

## Moore Care & Support Limited

# Moore Care and Support

### 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?

**Outstanding** 

### Overall summary

This inspection visit took place on 29 July, 5 and 6 and 27 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a service to people in their own homes; we needed to be sure that someone would be available in the office.

The service provided individual supported living services for two people with a learning disability and a significant complex mental health needs. They required one to one support at all times within the community and their home environment.

The owner of the service is also the registered manager. 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 were very much at the heart of the service and were enabled to be involved in how their care and support was delivered. Staff implemented the service's core values to ensure people had meaningful and enjoyable lives.

The registered provider/manager regularly assessed and monitored the quality of care to ensure standards were

# Summary of findings

met and maintained. Continual improvements to care provision were made, which showed the registered provider/manager was committed to delivering high quality care.

All of the staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner.

People's health and wellbeing needs were closely monitored and the staff worked well with other professionals to ensure these needs were met.

People were involved in the assessment and review of their care and support. Staff supported and encouraged people to participate in activities that were important to them. Innovative ideas, such as making films, drama and therapeutic groups and role play, were used to help ensure people received high quality care and support that was meaningful and personal to them.

Feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. The service actively worked with people to involve them in what it means to be safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Systems were in place to protect people from the risks associated from medicines.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences. They ensured people's care and support preferences were met and gave people opportunities to try new experiences.

# Summary of findings

## 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.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

People were actively involved in their own risk assessments. Staff were trained in assessing and managing risk and helped people to understand about risk and staying safe.

Good



### Is the service effective?

The service was effective.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote people's health and wellbeing.

Staff worked effectively with other health and social care professionals in assessing and monitoring people's health and support.

Staff supported people to make decisions about their care in accordance with current legislation.

Good



### Is the service caring?

The service was caring.

Positive caring relationships were promoted and encouraged throughout the service between people using the service and staff.

People had positive care experiences and were very involved in how their support was planned.

The registered provider/manager and staff were creative in providing meaningful activities and ensuring people felt respected and valued.

Good



### Is the service responsive?

The service was responsive.

The provider worked individually with people around their disabilities, religious beliefs, gender and sexual orientation and their independence plans were individually tailored to cater for this diversity.

Innovative methods were used that ensured care and support was delivered in accordance with people's individual preferences and needs.

The provider had a robust complaints procedure in place. People were encouraged to talk to staff about any concerns they had and to let them know whether their needs were being met.

Good



### Is the service well-led?

The service was very well led.

Outstanding



# Summary of findings

The provider was an excellent role model and used innovative and creative ways to empower people to live full and meaningful lives.

The provider sustained a culture of reflective practice and learning, based on compassion, openness and honesty.

The vision and values of the organisation kept people at the heart of the service and were communicated and understood by staff and people using the service so these underpinned practice.

The provider worked well in partnership with other agencies and used feedback to drive improvements and deliver consistent and high quality care.

# Moore Care and Support

## 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 visit took place on 29 July, 5 and 6 and 27 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held

about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we visited and spoke with the two people who used the service in their own homes. We spoke with the registered provider/manager and two members of staff. We also spent time observing interactions between staff and people who used the service. We reviewed a range of care and support records for people, including needs assessments, medicines management, health monitoring and daily support records. We also reviewed records about how the service was managed, including risk assessments and quality monitoring. Following the inspection we received feedback from an external health and social care professional who had involvement with the service.

People's care and support records were organised into independence plans and are referred to as such throughout this report.

We last inspected the service on 17 October 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People told us the support workers supported them in ways that helped to keep them and others safe. One person described the support workers as “Helpful, if you’ve got any problems you go to them”. Another person told us the agency was “Doing well. No hiccups” and said “No-one’s hurting me”.

The service actively worked with people to involve them in what it means to be safe. People had been involved in discussions about what safeguarding meant and their comments about what they had learned had been recorded. One person had said they “Looked at what safeguarding is and how to report abuse”. Another person had commented “I learned about allegations and how to keep safe”.

Staff were aware of the policy and procedures for protecting people from abuse or avoidable harm, which were available in the office. These had been updated to reflect recent changes in the legislation. The registered provider/manager was creative in supporting staff to fully understand safeguarding. Staff told us their training around safeguarding had included a mock safeguarding incident and investigation, which had helped to clarify the processes and roles and responsibilities of people involved.

