

Aaban Partnership Ltd

Moira House

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

About the service

Moir House is a purpose-built care home, providing a programme of therapeutic rehabilitation and support for up to 10 people with mental health and emotional needs. At the time of the inspection three people were using the service.

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

People told us they felt safe at the service. They had individualised plans specifically to support their emotional and psychological, well-being and safety. We observed people were relaxed and content in the company of staff and managers. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Recruitment practices made sure appropriate checks were carried out before staff started working at the service. There were enough qualified staff available to provide safe care and support; staffing arrangements were kept under review.

Health and safety was promoted, this included maintenance of the premises, servicing and checking systems. Risks to people's individual well-being were assessed and managed. Staff followed processes to support people with the safe management of their medicines.

Arrangements were in place to involve people in evaluating their needs and their suitability for therapy, before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the service supported this practice.

People were encouraged to lead healthy lifestyles. They were supported with their healthcare needs, physical exercise, medical appointments and planning their recovery. People were supported to maintain a balanced diet, they shared responsibility with meal planning and cooking; healthy eating was promoted. There was a good standard of décor and furnishings to provide for people's individual needs, comfort and wellbeing. Adaptations had been made to meet people's needs. The provider offered staff a programme of training, development and supervision.

People made positive comments about the staff and managers. We observed staff interacting sensitively with people in a kind, pleasant and friendly manner. Staff knew people well and were respectful of their lifestyle choices and preferred routines. People's privacy and dignity was respected.

People received personalised therapy, care and support in response to their individual needs. There was a focus on confidence building and developing coping skills. People had access to a range of chosen community based and in-house activities, to promote their emotional well-being and progress. People were supported to have contact with families and friends. IT was used to plan, deliver, monitor and review people's care and progress. Processes were in place to support people with making complaints.

Management and leadership arrangements supported the effective day to day running of the service. Moira House had a welcoming and inclusive atmosphere. People were treated as partners in managing their individual support. The provider used a range of systems to regularly monitor and improve the service. There were processes to consult with people who used the service and others, to assess and monitor the quality of their experiences and make improvements.

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

Rating at last inspection

This service was registered with us on 5 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection in response to the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Moira House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moira House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. However, the manager had applied for registration and this was approved following the inspection. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because the service had a 'call ahead policy' to prepare people for any visitors. Also, people were often out, and we wanted to be sure there would be someone at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care, treatment and support provided. We spoke with six members of staff including the manager, clinical psychologist, nurses, care workers, business development officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including, audits, meetings and maintenance were reviewed. Several policies and procedures were reviewed. We looked around the premises and outside areas.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated safe. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had processes to provide a safe, secure, environment for people, visitors and staff. Offering a safe refuge for people was paramount, all visitors were required to call ahead to ensure people were sensitively prepared. There were arrangements to check and maintain the service, fittings and equipment, including, water temperatures and fire safety systems. The provider had a contingency plan in the event of failures of utility services and equipment.
- Managers and senior staff assessed risks to people's health, safety and emotional well-being. Each person had a crisis management plan, to recognise and support any distress. Staff described how they kept people safe and supported positive risk taking. People's wellbeing and safety was monitored and kept under review. Individual 'panic alarms' were available to support staff and people who used the service

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse, neglect and discrimination. We observe people were relaxed in the company of staff and managers. People described the way staff supported them to feel safe. People said, "I feel safe here" and "Most staff help make me feel safe here. They respect your boundaries." People's individual vulnerability was considered in the care planning process.
- The manager and staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice. Staff had access to training on protecting adults at risk and positively supporting people's behaviours.
- The provider had policies and procedures to manage and report safeguarding incidents in line with the local authority's protocols. Guidelines to safeguard adults at risk, including reporting procedures were displayed in the entranceway.

Staffing and recruitment

- The provider followed thorough recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed, including confirming nursing staff were appropriately registered. Probationary periods and disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- The provider ensured sufficient numbers of staff were available to safely support people and meet their needs. People spoken with had no concerns about staff availability. A relative said, "There are always enough staff around." Staff confirmed staffing ratios enabled them to provide safe effective and timely support. Rotas showed staff were deployed in response to people's support needs and lifestyles. Staffing levels were kept under review and influenced by recognised guidance.

