Moorview Care Limited

Moorview Care (Derby)

Inspection report

18-22 The Old Court House
St. Peter's Street
Derby
DE1 1NN

Tel: 01332653663
Website: www.moorviewcare.com

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Moorview Care (Derby) is a supported living service. The service specialises in caring young adults with complex health needs, including learning disabilities or autistic spectrum disorder and sensory impairment. Moorview Care (Derby) were supporting two young people at the time of out inspection and were in the transition process to move a third person into the accommodation. The supported living setting can support up to four people.

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

Right Support
Staff supported people with their medicines in a way which promoted their independence and achieved the best possible health outcome. Medicines were managed safely.

People had a choice about their living environment and were able to personalise their rooms. People's room were very personalised, and people were able to decorate their room to reflect their interests and hobbies.

Staff enabled people to access specialist health and social care support in the community and people were supported to play an active role in maintaining their own health and wellbeing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care
People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them.

Right culture
People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staffing was consistent, which supported people to receive care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

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

Rating at last inspection and update
This service was registered with us on 21 January 2021 and this is the first inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-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? the service was Safe. Details are in our Safe findings below	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was Well-Led. Details are in our Well-Led findings below.	**Good**

Moorview Care (Derby)

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Moorview Care (Derby) provides care and support to people living in one property in the community, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who had applied for registration with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 24 hours' notice of the inspection. This was because we wanted to make sure that the manager was in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority care commissioners 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 the manager, the regional director and chief operating officer.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke to two relatives about the service and two members of staff. We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
● People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs a person may be at risk of avoidable harm.
● Relatives told us they felt their family members were well cared for and kept safe. They felt that staff were knowledgeable and well trained.
● Staff told us they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were aware of people's safety, one staff member told us, "I drew a picture board to explain that there was a storm coming when [name] wanted to go outside and had the door open, [name] closed the door and stayed inside as they understood the danger.''

Assessing risk, safety monitoring and management
● Risks were assessed, monitored and managed. Care plans and risks assessments were in place and had been reviewed.
● The risks to people's safety had been recorded during people's initial assessment prior to them starting to receive personal care. Records showed some of the risks identified had resulted in detailed care plans and risk assessments added to each person's records. This included the support people required with their medicines.
● Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment
● Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
● Staffing hours were calculated according to people's support needs. The manager calculated the hours of support required by people which ensured they had enough staff and this was reviewed as needs changed.
● Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us the training was excellent. One staff member said, "If we want training to support our role we can have it, even if they don't currently deliver the course, they would write it and do a workshop for us.''

Using medicines safely
● Best practice guidance in the management of medicines was consistently followed. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the

manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
● Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed.
● There was detailed information in care plans regarding different medication, what it was used for and any side effects which staff may need to look out for.

Preventing and controlling infection
● Staff had been provided with specialist infection control training; this included the correct use of personal protective equipment (PPE).
● The manager told us that people were supported to clean their own apartments where possible.
● Staff told us all staff had enough PPE and they had always had enough stock to ensure that staff could change as regularly as they needed to.

Learning Lessons when things go wrong
● Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
● The manager had taken steps to obtain feedback from staff and was in regular contact with family members. There was a culture of openness and the management were receptive to the feedback given at the inspection and keen to maintains standards and improve the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence 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.

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). We checked whether the service was working within the principles of the MCA.
●Where people were deprived of their liberty the manager worked with the local authority to seek authorisation for this.
●Decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. One relative told us, "I am involved in decisions regarding all aspects of care, they are all made in [name] best interest.''

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●Care plans were reviewed regularly and updated when people's needs changed. Care plans were person-centred and showed holistic assessment of needs and choices.
● Staff communicated with a range of professionals. We saw the district nurse had been consulted with and people had prompt access to healthcare services when required.
● There was information in people's records demonstrating people's oral care needs were assessed and met.

Staff support: induction, training, skills and experience
● Care staff were supported and trained to ensure they had the skills and experience to effectively support people.
● One staff member told us, "Training is excellent, when you start you have extensive training and then you shadow an experienced member of staff and are supported through a full induction period.''
● Staff felt well supported, had regular supervisions with management and relatives told us they were professional and skilled.

Supporting people to eat and drink enough to maintain a balanced diet;
● People were supported to eat and drink enough when included as part of their agreed care plan.

● Relatives tole us that people were given choices regarding food and were supported to make healthy options where possible.Information was clear about people's preferences and any dietary requirements.
● Care plans reflected any specific guidance about health care needs in relation to diet, and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.

