

Moore Care & Support Limited

Moore Care and Support

Inspection report

13 Chilworth Close
Chilworth
Southampton
Hampshire
SO16 7JJ

Tel: 02380766008

Date of inspection visit:

15 May 2018

17 May 2018

24 May 2018

06 June 2018

Date of publication:

09 July 2018

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 ☆

Summary of findings

Overall summary

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Moore Care and Support provide individual supported living services for four people with a learning disability, a significant complex mental health need and who require one to one support at all times, Both within the community and their home environment.

At the last inspection in July 2015 the service was rated overall good and outstanding in the key question of Well Led. At this inspection we found the service remained good and had demonstrated that it remained outstanding in well led.

The registered manager was also the provider. 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.

The registered manager promoted a strong person centred ethos, which was evident throughout all branches of the service. The registered manager had an experienced background in working with people with very complex needs. They had enriched the skills and knowledge of senior staff by providing them with specialist training and learning opportunities related to people's needs and backgrounds.

The registered manager was a strong presence in the day to day running of the service. They had an intimate knowledge of people's needs, staff's strengths and the day to day challenges they faced. The registered manager and management team were constantly available to people and staff to offer guidance and support and would attend to any serious incidents that took place.

The provider had a consistent record of highly effective collaborative working with other stakeholders to promote people's health and wellbeing. We received very positive feedback from social workers and health professionals which underpinned how effective these partnerships were. The provider had fostered effective relationships with people, many of whom had experienced a history of breakdown in their care and accommodation placements due to their complex needs.

The provider fostered a culture where people were encouraged to reflect on their behaviours and associated risks. Staff helped enable people to recognise the triggers for their behaviours, the consequences and develop ways in which to manage these risks independently. The provider ran a therapeutic group where people and staff could talk openly about their successes, challenges and anxieties, which provided a forum in which strategies to promote positive behaviour could be implemented.

People were actively encouraged to plan and review their care. Staff were driven to enable people to be as independent as possible. People were supported to unlock their potential by identifying their aspirations and setting realistic goals to help them work towards them. Staff were focussed on providing people with opportunities to learn new skills, challenge themselves in various settings, empowering them to take responsibility over their behaviour.

People were encouraged to utilise their skills to benefit other people, contributing to society in a meaningful way. The provider had supported people to use their knowledge and experiences to provide support to other people in similar circumstances.

The provider had worked with people to provide innovative opportunities to give feedback to health and social care professionals. People were encouraged to talk about their feelings and discuss when they were not happy. The provider handled complaints openly and ensured that people were happy with the outcome of investigations when concerns were raised.

Staff received training which was relevant to their role. Where people had specific medical or behavioural needs, the provider sourced additional training in these areas. The registered manager monitored and assessed staff's working practice, encouraged staff to reflect on their working practice in order to make improvements.

The registered manager had recruited suitable numbers of qualified and skilled staff. They conducted a 'values based interview', which helped them to identify staff that had the appropriate behaviours and attitudes to work with people. People were involved in selecting their own staff and the registered manager carried out appropriate pre-employment checks in order to further establish candidate's suitability.

There were systems in place to protect people from abuse and harm. Staff had all received training to help them identify abuse and actions to take to protect people. The provider had also worked with people to help them understand what constituted abuse and who they go to for support in these circumstances.

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 received personalised care and were treated with dignity and respect. People were involved in developing their care plans to identify their preferences, routines and how staff could provide effective support. Where people required support with eating and drinking, any dietary requirements were taken into account and care plans were developed to ensure that these requirements were met.

The registered manager assessed people's needs in collaboration with people, families and health professionals. When incidents took place, the provider took appropriate advice and guidance from professionals to help ensure their plan of care was proportionate to associated risks and reflective of people's choice.

People were supported to take their medicines as prescribed. The level of independence around their medicines management was identified in their care plans. People were supported to review their medicines with doctors on a regular basis to ensure their prescribed medicines were suitable for their needs. People had access to healthcare services when required and the provider supported people to have their healthcare needs regularly reviewed.

