or significant other person was also surveyed. The provider showed us the results of the survey, which in the main were very positive. Where a person had identified a concern in the survey, there was evidence that this had been discussed with them and dealt with.

We spoke with people in both the community and the supported living accommodation, who all told us that they were very happy with the service they received. They told us that they very rarely had any reason to complain but that if they did want to raise an issue or concern, the staff and the manager would always listen and wherever possible, try to resolve this. One person told us that they had raised an issue about the time of their morning visit being later than they liked. They told us that this had been resolved. We spoke with the manager who told us that wherever possible they would accommodate requests for visit times but that they did also have to take into consideration how able a person was to get up and prioritise those who would be bedbound until they received the visit from staff.

We saw evidence that where necessary, the provider had ensured that they gained expert advice about people from professionals including the complex care team, who dealt with older people with more complex needs.

We reviewed evidence that the manager undertook checks of staff competence by

accompanying the staff on visits and watching them undertake care of people. This included lifting and handling techniques. We reviewed documents that showed that the manager then fed back to staff on how they had done and any areas which required improvement. This showed that the provider reviewed the quality of care delivered and supported staff to deliver safe, effective care.

We saw evidence that the provider had improved their recording systems for medications by the separate recording of topical medicine application on a different coloured sheet to oral medication application. The provider told us that this had been done following discussions with staff on how to improve their compliance with medication recording. The provider told us that this system had been recently introduced and would be audited to identify whether this had been an effective change. This demonstrated that the provider monitored systems and introduced new systems where shortfalls were identified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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