

Regal Care Trading Ltd

Le Moors

Inspection report

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Lancashire
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Tel: 01254871442

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08 January 2020
09 January 2020

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Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Le Moors is a residential home which provides accommodation and personal care for up to eight people. Support is aimed primarily at younger adults with a learning disability or autistic spectrum disorder, but the service also supports people with a physical disability, sensory impairment and people living with dementia. Accommodation is provided over two floors, with a lift providing access to both floors. At the time of the inspection eight people were living at the service, most of whom had a learning disability.

People's experience of using this service:

The service did not always apply the principles and values of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not always reflect the principles and values of Registering the Right Support, because people received limited support to become more independent and develop new skills, were not supported by staff to develop goals or take part in activities and were not encouraged or supported to become involved in the community.

There were not always enough staff available to meet people's needs. Improvements were needed to the management of people's medicines and infection control practices at the service. The provider recruited staff safely and staff understood how to protect people from the risk of abuse.

Relatives felt staff had the skills to meet people's needs. Some staff training updates were overdue and we have made a recommendation about this. 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 in the service supported this practice. Staff supported people with their dietary and healthcare needs and contacted community professionals when they needed extra support. The environment had been adapted but further improvements were needed to ensure it met the needs of people with a learning disability. We have made a recommendation about this.

Relatives liked the staff at the home and felt they treated people well. We observed that staff did not always treat people in a dignified and respectful way. Staff involved people in everyday decisions about their support. However, they did not always encourage them to be independent or develop new skills. We have made a recommendation about this.

Staff did not always provide people with care that reflected their needs and preferences. Staff knew people well; however they did not always offer them appropriate choices or opportunities which reflected their abilities. People were not supported to follow their interests or go out regularly. People's care documentation was not always updated when their needs changed. The service did not always provide people with information in a format they could understand. We have made a recommendation about this.

Improvements were needed to the management of the service. Audits of the safety and quality of the service, such as medicines and infection control, had not been completed for many months. The provider did not have effective oversight of the service, as regional manager audits had also not been completed for many months. Staff worked in partnership with a variety of community agencies to ensure people received any specialist support they needed. Relatives and staff were happy with the management of the service. Staff found the registered manager approachable and were able to raise any concerns.

Rating at last inspection:

At the last inspection the service was rated good (published 19 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulation in relation to the management of medicines, infection control, staffing, person-centred care and governance. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to ensure improvements are made to staffing levels, infection control, medicines management and the oversight of the service. We will monitor the progress of improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Le Moors

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. This inspection was planned to check 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:

The inspection was carried out by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission (CQC). This means that they 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:

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries and safeguarding concerns. We sought feedback from the local authority quality and contracting team and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us with key information about their service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were not able to gain feedback from people who lived at the service due to their complex needs. We spoke with three support workers, the registered manager and the regional manager. We reviewed a range of records, including two people's care records and multiple medicines records. We looked at a variety of records relating to the management and monitoring of the service and a selection of policies and procedures. We looked around the home and observed staff providing people with support in communal areas.

After the inspection

We spoke with four relatives on the telephone about the support provided at the service. We received further information from the registered manager and the regional manager about audits completed and improvements made. We contacted three community professionals for their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. Staff did not monitor temperatures where medicines were stored, record the date creams were opened and had not always signed to demonstrate they had administered people's medicines. Controlled drugs, which are medicines at risk of abuse, were not managed appropriately.
- Not all staff had been assessed as competent to administer medicines safely.

We found no evidence that people had been harmed, however, the provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection, the provider completed an audit of medicines processes at the home and told us the necessary improvements would be made.

Preventing and controlling infection

- Infection control practices at the service needed to be improved. Toilets and bathrooms were not always clean and hand soap, paper towels and toilet paper were not always available. The carpets were not clean and there were odours in two areas of the service.
- There were no cleaning records to evidence cleaning had been completed by staff. Not all staff had completed infection control training.

The provider had failed to ensure people were protected from the risks associated with poor infection control. This placed people at risk of harm. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, cleaning schedules were introduced, and further staff training was arranged.

Staffing and recruitment

- There were not always enough staff available to meet people's needs. Staff and relatives expressed concerns about staffing levels at the service. Their comments included, "I worry about staffing levels. There aren't enough staff at times to manage [person]" and "We're short staffed most of the time. It's often just the manager and one carer on duty. It's not enough to support people, do the cooking and cleaning, deal with visiting professionals and we can't take people out."

- The provider had reduced staffing levels without reference to people's needs or level of dependency. In addition, the service had been short staffed on and off for six months, often as a result of short notice sickness, resulting in the registered manager often covering support shifts. She had recruited new staff but they had not stayed. There were many occasions when only two staff were on duty, including the registered manager.

