

Moore Care (Registered) Limited

Manchester Road

Inspection report

4 Manchester Road
Buxton
Derbyshire
SK17 6SB

Tel: 0129824566

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15 October 2018
16 October 2018

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12 December 2018

Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 16 October 2018 by one inspector. Manchester Road is a home in a residential area of Buxton. The service offers personal and social care to 13 people with a learning disability with associated conditions within four separate apartments. There were 12 people receiving a service at the time of the inspection. Each apartment has a lounge, kitchen and dining facilities and people have a personalised bedroom.

At our last inspection in May 2016 we rated the service, good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Manchester Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service remained safe. People were protected from the risks of abuse because the staff understood where harm may be caused and knew what action to take. The staff supported people to understand any risks to prevent avoidable harm. Where people were concerned about their safety they knew who to speak with. People's medicines were managed safely and staff had received training to help ensure people had their medicines when these were needed. The provider reviewed how the service was managed to ensure any lessons were learnt and improvements were made.

The care people received remained effective. People received consistent care from a team of staff who knew people and understood their needs. They received care and support from staff who were trained and confident to meet their individual needs. People chose what they wanted to eat and drink and were helped to prepare meals and supported to maintain a balanced diet. People were assisted to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals, which ensured people received the care and treatment they needed in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

The service remained caring. People were treated with kindness, compassion and respect and the staff promoted their independence. People liked the staff who supported them and they had developed good relationships. Information was available to ensure people could make informed choices and understood information what was important to them. People were supported to maintain relationships with their friends and families.

The service remained responsive. People's care was regularly reviewed and amended as necessary to ensure it reflected their changing support needs. People received support from staff to enable them to be involved with activities and do the things they enjoyed. People chose to work, continue with their education and be involved with activities they enjoyed. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required. People and their relatives were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

The service remained well led. The registered manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us and informed us of information that we needed to know.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Manchester Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 October and was unannounced.

We checked the information we held about the service and provider. 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 reviewed other information about the service such as notifications they are required to submit to the Commission. We also looked at information about incidents at the service and the feedback we had received from the public. We used this information to formulate our inspection plan.

We spoke with eight people who used the service, six members of staff, the manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. We observed how staff interacted with people who used the service. We also received written feedback from three social and health care professionals.

We looked at three peoples' care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People knew how to keep safe and were helped to understand what potential abuse was and how to report it. One person told us, "The staff remind me I can say 'no' and I know people can't hurt me." They explained they would speak to the staff or home manager if they were worried. Procedures were in place that ensured concerns about people's safety were reported to the registered manager and local safeguarding team. The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this. Whistleblowing is when concerns are raised about a wrong doing at work. One member of staff told us, "We are a close team of staff and people here mean a lot to us. It's our duty of care to report anything and I know the management team would support us."

People were supported to take responsible risks and the staff helped them with living skills and when out. The service was organised to enable people to take responsibility for their life and how they spent their time. The staff were clear about their role and promoted people's independence. One member of staff told us, "We are here to support people; we are led by them and it's important they have a voice in saying what they want to do and how we help them." One social care professional reported that the staff helped people to develop support plans which enabled them to have opportunities for some positive risk taking balanced against the need to keep them safe from harm. We saw people's care plans included information about how to help people to stay safe and how to minimise any risks.

People felt there were enough staff available to provide support for them. Agency staff were not used and all shifts were covered by existing staff who worked for the provider. Recruitment checks were in place to ensure new staff were suitable to work with people. The recruitment included requesting and checking references of their characters and their suitability to work with the people who used the service.

Medicines were stored securely, people were prompted to take their medicines and there was a record of when they received their medicines. The staff told us they had received training for medication and had been re-assessed to ensure they were competent. The staff demonstrated a good knowledge of what medicines people needed and why they were required.

People were protected from the risk of cross contamination and infections because staff took protective measures. Staff told us they wore gloves and aprons when needed, such as when providing personal care. There was a supply of personal protective equipment in the home and staff told us they had completed training in infection control practice and food hygiene.

There were systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, staff told us that incident forms were now completed if people become distressed. These were reviewed as a team and consideration was given to how to reduce the possibility of these concerns happening again.

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA. Some people could make everyday decisions about their care and we saw staff sought their consent before they provided support. Where it had been identified that people may lack capacity to make specific decisions, capacity assessments had been completed. For example, remaining safe when going out and needing support. Where restrictions were identified, DoLS applications had been made to ensure any restrictions were lawful.

People were supported by staff who had an induction, ongoing training and opportunities to discuss and review their work and development needs. People told us they thought staff had the skills to look after them. Staff were positive about the induction, training and support they received. One staff member said, "The training is matched to how we need to support people. We all do the same training but where people have specific needs, we look at this in more detail." Another staff member said, "The training is very good especially with supporting people with any behaviour. We are interested in helping people manage what they do and the last thing we would want is to restrain people, so we work together to help people." Staff were also encouraged to complete the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. This meant people could be assured staff received training and support to effectively meet their care and support needs.

People chose what they wanted to eat and drink and helped with the shopping and preparation of their meals. People needed different levels of support when preparing their meals and staff explained people were encouraged to help. We saw people could make drinks when they wanted and where people had any health need which limited some of types of food they ate, we saw the staff understood why there were restrictions and understood the health reasons.

People had received support from specialist health care professionals where needed. They told us the staff maintained regular contact with them and could be relied upon to contact them when needed. They worked in partnership with them and were appreciative and receptive to any advice or information provided.