Staff were clear about how they would recognise and report abuse. Procedures were in place to support staff to report concerns about people’s safety to the provider and local safeguarding team. The registered provider/manager was aware of her responsibility to report any suspected abuse to the safeguarding team and to notify us. The registered provider/manager and staff had taken time to explain to people about potential harm and staying safe and people were aware of how to raise concerns. A member of staff told us “It’s good to see how the work staff have done with (the person) has resulted in this”. People’s independence plans included guidance, for example about protecting them against the possibility of being taken advantage of financially.

Staff working with people whose behaviour could challenge used time out strategies and not physical restraint, which was in line with the provider’s policy. Staff had attended specific training to help ensure they could deal with serious challenging situations safely and

effectively. A person told us about taking time out if they felt angry and said “It helps me really well”. They also showed us a set of key cards containing helpful words, which they carried with them and said they found useful.

People were actively involved in their own risk assessments and supported to be as independent as possible. Staff were trained in assessing and managing risk and helped people to understand about risks in relation to decisions and behaviour. People confirmed, and we observed, they discussed potential risks with staff before making decisions or taking part in activities, such as going out in the community. This enabled people to review and rehearse the risk and the plan to minimise it. These ‘reflective risk assessments’ were clearly recorded in people’s independence plans and people and the staff supporting them demonstrated a thorough knowledge and understanding of them. The registered provider/manager told us this was the result of intensive work with staff and people who used the service.

A health and social care professional told us the service managed risks effectively according to each individual’s needs. For example, in the case of one person this had been managed by staff reading the risk plan with the person on a daily basis and the person using a ‘tape playing’ scenario, to help them to deal with situations that may put them and others at risk.

The registered provider/manager kept records showing that support workers carried out safety assessments and regular checks to help ensure people and staff were protected in the home environment. This included contacting landlords if there were any concerns about people’s safety. There were two daily handover periods when support workers highlighted any risks, concerns, incidents, accidents and near misses to a senior on call member of staff.

Staffing rotas showed that people received a minimum of one-to-one support, which was in line with their assessed needs and enabled them to take part in their chosen activities. The registered provider/manager had a system in place to assess the suitability and character of staff before they commenced employment. Records included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

## Is the service safe?

People were supported to manage their medicines appropriately. There were detailed individual independence plans in relation to people's medicines,

including any associated risks. Staff received training in safe handling and awareness of medicines and this was followed by competency checks. Staff were aware of the procedure to follow in the event of a medicines error.

# Is the service effective?

## Our findings

A person told us they felt they had “Come a long way” during the time they had been receiving the service. Another person said “It’s been great, you learn things about behaviour, good and bad behaviour”.

Support workers had the qualities and skills to deliver effective care. New staff received an induction and further on-going training to carry out their roles and responsibilities. The induction included ‘shadow working’ alongside an experienced support worker and provided essential training and an introduction to the philosophy and aims of the service, which was followed by further training and competency checks. During the induction staff also took part in reflective discussions about how personal issues can impact on people using the service. The providers induction training for staff had previously been based on the Common Induction Standards (CIS). CIS were replaced in April 2015 and the provider informed us that induction for new staff would now be based on the 15 standards set out in The Care Certificate.

Training included, for example: Health and safety, Fire safety, Positive behaviour support, Dignity/respect/person centred care, Mental health awareness, Safeguarding adults, Risk assessment and management, Note writing and observation, Personality disorder: knowledge & understanding, Dealing with incidents professionally, Dealing with difficult conversations. Support workers were also encouraged and supported to undertake diploma level studies in health and social care. Individual staff training reviews were held and recorded, showing that staff were asked to reflect on what they had learned and how they were going to use their learning.

The registered provider/manager was proactive in arranging specific training to meet individual needs. Staff had received specialised training to work with one individual three months before the person started using the service. External professionals were also involved in providing guidance and training for staff in specific areas. A health and social care professional told us the registered provider/manager regularly updated her training and had recently undertaken further training.