The provider had failed to ensure there were sufficient staff available to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the regional manager who increased staffing levels after the inspection. New staff had recently been recruited and were able to start shortly after our inspection.
- Staff had been recruited safely.

Assessing risk, safety monitoring and management

- Processes to manage risks to people's safety needed to be improved. Checks of the home environment had not always been completed in line with the provider's timescales. The registered manager assured us these would be completed regularly following the inspection.
- Risk assessments included information about people's risks and how staff should support them to manage those risks. Staff kept relatives up to date with any changes in people's needs and risks.
- The provider had systems to manage accidents and incidents appropriately.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Staff understood how to protect people from abuse and knew the action to take if they had any concerns. They were aware of the service's whistle blowing (reporting poor practice) policy.
- The registered manager had managed safeguarding concerns appropriately and had notified CQC and the local authority in line with regulations and guidance.

Learning lessons when things go wrong

- The provider had systems to review incidents, complaints and safeguarding concerns and make improvements when things went wrong. Where improvements were needed, the registered manager shared lessons learned with staff through handovers, staff meetings and supervisions.

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were happy with the induction they received when they joined the service, which included a period observing experienced staff before they became responsible for providing people with support.
- Not all staff had completed training in line with the provider's timescales. The registered manager and regional manager acknowledged this and told us it would be arranged as a priority. Staff felt they would benefit from additional training in supporting people with a learning disability and supporting people whose behaviour poses a risk to themselves or others.

We recommend the provider ensures staff receive the training they need to meet people's needs, and all training remains up to date.

- Staff received supervision from the registered manager and told us they could raise concerns at any time.
- Relatives felt staff had the knowledge and skills to meet people's needs.

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

- Assessments of people's needs and choices were not very individualised and care documentation lacked information about people's preferences.
- Staff did not always provide support in line with relevant guidance or the provider's policies. For example, improvements were needed to infection control practices and the management of people's medicines.

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

- The home had been adapted to meet people's needs and support them to maintain their independence. Equipment and a passenger lift were available to support people who needed assistance with moving or transferring.
- Some people had personalised their rooms to reflect their tastes and make them more homely.
- We noted a lack of easy read or pictorial information displayed to support understanding and communication for people with a learning disability.

We recommend the provider seeks advice and guidance from a reputable source, about adapting the environment to meet the needs of people with a learning disability.

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

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to their care, staff had consulted their relatives. When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this.
- Staff asked people for their consent before supporting them.

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

- Staff supported people to eat and drink enough. Care documentation included information about people's dietary needs and staff were aware of these. The registered manager took action when concerns were identified.
- Staff offered people choices at mealtimes and offered people drinks throughout the day.

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

- Staff supported people to access a variety of community health and social care professionals to ensure they received the support they needed. Community professionals told us staff were able to provide detailed information about people's needs, contacted them about any changes or concerns and followed advice given.
- Care documentation included information about people's healthcare needs, medical history, medicines and any allergies. People had 'hospital passports', containing important information about their needs, which were shared with paramedics and hospital staff when people attended hospital.
- One relative felt their family member's healthcare needs were not always met. They had addressed this with the registered manager.

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for and treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always respect people's right to be treated with dignity. We observed one staff member speaking to and treating people in an undignified way when supporting them. We raised this with the regional manager who addressed it with the staff member. She told us staff training would be arranged to address this further.
- Staff did not always encourage people to be independent. We observed one person being supported to complete a certain task with supervision on some occasions but on other occasions staff did it for them. Staff had not supported people to set achievable goals or to develop new skills to promote their independence.

We recommend the provider ensures staff promote people's independence where possible and support them to set achievable goals.

- Staff respected people's right to privacy and confidentiality. People's care records were stored electronically and were password protected. Staff members' personal information was stored securely and was only accessible to authorised staff. People's right to confidentiality was addressed during the staff induction and the provider had a confidentiality procedure for staff to refer to

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

- Relatives liked the staff at the home and told us they treated people well. Their comments included, "They are doing the best they can to manage and support [person]. They treat him well and have lots of patience with him" and "I'm happy with everything. [Person] is getting good care." Community professionals told us staff were caring towards people and people seemed happy and at ease around staff.
- Care documentation included information about people's religion and sexual orientation but not their gender or ethnic origin. This meant staff may not have been aware of people's diverse needs and what was important to them. The registered manager agreed to gather this information in future.