The provider used best practice guidance and care was delivered in line with current legislation. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

Is the service caring?

Our findings

People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person said, "I like the staff here, they are like my family." Another person told us, "I can pick which staff I want to come out with me and they don't mind. They are all great and they help me." People were happy and liked living in their home and told us the staff were kind and caring and were always happy to help. People were recognised and valued as adults and the staff showed a passionate commitment to enabling them. We heard staff laugh and talk with people about what was important to them. It was evident that people felt comfortable around staff.

The staff knew people well, including their preferences and wishes and had a good understanding and knowledge of their life histories, the things that were important to them and how they wanted to be supported. Staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand. One member of staff told us, "We work closely together so we can learn and understand what people are telling us. We share this information in the team so we can all help in the same way."

When staff spoke about people they did so in a kind and respectful way and ensured people's right to privacy and dignity was respected. People had a key code to their bedroom. One person told us, "I can lock my room and people don't go in there unless I say it's okay. This is my room and staff can come here if I want them to but don't just come in." We saw when staff wanted to speak with other people; they knocked on their bedroom door and asked permission before entering. People's privacy and dignity was respected and people understood that the staff were employed to support them and they retained control in their life.

People were encouraged and supported to be as independent as they wanted to be and staff discussed with them the ways they wished to be supported to achieve this. One person told us, "I get help when I need it and the staff are good at giving me lifts to places, but if I want to go alone, I can."

People were supported to keep in contact and maintain relationships with their family and friends. One person told us "My family can come and visit me here or I can go and see them. We have a car here so if people need a lift the staff are very good or we sometimes get the bus." People told us relatives and friends were welcomed into the home and enjoyed socialising with people.

People chose how to spend their time and were given time to consider their options before making a decision. The staff understood how to speak with people so they understood what was being said and could make choices. We heard people choosing where to go later in the week, what activities to be involved in and what they wanted to eat for dinner. The staff respected people's decisions and supported them to do the things they wanted to do. Health care professionals felt the staff had a person centred approach when delivering care and they had a good understanding of the clients who they support. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality.

Is the service responsive?

Our findings

People were supported to explore different experiences and staff recognised their diverse interests. People could choose how to spend their time and what to be involved with and they spoke enthusiastically about their work and leisure experiences. The activities included spending time with family and friends, completing voluntary work, walking dogs and watching tribute bands. One person told us, "We all love going out and get on really well. The staff help us to find different places to go and we organise it together." People told us they went out most days and enjoyed exploring their local community and getting involved with voluntary and art work. We saw elaborate and detailed art projects displayed in the home including handmade furniture. People were proud to show us their work and were happy that it was displayed and used in their home. The staff told us that daily routines and plans were flexible and depended on how people felt and what they wanted to do and staffing was arranged to enable people to be involved with their interests. This meant people were provided with opportunities which promoted their independence and ensured they were involved in valued activities that were meaningful to them.

People had individual care plans that were personalised and included guidance and information staff needed to enable them to provide individualised care and support. People knew they had a care plan and had been involved with its development and when this was reviewed. People could choose who they wanted to attend and the staff explained these meetings gave people an opportunity to review their care, to tell people what changes they wanted and to look at any future goals.

People knew how to complain if they wanted to. One person said, "I'd speak to the staff if I was worried about anything or we can talk at house meetings." We saw there was a complaints procedure which provided pictorial information to guide people who they could speak with both inside and outside of the home if they wanted to raise concerns. People told us that the registered manager, the home manager and provider met with them if they were worried and that actions were taken to address their concerns. Staff recognised where people with limited verbal communication may show they were not happy through their behaviour or actions. One member of staff told us, "We work closely with people and can see when they are not happy. They may not be able to make a complaint but we recognise these changes may indicate they are not happy so we do something about it."

None of the people that used the service were receiving end of life care; however, people were supported to express their emotions. One person that had used the service had recently passed away and people were included in how they wanted to remember them, celebrate their life and attend their funeral. People told us about how the funeral service was planned and how they remembered them. One social care professional reported that they were impressed with the care and commitment the provider and staff showed people with support with end of life care, ensuring they spent time with them in hospital to provide support and comfort. This demonstrated that the staff team had responded in a compassionate way to support people during this difficult time.

Is the service well-led?

Our findings

The service had a 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.

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager. The registered manager completed checks on support plans, medicines management and health and safety. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.

People were asked about the quality of the service and where improvements could be made. There was an easy read quality check that people completed independently or support about whether they were happy with the service. House meetings were held and people had the opportunity to talk about what was going well and any improvements they wanted to make. People were confident that their views were listened to and acted upon.

The staff said that the registered manager provided leadership, guidance and the support they needed to provide good care to people who used the service. The registered manager and home manager assessed and monitored staff learning and development needs through regular meetings and working alongside them. The management team and staff's values were based on respect for each other and putting people at the heart of the service.

The staff were clear of their role and spoke passionately about how the managers supported people to have meaningful lives. There were clear values that had been developed to enabled people to receive the care and support they wanted. People were encouraged to help to develop the service were actively involved within the home and community and were not restricted. Everyone we spoke with told us the home was well-led. Both the registered manager and the home manager spent time working alongside staff so that the people who used the service knew them and they could engage with them regularly. We saw that people knew who they were and we saw them chatting happily with them.

The provider worked in partnership with other professionals to ensure people received the support they needed. Health and social care professionals reported that they had positive working relationships which enabled them to work in partnership to produce good care and review how improvements could be made.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.