Adapting service, design, decoration to meet people's needs
● People's rooms were personalised, and they were encouraged to have their own things where they could to make them feel more at home. The provider told us how one person enjoyed crafts and they were going to turn one of the rooms into a craft room so they could pursue their interest. One relative told us. They do everything to support [name] with their interests and what they enjoy doing.''
●The provider told us people were consulted on the decoration of their rooms prior to moving into the service. There was a long transition period which allowed staff to prepare people's living area as they would like it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;
● When changes in condition were observed, staff supported people with access to healthcare services. There were healthcare professionals regularly involved in peoples care when required.
● Staff communicated with a range of professionals. One staff member told us, "[name] was clearly unwell, their speech had changed, and temperature was high, we called 111 and then an ambulance, we notice if things aren't right.''

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence 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.

Respecting and promoting people's privacy, dignity and independence
- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff told us they were very aware of dignity and respect. One staff member told us, "[Name] was in danger of his trousers falling down when we went out so we made sure one staff was at the front and the other at the back and we supported [name] to pull them up.''

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated with dignity, respect and kindness. One relative told us that it was like visiting a family, staff really cared, and relatives were always made welcome and kept informed.
- Records included information about people's preferred name and important details.
- People were supported to live a full life and take part in activities and outings that they enjoyed.

Supporting people to express their views and be involved in making decisions about their care
- Relatives confirmed they were involved in decisions about care, from planning to delivery. We could see that care planning as person centred, holistic and planned around the needs and preferences of the person.
- Staff told us they delivered care as the person requested. Staff felt they had forged good relationships and knew the people they supported and treated them as individuals with dignity and respect.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence 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 care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences. Staff told us how they supported people to enjoy activities they wanted to do and how they had found ways to effectively communicate with people so that they could have choice and control.
- Relatives told us they had confidence in the service. One relative told us, " [name] is well cared for and does activities they enjoy.''

Meeting people's communication needs

Since 2016 onwards all organisations 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.

- People's communication needs were assessed, and staff had developed different ways of communicating in a way people could understand. Staff could explain how people were very different and what methods were used from pictorial formats to be speaking slowly and clearly.
- The provider was meeting the Accessible Information Standard for people's care. We saw information in care planning in an accessible format.

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

- People were supported to see family members and maintain relationships.
- The manager was planning to make a gradual introduction of the two young people living at the service so they may eventually enjoy some activities together.
- Relatives told us that they were included in some activities,"Staff and [name] meet me at the park and we take the dog for a walk.''

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The manager had regular contact with relatives and listened to anything they were unhappy about and worked to resolve any issues.
- Relatives told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved.

End of life care and support

● The provider was knowledgeable about end of life care planning but there were no plans in place at the time of the inspection.
● The provider told us they would be developing support plans for end of life care relevant to people's needs but accepting relatives may not wished to be engaged because of the nature of the service and the age of those living there.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence 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

●The manager was new in post but aimed to promote a positive culture and encouraged feedback regarding all aspects of care and support.

● One relative said, "They take [name] out to places they enjoy with their interests at the forefront of planning, [name] always looks well-presented and looks really well and healthy.''

● We found the staff very knowledgeable about people's needs and preferences and worked hard to ensure they were delivering a service which engaged people and delivered holistic support.

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 had submitted notifications regarding incidents they were required by law to tell us about. The registered manger had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.

● The provider ensured people, and those important to them, were kept informed and apologised if errors occurred.

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

● The provider was very clear about their role in supporting the manager who was new in post .

● There were clear systems in place to monitor all areas of the service. There were audits to check the quality of care delivered and the provider ensured they worked towards continuous improvement.

● The provider made sure people received good care and support by supporting the staff team and having regular contact with people using the service and their families.

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

● People using the service had support prior to living at the service and people and their families were engaged with to ensure their needs could be met and the placement was right for their needs.

● People were engaged in activities they liked to be involved in. We saw people were involved in activities which was relevant to their needs and which they enjoyed doing.

● The provider had developed a pack for the neighbours. There was information on learning disabilities which introduced the service in a very positive light in a way that people could better understand. One

person had written to the neighbours saying hello and introducing themselves.

Continuous learning and improving care

● There was a clear focus on continuous learning from staff and management.

● The provider listened to and acted upon the feedback from the inspection. The manager and staff were keen to engage in developing the service further with a focus on person centred holistic care. Staff were passionate about the service and it was clear that they genuinely loved their jobs and enjoyed making a difference to the lives of people living at the service.

● The manager was open to suggestions and were keen to ensure people received a high standard of care and support. We gave feedback from calls with relatives after the inspection, the key theme was how well people were cared for and how amazing the staff and management were.

Working in partnership with others

● The service had a good relationship with health professionals who supported them with the health needs of those using the service.

● We found evidence in care planning where referrals had been made to specialists including doctors and dentists to ensure people received medical attention in a timely manner.