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

- Staff encouraged people to make every day decisions about their care when they could, such as what they had to eat and where they spent their time. However, easy read and pictorial information was not available to support people to express their views.
- People's care needs had been discussed with them or where appropriate their relatives.
- Information about local advocacy services was displayed so people or relatives could access support to

express their views if they needed to. At the time of our inspection, no-one was being supported by an advocate. One community professional told us the registered manager advocated for people to ensure they received any additional support they needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People did not always receive support to take part in socially relevant activities or follow their interests. Few activities were available, and people were not regularly supported to go out. We did not observe any activities taking place during our inspection.
- Relatives and staff felt activities at the service needed to be improved. Their comments included, "[Person] has been taken to the park recently but nothing regular", "There are no activities or stimulation for [person]" and "It's difficult with staffing levels. There's very little activities and outings don't happen."
- People's interests were not always documented, and people did not have individualised activities plans or goals. One staff member explained how one person's relative used their smart phone to access the internet when they visited, to share videos and entertaining websites which the person enjoyed. People did not have access to this kind of technology at the service to stimulate them or support them to follow their interests.

The provider had failed to ensure staff supported people to follow their interests and take part in activities. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and regional manager acknowledged the lack of activities at the home and assured us improvements would be made. We will follow this up after the inspection.

- People were supported to maintain relationships that were important to them. Relatives told us they could visit any time and were made to feel welcome.

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

- Staff did not always provide people with personalised care which reflected their needs and preferences. Care documentation included limited information about people's individual likes, dislikes and preferences. People were not always offered appropriate choices, such as going out or taking part in activities, and were not always encouraged to become more independent or develop new skills.
- Staff did not always update people's care plans when their needs changed, for example after medical appointments.
- Relatives felt staff knew people well. One relative commented, "They know every little bit about [person's] personality." One community professional told us staff were consistent and knew people well. However, they felt one person needed more regular checks to ensure their needs were met. They had raised this with staff.

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.

- People's care plans included details of the support they needed with communication and how staff should provide it. However, information was not available or displayed in pictorial or easy read formats to support communication. People did not have access to technology, such as tablets or laptops, to facilitate interaction with staff and support their understanding and communication.

We recommend the provider ensures information is available to people living at the service in an accessible format.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to complaints and concerns. No complaints had been received since the last inspection.
- None of the relatives we spoke with had made a complaint. They knew how to complain or raise concerns. One relative had raised concerns and they had been addressed immediately. Another told us they had raised concerns and some improvement had been made.

End of life care and support

- Staff had not always documented people's end of life care needs. The registered manager acknowledged this needed improvement and assured us this would be addressed.

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership and management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was responsible for the day to day running of the service and had managed it for many years. She told us due to staffing shortages, she had not been able to complete management tasks including regular audits of quality and safety such as medicines, infection control and the home environment. We noted some of these had not been completed for many months. We found elements of the service disorganised and the registered manager was not always able to provide us with the information we needed quickly and easily.
- The provider had arrangements to oversee the service, through regular visits and audits by the regional manager. The most recent regional manager audit had been completed in May 2019. Some of the actions from that audit had not been followed up on and the necessary improvements had not been made.
- The issues we found during our inspection had not previously been identified by management.

The provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager and provider's quality manager completed a full audit of the service shortly after our inspection and assured us the necessary improvements would be made. We will follow this up after the inspection.

- The registered manager understood her regulatory responsibilities and had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was being displayed.

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

- The service did not always provide people with individualised care which achieved good outcomes. The registered manager and staff knew people well but did not always treat them as individuals or provide them with support which offered them choice, control, inclusion and independence.
- Relatives were familiar with the registered manager and were happy with the management of the service.

They found the registered manager approachable and felt able to raise any concerns.

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 a duty of candour policy. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The registered manager and staff did not always engage or involve people in the service. Easy read or pictorial information was not available to support people with a learning disability to understand information and express their views.
- The registered manager sought relatives' feedback during visits and through satisfaction surveys. She told us surveys had been issued in May and October 2019 but no responses had been received.
- Staff found the registered manager approachable and helpful. They felt well supported, listened to and told us the registered manager provided people with support when they were short staffed. They told us staff meetings were not frequent, but this was not an issue as they were able to raise concerns as they arose. They felt the registered manager did her best but struggled due to the shortage of staff.

Continuous learning and improving care

- The provider had processes to learn lessons and improve care in response to incidents. Where the service was found to be at fault, lessons learned from incidents and safeguarding concerns was shared with staff to ensure the necessary improvements were made.
- The registered manager and regional manager acknowledged many of the issues we found during our inspection and assured us the necessary improvements would be made.

Working in partnership with others

- The service worked in partnership with relatives and a variety of community health and social care agencies, to ensure people received any additional support they needed. Community professionals told us staff were friendly and helpful and the registered manager had a good knowledge of people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure staff supported people to follow their interests and take part in activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that staff were managing people's medicines safely. The provider had failed to ensure people were protected from the risks associated with poor infection control.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to ensure the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient staff available to meet people's needs.

