

## Momentum Care Services

# Momentum Care Services

### Inspection report

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17 October 2018

18 October 2018

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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 between 15 and 18 October 2018 and was announced because we needed to be sure someone was available to support the inspection. We spent time in the office and also visited people receiving care and support.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people over the age of 18 who may have sensory needs, be living with dementia, a learning disability or autism or who may have an acquired or traumatic brain injury. At the time of the inspection they were not supporting anyone with a learning disability.

Not everyone using Momentum Care Services 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 the inspection 16 people were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Why the service is rated good.

A registered manager was in post at the time of the 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's physical health, mental health and social needs were assessed and care plans developed. People said they were able to express their views and had been involved in making decisions about their care and support.

The delivery of care was personalised and some care plans were detailed however others lacked some information. We have made a recommendation about care planning.

Risks were assessed and monitored and staff were trained in safeguarding procedures and knew how to report any concerns. People told us they felt safe with staff and were confident anything they raised would be appropriately and immediately addressed.

Safe recruitment practices were followed and staff completed a detailed induction which included meeting people and shadowing experienced staff before they directly supported people.

Staffing levels were appropriate to meet people's needs. People said they were supported by the same staff who were kind, caring, respectful and had the skills and knowledge to support them safely. Training was provided in a variety of ways including some training that one person had devised themselves for their staff.

People described staff as being, 'like friends' and 'family members.' They said they were always professional but could have a laugh and a joke. People enjoyed 'banter' with their support staff but said staff knew what the boundaries were.

The providers policy was that they only provided prompts for people to take their medicines. Staff were appropriately trained and records were kept of the prompts made.

Healthcare services were involved as needed and there was regular liaison in relation to ensuring people received appropriate healthcare.

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.

People said they had no current complaints but knew who to contact if they did. We were told any previous concerns had been addressed immediately and people were happy with the outcome and the action taken.

Governance structures were in place and feedback was sought from people about the service they received.

People said the service was well led and they would recommend Momentum Care Services to anyone in need of support at home.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Momentum Care Services

## 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 between 15 and 18 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure someone would be available at the office to support the inspection. The inspection included time spent at the office and time visiting people who received support in their own homes.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning teams and the safeguarding adult's team.

During the inspection we spoke with six people using the service, five of whom we visited at home, we also met three relatives. We spoke with the registered manager who is also the nominated individual, two senior support workers and four support workers.

We reviewed care records for four people and looked at records in people's homes, including medicine records. We looked at staff recruitment and training and records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and rated it good. At this inspection, we found the service continued to be safe.

People told us they felt safe with the staff, comments included, "I trust them implicitly" and "I'm confident in their ability." Staff attended training in safeguarding adults and children, understood how to raise concerns and were confident that action would be taken. Safeguarding concerns, accidents and incidents were documented and investigated and systems were in place for analysing any concerns to identify patterns and lessons that could be learnt.

Risks, such as moving and handling, medicines, the environment and lone working were assessed and monitored to support people's safety. A logging in system was used by some people to electronically record the times staff arrived and left the person's home. This system would alert the office if staff were late or hadn't attended the appointment so they could manage the situation.

The service was reliable. People told us they were supported by regular staff who arrived at the right time and stayed for the required length of time. They said none of their support visits were ever missed and on the rare occasion that staff may be running late they were always contacted. The registered manager explained that flexibility was offered so if people needed to rearrange their visits this was accommodated wherever possible. One person said, "It's brilliant, I am in and out of hospital so times are always changing, they are so flexible. It means I'm supported to stay safe" Another person said, "Support isn't needed [at certain times] so they are flexible with support so it fits better, it works well."

Safe recruitment practices were followed. Staff suitability was explored through interview and pre-employment checks such as references and 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 vulnerable adults. People were not involved in recruiting their own staff however people were introduced to new staff during their induction and they shadowed an existing member of the person's support team so people were able to get to know them before they supported them on their own.