Risks associated with the spread of infection were assessed and monitored. The provider had policies in

place to help ensure staff understood their responsibilities around infection control.

The provider had conversations with people around end of life care and staff had accessed training to support people with bereavement when they lost their loved ones.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains outstanding.	Outstanding ☆

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. One inspector carried out this comprehensive inspection.

Inspection site visit activity started on 15 May and ended on 6 June. It included visiting the office location and one person in their own home. We visited the office location on 15 and 17 May 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection, the provider completed a Provider Information Return. 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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We visited one person in their home. We also spoke with the registered manager, The deputy manager and one member of support staff. We spoke to one social worker and two healthcare professionals during the inspection.

We looked at care plans and associated records for three people and records relating to the management of the service. These included staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in July 2015, where the service was rated good.

Is the service safe?

Our findings

There were policies and procedures in place to protect people from abuse and harm. All staff received training in safeguarding, which included using practical scenario's to promote staff's understanding of their responsibilities in keeping people safe. The registered manager reported all safeguarding concerns to the appropriate bodies and took steps to keep people safe when concerns arose.

The provider had robust systems in place to assess monitor and mitigate risks. People were involved in discussions about how to manage risks in relation to their behaviour and anxiety. One person told us about how they had worked with staff to identify actions to take to keep themselves and others safe during family events. This helped enable the person to participate in these gatherings safely. One healthcare professional told us, "When completing risk assessments they [the provider] appear to have a good understanding of patient risks. They also recognise areas that they need help and ask for this."

People were encouraged to discuss risks and identify ways in which they could independently manage them. In one example, one person told us about how they planned to get the internet at their home. They had talked to staff about potential risks and put a series of measures in place to ensure they were able to use the computer safely. This included asking staff to safely store the internet dongle when not in use to help the person to not use the internet without staff support. The provider had also given some internet safety training to people to help raise awareness about potential issues which can occur with online use.

The registered manager had put risk assessments in place and made adaptations to people's home's in response to risks associated with their behaviour. In one example, the registered manager told us, "We have recently opened a supported living house that we have adapted doors to open outwards and put in anti ligature curtain rails due to ligature risks of the people living at the house." This helped promote an environment where people and staff were safe.

The registered manager reflected on incidents to implement improvements where required. When incidents took place, the registered manager held 'lessons learnt' meetings with staff. In these meetings, staff reflected on incidents to identify areas where things could have been done differently to reduce the risk of recurrence. In one example, the registered manager had reviewed the seating arrangements when holding a weekly meeting with people and staff. This was in response to an incident which occurred at the previous meeting. By making these changes the registered manager told us this would enable staff to be more responsive if a similar situation arose.

There were sufficient numbers of suitably skilled staff to meet people's needs. The registered manager had organised staffing shift patterns to fit into people's planned activities. This helped to ensure that people were able to carry out their daily routines without disruption. The provider had a 'values based' interview. This helped the registered manager identify staff's attitudes, behaviours and values. Along with other recruitment checks, this interview helped the registered manager determine candidate's suitability for the role.

There were systems in place to prevent the risk of infections spreading. The provider had policies and procedures in place around infection control. These documented the actions staff needed to take to avoid the risk of infections spreading, and the actions the provider would take in the event of an outbreak of infection.

There were systems in place to ensure people received their medicines safely. Some people were prescribed medicines for anxiety or behaviour. The provider had a clear ethos to try to minimise the use of these medicines if safe to do so in partnership with people and doctors. This was achieved through staff adopted strategies to interact with people, which helped them remain calm. People had their medicines reviewed by doctors at least yearly or when significant incidents took place. This helped to ensure they were prescribed the appropriate medicines.

Is the service effective?