Using medicines safely

- Nurses supported people as required, with the proper and safe use of medicines. They had completed training and their competence had been assessed. Appropriate records were kept to support safe administration. Medicine management policies and recognised guidance were accessible to staff. The manager ensured checks and audits of medicine management practices were completed. As a result, action was progressing to make improvements. For example, a tamper proof container for returning unused medicines had been ordered.
- People's involvement with their medicines had been assessed and support plans written to deliver a person-centred approach.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. Staff had access to personal protective equipment and they had accessed training on infection control and food hygiene.
- All the areas we saw were clean and hygienic. Suitable equipment, including laundry facilities were provided. There were cleaning staff and checking systems to maintain hygiene standards.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people.
- Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and Incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had processes to assess people's needs with their involvement. The psychologist described how people's needs were initially assessed. Significant consideration was given to ensuring people would benefit from the therapies available. The process involved meeting the person and gathering information from them and from appropriate others.
- The psychologist had recorded initial assessments in detail and information had been obtained from health and social care professionals. The assessment tools used, reflected evidence-based guidance. People were given a copy of their assessment and a welcome letter. Individualised plans supported people with 'pre-treatment therapy' and a smooth transition into the service. A relative explained, "We came for the day. [Name] chose their bedroom and stayed for tea. They explained everything and made us feel very welcome."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA. People who used the service had capacity to make their own choices and decisions. The provider used the care planning process to screen people's capacity and monitor changes.
- People signed to show agreement with their support plans and had consented to care. Staff actively involved people in decision making. They understood the importance of gaining consent, involving people and promoting their rights and choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had a model of care that was therapeutic and recovery-focused. Staff supported people to

develop coping skills, measure their own mental health recovery and share responsibility for their future progress.

- The service supported people to liaise with healthcare professionals as appropriate. On-going healthcare was identified, monitored and reviewed in the care plan process. People told us they had opportunities and support for physical exercise, including running and walking.
- The provider had ways for sharing appropriate information about people's emotional and physical health when they accessed other services. Arrangements were in place to support people in a person-centred way when they left the service.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to eat and drink enough to maintain a balanced diet. People's specific nutritional needs and choices were known and catered for. Staff monitored people's general food and fluid input as needed. Healthcare professionals, including dietitians, would be liaised with as necessary.
- People were happy with the catering arrangements at the service. They had a personal allowance to shop for healthy options and regularly cooked for themselves and others. Suggested menus had been devised by a nutritionist. Staff had previously learned to cook the meals. Meals and menus were discussed daily with people.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support. Staff said they were supported with learning and development. There were appropriate induction programmes for new staff. All staff were guided on how to respond to people in distress and experiencing anxiety.
- There was ongoing training to help ensure staff understood people's needs and were able to provide effective support. Qualified nursing staff were supported to continue their professional development. Support workers had or were enabled to achieve, nationally recognised qualifications in health and social care. All staff had regular supervision meetings and there were schedules to provide annual appraisals.

Adapting service, design, decoration to meet people's needs

- The provider had designed the premises, to promote people's independence, rights, privacy and choices. All bedrooms were single with en-suite facilities. One bedroom was equipped to better support people with a physical disability. People had access to outside areas, including a private garden with raised herb planters and outdoor furniture.
- We observed people were relaxed and comfortable in the service. There was a good standard of furnishings. People had been supported to personalise their own rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, they were given emotional support when needed. People said, "The staff here are really responsive to what you need and how you feel," "Staff slow down and take things at my pace" and "It's always service users first. They are so caring and empowering." A relative told us, "All the staff are lovely."
- Managers and staff knew people well, they were aware of their individual needs and preferences. Respecting people's human rights, equality and diversity was reflected in the care planning process. Care records included people's background history, important relationships cultural, and faith needs, their likes, dislikes and how they wanted staff to support them. Staff were sensitive, understanding and considerate when responding to people's needs and providing support.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make choices in their daily lives. Staff had time to talk with and listen to people. We observed staff offering choices, enabling and empowering people to make their own decisions and responding to their preferences. There were regular invitations for people to get together for a 'brew and chat' for group discussions and consultation.
- Staff always involved and consulted people on their care and treatment and with designing their support plans. This response was integral to therapeutic processes and the focus of their recovery.
- The provider had produced a guide to Moira House. This informed people of the service provided and the accommodation available. Information was also available on other support organisations, to help promote people's rights and choices. Details of local advocacy services were available. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld and their independence promoted. They had the privacy of a single bedroom with en-suite facilities and lockable doors. Staff explained how they practically supported people's privacy and we observed this approach in action. People were respectfully described in positive terms relating to their life experiences, rather than their diagnosis.
- Managers and staff enabled and motivated people to do as much for themselves as possible. Promoting autonomy and personal empowerment, was included in the care planning process. People had control over their daily living activities and had responsibilities for domestic chores, including laundry, cooking and cleaning.
- The provider had arrangements for people's personal information and staff records to be stored securely. They were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that was responsive to their needs and choices. People used the service specifically to engage in the programme of therapeutic activities. This included Dialectical Behaviour Therapy (DBT) sessions. DBT is a type of talking therapy which aims to improve distressing thoughts and feelings. All the people spoken with remarked on the benefits of DBT at the service. They described how the staff team responded to them, in a way which strengthened the therapy between the sessions. One person said they had experienced a tremendous difference to their quality of life, which gave them a real optimism for the future.
- The provider's focus on therapy and recovery, offered people goals for skill development, confidence building and positive wellbeing. The service used electronic care plans to design, deliver and evaluate people's support in response to their individual needs and preferences. Staff had access to people's care plans. There were ongoing assessments and reviews. Managers and staff held regular 'hand over' discussion meetings to communicate and share relevant information. A relative said, "I think it's really good here, my [family member] is doing brilliant."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Positive relationships were supported and encouraged as appropriate. Visiting times were flexible. People described the support they received with relationships, they kept in contact with their families and friends.
- The provider had systems to link people with a named nurse and keyworker. This aimed to provide a more personal, coordinated service and develop beneficial working relationships. People who used the service, managers and staff had created and shared 'pen pictures' of their characteristics, likes and dislikes to promote openness and bonding.
- Staff supported people with activities to achieve their goals. People told us about the range of community and in-house activities available to them. The manager had compiled a pack of the resources available in the local community, including pubs, cafés, places of worship and local events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's sensory and communication needs were considered in the assessment and care planning process. Staff communicated and engaged with people,