Medicines were managed safely. The provider's policy was that staff only supported people with their medicines by prompting them rather than administering them. Risk assessments were completed in relation to medicines and staff were trained. Medicine records were well completed. If people refused their medicines their care manager was informed. The people we spoke with were aware of this and were happy with the procedures used.

Staff took appropriate steps to minimise infection control risks. People told us staff always wore gloves and protective clothing whilst providing personal care and that they made sure their homes were hygienic, clean and tidy.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and rated it good. At this inspection, we found the service continued to be effective.

People said they were involved in decisions about their support. One person said, "I'm in control of my support." Everyone we spoke with said the registered manager had completed an initial assessment of their needs. The assessment included people's physical, mental and social wellbeing. From the initial assessment care plans were developed which people had reviewed and agreed to.

People told us their staff had the skills, knowledge and experience to support them in the way they needed and wanted to be supported. Staff said they attended a range of training including moving and handling, medicines, health and safety and management of actual or potential aggression. One person had devised their own training which they delivered to the staff who were supporting them. Staff said they had received all the training they needed to support people effectively and if additional training was needed it would be arranged.

Staff were trained and supported to carry out their role. Staff induction included training and shadowing existing staff who knew people well. Staff were also assessed against the Care Certificate and completed any required modules. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Regular supervision and support meetings were held which staff said were positive. Staff also attended an annual appraisal meeting. Supervision and appraisal meetings were used to discuss staff performance and support their development.

People's healthcare needs were monitored and action taken when required. Staff liaised with other healthcare professionals involved in people's lives, such as the district nurse and physiotherapists. If people needed support with nutrition and hydration this was provided and included working with the speech and language therapy teams. Some people shared their mealtimes with staff. People told us this was at their request as it was a sociable and engaging experience.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

None of the people currently supported by the service lacked the capacity to consent to, and make decisions about, their own care and support. During our visits to people's homes we saw staff seeking people's consent and respecting people's decisions.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and rated good. At this inspection, we found the service continued to be caring.

People told us they were treated with kindness, respect and compassion. Everyone told us they had developed positive relationships with their staff and one of the key features described was the rapport and trust that had been developed. One person said, "They are very caring, lovely people, they have a responsibility and help me with anything I need. I trust them, they would do whatever I asked them to." They added, "I feel comfortable with the staff, I can talk in confidence and I am confident in their ability to support me. They are like family."

One person explained how important it was that they had the right staff supporting them. They said, "I need a good rapport and social banter. Personality is very important, I like banter, I'm always happy when they leave as they have left me in a happy mood." They added, "If I didn't get this I would raise it as my carers are friends who come and help me." Staff supported people to maintain their independence. One person said, "They don't do everything for me. If they think I can do it myself they will tell me and support me as I like to do as much for myself as I can."

People told us they were comfortable with their staff. One person said, "I trust them, they know me inside out and know what I need and what I want. We go out once a month and they don't wear uniforms, just a badge, I love it as it looks like we are mates and not that I'm out with a carer." Another person said, "I'm happy that they don't wear uniforms, I'd rather they didn't as staff come with me when I socialise so there's no stigma."

People were key decision makers in their care and told us their views were respected. One person said, "They want to know about me so they can adapt to what I want and need. I'm in charge of my own treatment so progress is about my learning. I use the staff the way I need to at that time." They added, "I need to build a rapport, so I have regular carers so they know when something is wrong, I can open up to the staff. I feel cared for." They added, "Corporate image isn't important, it's about social interaction, staff are more of a friend helping you to live your life!"

People we spoke with all mentioned that any new staff shadowed a member of their existing staff team whilst they got to know each other. They commented that if they didn't get on with a new staff member their staff team would be changed so they were supported by staff they got on well with. One person said, "If I get new staff they always come with one of my regular staff so I talk to them about myself and tell them to read through my file so they know basically what my needs are. They provide personal care and treat me with respect and dignity, they support my independence. We have a laugh at the same time, they are part of the family."

People were treated with dignity and respect. Care plans reflected this, for example, in relation to communication it stated, "Staff are never to assume [person] have understood. This is to promote choice, dignity and respect their wishes." One person said, "They totally respect me and maintain my dignity at all

times, we have a good rapport but have daft carry on but it's respectful and they do whatever I ask." They added, "They are professional and friendly, I appreciate what they do."