Support workers had structured supervision meetings that included the setting and reviewing of goals and objectives, ensuring they read and understood new support plans and

if any further training was needed. An annual appraisal took place for each support worker. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. A support worker said they felt they had “The right support and the quality of training has been very good”. They told us staff had to read and sign the service policies before they could work alone with people who used the service. They said their annual appraisal focused on “personal development, what you’re good at and what you can improve on”.

The registered provider/manager and staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The provider told us that the MCA and DoLS were discussed with support workers during supervision to ensure that a non-restrictive approach was maintained across the service. None of the people using the service were affected by DoLS.

All of the people who used the service had capacity to consent to their care and independence plans and written consent to care and treatment was sought. People dictated their independence plans to support staff, who encouraged them to make decisions about their care. Pictorial symbols were also used to help with people’s understanding.

People were effectively supported to eat and drink enough to meet their needs and to make informed choices about what they ate and drank. The support included workshops on healthy eating. A member of staff explained how they encouraged a person to eat certain types of food that were beneficial to the person due to a medical condition they were receiving treatment for. Another person had been on a cookery course and now chose to make home made burgers and wedges instead of chips.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their health and support to ensure this was delivered effectively. Support workers explained to people the benefits and health implications of attending appointments and supported them at times that suited each individual. People’s independence plans contained a section on health that staff used to record relevant information and any issues that needed to be addressed, including foot care, weight and annual health checks. People had Health Action Plans in readiness should it be necessary for their health and support information to be shared with external professionals, for example in the event of their admission



## Is the service effective?

to hospital. At a weekly Care Plan Group life skills and health topics such as cleaning teeth, shaving, or men checking their self for testicular cancer, were talked about and explored in order to raise people's awareness and ability to self-care. One person told us how they were enthusiastically following a healthy diet and exercise programme and had lost a substantial amount of weight.

A health and social care professional said the service had been very supportive in working with people to reach their

goals and outcomes and recently made two videos, which demonstrated this. One showed a person on his journey to get fit, eat healthy food and participate in activities such as football. They confirmed that people were supported to maintain good health and the service took into account people's mental capacity and consent. For example, the person had consented to the external professional seeing the video.

# Is the service caring?

## Our findings

Positive caring relationships were promoted and encouraged throughout the service between people using the service and staff. One person told us that when they started using the service “I didn’t like going to groups”, but now “It’s helpful when we talk about things (such as) how you’re feeling, if you want to change anything, if there are things you’re looking forward to”. They enjoyed the peer support sessions “Listening to other clients; and helping them”.

Staff knew the people they were supporting well and interacted with them in positive, meaningful ways that took people’s feelings, preferences and personal histories into account. Throughout the inspection we observed staff treated people with dignity and respect. A member of staff told us the registered provider/manager had led staff training on ‘positive ways of talking to people’.

The registered provider/manager and staff were creative in providing meaningful activities. For example, an activity designed to raise people’s self-esteem, in which staff and people using the service wrote positive things about each other on post-it notes that were placed on the person. A drama group was used as a means of self-expression and having fun and people told us about the characters they had played. The provider told us that previously people had struggled to make friends, so the service encouraged them to socialise including playing sport, dining out or ‘Come Dine with me’ events at each other’s homes. People we spoke with confirmed this. One person told us that for their birthday they had enjoyed “Going for a meal with the other guys”.

Individual and group work was used to break down and talk about everyday tasks and activities that might be taken for granted. Different aspects of independence plans were discussed to help ensure that people and their support workers understood the purpose of the plans. People also gained support with understanding their sexuality and overcoming discrimination. The registered provider/manager was passionate about helping people to understand what is a learning disability, as she said often this had not been attempted and yet was something that had affected people all of their lives.

The registered provider/manager and staff had developed strategies to help people understand and manage their emotions, such as anger and grief. Support workers encouraged people to talk through their concerns in regular support sessions. People were made aware of the purpose of advocacy services and were supported to contact them if needed.

Each person had a wellness recovery action plan (WRAP), which included information such as signs when the person was becoming unwell and guidelines for staff. WRAP boxes had been made up for each person containing personally valued items that could help them to feel better during times of stress. People talked about and showed us their WRAP boxes, with one person telling us it’s purpose was to “Make me happy”. A WRAP box had also been made up to support the staff when working under pressure.