using ways best suited to their individual needs and preferences.

Improving care quality in response to complaints or concerns

- The service listened to and acted upon, people's concerns and complaints. People were aware of the complaints process and were confident to raise any concerns. One person described how the manager had welcomed their complaint, which had made them feel confident to raise concerns and discuss issues with staff.
- The provider's complaints procedure was available at the service. This included directions on making a complaint and how it would be dealt with. The procedure lacked details of outside agencies who could respond to complaints, however, the manager updated the procedure. Processes were in place to ensure formal complaints were logged, investigated, managed and resolved. The manager described the plans in place to introduce a system for recording, managing and monitoring minor concerns and dissatisfactions.

End of life care and support

- The service did not provide end of life care. However, action was progressing to sensitively explore and confirm with people, their individual preferences in the event of death, including any funeral plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management arrangements provided effective leadership and direction. Moira House had a welcoming, relaxed and inclusive atmosphere. People were regarded as partners in managing their individual care and treatment and the wider shared living experience. People said, "The service is well-run for the benefit of the residents," "It is caring and empowering for the service users," "It is always service users first" and "We get to decide things. They have this whole ethos that they live up to."
- The manager was visible in the service and applied a lead by example approach. One person told us, "The manager is very caring, down to earth and listens." A staff member commented, "The management here is good. I can easily talk to them. There are good professional relationships. The directors are also definitely approachable. We can always go to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.
- The manager and nominated individual were proactive in their response to the inspection process. They described how they aimed to analyse and learn from untoward events at the service and within the wider organisation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had processes to reinforce and instil a person-centred approach. Organisational policies and training provided managers and staff with up-to-date learning, guidance and direction. Job descriptions and contracts of employment outlined management and staff responsibilities and duty of care.
- The managers, nurses and support staff expressed a practical understanding of their role to provide effective support in accordance with the provider's expectations and the law.
- The service's care and treatment philosophy was reflected within written material and 'mission and values' statements. Staff expressed a practical understanding of their role to provide effective therapeutic support.

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

- People were consulted on their experiences of the service and could influence improvements. People were invited daily, to share their views and make decisions in informal discussion meetings.
- Staff meetings and management meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement.
- The manager had plans to carry out an annual quality assurance survey with people and staff. We saw examples of the various surveys people would be invited to complete. The manager described the systems to be introduced, to respond to the outcome of the consultation process.

Continuous learning and improving care; Working in partnership with others

- The provider had processes to achieve compliance with the regulations. Managers and staff used various checking systems to regularly audit systems and practices, including monitoring accidents and incidents, staff training, support plans and medicine management.
- The nominated individual had commenced monthly quality monitoring visits. Any shortfalls were identified and managed, to achieve timely improvements. An overall business and development plan supported the direction and oversight of the service.
- The service had established links with other agencies and community resources. This included, health and social care professionals, care commissioners, support groups, charities and leisure services.