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us the service was personalised and responsive. They said, "I am in control," "I direct the support I receive" and "I've agreed my care plan they do everything I need." Some care records were very individualised and reflected this but others had limited information about how to provide the support people needed. There was no evidence that this had impacted on people's care however we discussed it with the registered manager who said it would be addressed.

No one was currently being supported at the end of their life. One person told us how important it was that the support from the service continued once they were nearing the end of their life. They said, "I know I can keep them through to the end of life so I'm pleased as they know me and are fantastic with the whole family." They added, "They know my wants and know what I need at the end." Care plans were not yet in place in relation to end of life care.

We recommend the provider review care plans to ensure they are personalised, specific and include people's strengths and areas of independence.

People told us they were involved in planning their care. One person said, "I met with [registered manager] first to do my care plan and then its been changed over time as I've made progress." Another person said, "They did the assessment with me and my [family member.] They fill in paperwork each week." Another person said, "I was involved in the care plan initially and it's been amended, changes are discussed. They look after me fine. I'm very pleased with them."

Were appropriate people were supported to develop and maintain social networks and join in activities they enjoyed. One person explained that specific things had been put in place at their request to reduce social isolation. Another person said, "I have my timetable in place, I decide what to do each day, it's my choice." Another said, "I went to the sauna with staff, I haven't been for years, they are encouraging new events for me and have loads of ideas." Solutions had been found for another person to ensure they were able to maintain their interests and social engagements with people when their support needs had changed.

Staff were aware of the accessible information standard and if needed documentation could be produced in languages other than English. Some people with specific communication needs were supported and care plans were clear that staff were not to pre-empt people's sentences and were to allow them the time they needed to communicate verbally or by using technology.

A complaints procedure was in place and people told us the staff responded immediately to anything that was raised and that they were happy with the outcomes. One person said, "If I wasn't happy I would phone the on call with any concerns." Some people spoke of situations where they had been unhappy with a member of the staff. They said, "They put a new carer in, it got sorted immediately, it was very well

managed."

Some concerns had been recorded during review meetings and had been responded to however they were not logged as concerns so it was difficult to identify if there were any patterns or trends.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and rated it good. At this inspection, we found the service continued to be well-led.

The service had an established registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since April 2015.

A five-year strategic plan was in place which recognised the need to learn and improve continuously, to ensure people have a real say in how services are delivered and to strive to meet, and exceed, the expectations of people being supported. One person said, "The company is good, the ethos is that I come first."

Support staff shared this vision and said, "We are always looking for ways people can do what they want to, it's important to include people." We were also told, "We will always stand up for people's rights."

Staff meetings were held several times a year, it was acknowledged by some staff that it was difficult to get all the staff together but they said the meetings were useful and a positive experience. Discussions included updates on the business, safeguarding and incidents, communication, health and safety, the on-call system and training, support and supervisions.

A governance framework was in place which included an annual audit by the quality and assurance manager. The registered manager also completed reports which were shared with the provider's head office for review. Six monthly reviews were held with people using the service which provided an opportunity to seek people's feedback on the service they received and ensure care plans were current, accurate and complete. The documentation we viewed did not specifically identify that some care records required more detail however, everyone was happy with the care they received.

People told us regular visits were made by senior support staff. One person said, "Spot checks are done by [senior support worker]. They look at the care I get, ask if everything is okay and check the file."

Annual questionnaires were also sent to people using the service. Feedback and comments were positive with comments including, "I am more than satisfied with Momentum Care. They go above and beyond to ensure I receive a very good service" and "I am very happy with the support I have at present."

People told us they thought the service was well-led and would recommend it to others. People knew the registered manager and said all the staff were approachable, listened to what they had to say and responded appropriately. People and staff we spoke with did not identify any changes or improvements that were needed. Everyone said communication from the office staff was timely and effective.

The registered manager was aware of the requirements to meet the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