There was a strong person centred approach within the service. People told us and we saw they were involved in creating their independence plans. Independence plans were written in people’s own words, so they clearly stated how they wanted support staff to work with them. One person had an independence plan in relation to self-harm, which the person called ‘doing silly things’. Another person had a laminated pictorial fire safety plan that included a plan for their pet cat. A member of staff told us the person was “Getting more and more involved in his own life. He takes an active role in everything he does”.

Support workers were only employed subject to a successful interview with people who used the service. A person told us about their involvement in interviewing potential support workers. This was further confirmed by a member of staff who had been interviewed by a person using the service. The registered provider/manager told us how potential support workers joined people who use the service and staff in a ball game, which tested everyone’s interactive skills and attentiveness. Following the game people were asked what they thought about the way the new staff took part.

A health and social care professional told us the provider delivered care to individuals with complex support needs and as such providers were often difficult to identify. The care people received was person centred and service user feedback was positive.

# Is the service responsive?

## Our findings

The service had equality and diversity policies and procedures in place and these were followed. The registered provider/manager worked individually with people around their disabilities, religious beliefs, gender and sexual orientation and their independence plans were individually tailored to cater for this diversity. People were asked where they would like to see their life and how they can get there, resulting in long and short term goals to address any barriers to achieving their desired life. People were encouraged to fulfil their dreams, for example one person had a flying lesson. One person told us they were “Going out more. Doing a lot of baking and talking to staff about relationships”. We observed the person was able to have an open and positive conversation with the registered provider/manager about issues relating to the person’s sexuality and relationships.

In response to people saying they wanted to improve their basic skills, the registered provider/manager delivered an in-house education group as well as a Care Plan Group. She told us how weekly group sessions had been effective in helping people explore and address negative behaviours, thus improving their personal development. When people came to the service they were at risk of being aggressive to one another but now through role plays and group sessions they had developed positive friendships.

Role play was also used to help people explore themes, such as family dynamics, which presented issues or problems for people. This was used in groups every Tuesday, which the registered provider/manager funded herself, for people using this service and another of the registered provider/manager’s services. The groups also used peer evaluation to encourage awareness and development. People who used the service told us the group work had helped them. The registered provider/manager told us “People are now talking about their problems and being supported, moving forward”. For example, one person used to lock himself in his room but had stopped doing this.

The registered provider/manager told us that people had felt anxious about going to meetings with health and social care professionals. The registered provider/manager had wanted to empower people and she and staff had found a way to enable people to talk about and express themselves through making films. This “Helped people to feel more in control of situations they are in, while having fun at the same time”.

People received 24 hour one-to-one support from staff and staff rotas and daily schedules were tailored to their needs and chosen pursuits, which were reviewed on a daily basis. People were supported by staff with good communication skills who used pictorial prompts to assist people’s understanding. Staff were given clear guidance about the wording to use when developing risk assessments, as the aim was to support people to say, and reflect on, their own risk assessments. Staff then asked people: ‘What’s the risk? What’s the plan?’ This empowered people to take the lead on how they would like to be supported.

With support from staff, one person had improved their overall experiences, having lost weight and was no longer physically aggressive to staff or engaging in other behaviours such as calling unnecessarily for an ambulance. A person who moved to another service was supported to write questions to ask their new care provider. The registered provider/manager gave the new provider the documentation on key ways to work with the person and the person was advised to involve their advocate and solicitor.

The registered provider/manager had a robust complaints procedure in place. Records showed that the six complaints the service had received in the previous twelve months were responded to appropriately and within the agreed timescale. Four of the complaints involved a specific support worker and the registered provider/manager had implemented the disciplinary and performance management processes. People confirmed they were encouraged to talk to the registered provider/manager about any concerns they had and to let staff know at the weekly Care Plan Group whether their needs were being met.



# Is the service well-led?

## Our findings

A health and social care professional told us the provider delivered high quality care, working within a specialist field requiring a dynamic approach that suited individual service users. They told us the service did particularly well at being prepared to try new ways of working with people to help them to achieve personal goals and outcomes. The external professional also confirmed the provider worked in partnership with other agencies. The service kept them up to date with new initiatives they had implemented for people they supported, such as their drama group. In one case where the provider had found it necessary to serve notice on providing an individual's care package, they had continued providing support until another provider was able to take over the package.

The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response. For example, following one incident the person involved and the registered provider/manager had talked about what happened and agreed a way forward, which was shared with staff and other relevant professionals and recorded in the person's independence plan.

The registered manager told us how incidents also fed into reflective practice sessions with staff. For example, looking at how staff approach and speak with people who use the service. Records were kept of 'lessons learned'. For example, following an incident when a person became angry with their support workers, the staff attended a review to discuss what could be done differently and changes were then made to the person's support.

The registered provider/manager provided a specialist service working with people whose behaviour could be very challenging. She told us the support "Has to be right" and that it was essential to "Challenge staff attitudes, behaviours and values, as an open and honest approach is necessary to work with challenging people who are being asked to be open and honest".

Through positive engagement, interactive group work and reflective practices, the registered provider/manager led

the service in a way that promoted "Mutual respect" and encouraged staff and the people using the service to develop, personally and professionally. She told us "People who use the service can teach the staff".

A member of staff said they found the workshops useful as a staff member, as "It gives the opportunity to reflect on practice". They also told us a daily handover concluded with "anything staff want to discuss, so we don't carry baggage home".

The registered provider/manager discussed business development ideas with people who used the service and asked for their ideas. They were currently discussing how people could be involved in the provision of training, including in other services, where they could demonstrate their learning and development. The registered manager said "They're running the show, it's about them". She added "It's not them and us, it's us".

Detailed minutes were kept of staff meetings and these showed that the registered provider/manager acknowledged and praised staff for their work and achievements. Support workers were clear about their responsibilities and demonstrated awareness of people's rights, managing risk, respecting people's diversity, choice and dignity. People had a voice in staff team meetings and were involved in the recruitment of staff.

The registered provider/manager told us about specific models of good practice that were used to inform service delivery. For example, respecting people and believing that people can change. Recognised therapeutic techniques and models were used including Cognitive Behavioural Therapy; Good Lives Model; Relational Security; Motivational Interviewing; reflective practice, and positive behavioural support.

The service used feedback to drive improvements and deliver consistent and high quality care. A satisfaction survey had been conducted in October 2014 and included seeking the views of people's relatives. One person's relatives had rated the service as outstanding in several areas including risk assessment procedures and keeping the person safe, positive outcomes for the person, and staff supporting decision making. Another relative had also rated the service as outstanding and remarked that the



## Is the service well-led?

person's humour and activeness had improved and they were more alert, healthier, calmer and had improved people skills. Both people using the service had also returned a questionnaire and rated the service very highly.

The registered provider/manager was constantly looking at ways to improve the service by talking to people, their families, staff and commissioners. She told us she met with each staff member individually to document their views on the service and hear their suggestions for improvement. From this process an action plan of improvement was made.

The registered provider/manager recognised that she and staff acted as role models to people who used the service and so set an example to staff of following the therapeutic values of the company. All staff were expected to continually address their attitudes and behaviours and on-going personal development. 'Lessons learnt' meetings were held where staff addressed their attitudes and discussed better ways of working. Quality assurance visits were carried out by the registered provider/manager and Team Leaders.

The registered provider/manager ensured they kept up to date and maintained good links within the local community. They outsourced their own supervision in order to benefit from open and unbiased feedback. They were also a member of Hampshire Care Association and also subscribed to Care Management publication. The service worked closely with commissioner teams, adult services, safeguarding teams and the police to promote understanding of the service and ensure the needs of people were met.

The registered provider/manager had plans for further improving the service, such as formalising the way that people were included in the development of the company. Also, in order to ensure staff recruits had the right value base for the service, there were plans to include screening for values into the recruitment process, through the use of a value based recruitment tool on an external website.

The provider/manager and staff at the service had signed up to the Social Care Commitment. This is a Department of Health initiative that has been developed by the adult social care sector. Made up of seven statements, with associated tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care. An employer or organisation makes their commitment first, then they are able to encourage their employees to make the commitment, so the whole workforce is working towards improving quality and raising standards. Making the commitment involves agreeing to the seven statements and selecting tasks to help put those statements into practice. Tasks cover activities such as recruiting the right staff, having a thorough induction, ensuring a strong culture that values dignity and respect and effective communication. Doing the tasks provides an official record of work done, which can raise job satisfaction and increase staff confidence.