Our findings

The provider assessed people's needs by using a range of assessment tools. The registered manager reviewed information about people's behaviour, life history, health and medical conditions as part of their assessment process. The registered manager also met with people to help them understand their behaviour, goals and motivations. This helped the registered manager ascertain whether the provider could meet people's needs. One healthcare professional told us, "They [the provider] have completed numerous assessments with me, implemented recommendations and raise concerns about changes to patient presentation. They are a service that have a high standard of care and keep recommendations in place following discharge from our team."

The registered manager carefully considered people's needs before planning an appropriate transition into the service. This included considering whether the person had suitable accommodation, staff and wider support network of health and social care professionals to enable the placement to be successful. Once transitions were agreed, the registered manager scheduled change gradually in order for people to be comfortable and accustomed to changes as they occurred. This included scheduled visits where people could become accustomed to their new home and housemates. This helped to ensure smooth transitions when people joined the service.

Staff received training and ongoing support to help ensure they were effective in their role. Initial training was in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies that staff in health and social care must meet in order to demonstrate their effectiveness in their role. Staff received additional training which the provider had identified as being essential to meet the needs of people using the service. This training included; mental health awareness, management and intervention techniques to cope with escalating behaviour in a safe way, personality disorder, risk assessment and training to help enable staff to approach challenging or difficult conversations effectively.

New staff received an induction when they started working with people. This induction included working alongside experienced staff and the registered manager until all parties felt staff were confident and competent in their role. Staff received ongoing supervision and support from the registered manager. The registered manager regularly worked alongside staff and had a clear insight into their skills, working performance and behaviours.

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. We checked whether the service was working within the principles of the MCA and found that the provider had a clear understanding that people needed to consent to their care and made the appropriate arrangements to gain consent to any care planned.

People were supported to follow a diet in line with their requirements. The level of independence people

had around their eating and drinking was identified in their care plans. Where people had complex needs around their food and fluid intake, staff provided the appropriate support to help ensure that people were being supported appropriately in line with medical guidance. A healthcare professional said, "The health of the client reviewed was exceedingly well supported and they had lost significant weight with very positive effect on their health and wellbeing."

People were supported to maintain good health and have access to healthcare services. People were supported to have an annual review at the doctors where their health needs and medicines were reviewed. This helped to ensure that their most current health needs were met. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. All records of health appointments were stored in people's care records with dates for upcoming appointments with doctors and dentists clearly marked to act as a reminder to staff. People were encouraged to pro-actively monitor their own health and wellbeing. This included regularly checking themselves for conditions commonly associated with men's health.

Is the service caring?

Our findings

Staff were caring and dedicated in their role. One person said, "All the staff I have are very good." A healthcare professional said, "The staff I have seen have been very professional and were knowledgeable and sensitive to the client's needs."

The registered manager matched people and staff together who had similar interests. In one example, one person was interested in being a DJ. The registered manager identified a member of staff with experience in this field and they were able to share this common interest. People were involved in identifying suitable staff members to help ensure they were comfortable and happy to work together. One person said, "I get involved in the second stage of interviews where I get to meet new staff and decide if I like them."

People were encouraged to be as independent as possible. In one example, one person was being supported to access the local community more independently. Due to some associated risks, the person required staff to be present when leaving their home. Staff worked with the person to slowly decrease the amount of support the person required during these tasks. This helped to build the person's confidence whilst also maintaining their safety. In another example, people were supported to maintain their tenancy and given support to be independent around their budgeting. This included helping people to ensure they were receiving the correct benefits and planning out a realistic budget for bills, activities and savings. This helped to build and maintain their independence.

People were involved in making decisions about their care. People were involved in creating their care plans. These plans were written in people's own words and stated what they wanted to be independent in and the support they required from staff to promote this. In one example, one person would occasionally choose not to take their medicines. Staff encouraged them to fill in an incident form in relation to this, with the aim for the person to reflect on possible reasons they declined. This demonstrated that staff were encouraging the person to independently manage their medicines and understand the consequences of declining to take as prescribed. The assistant manager told us, "People are supported to look at how they can recognise and manage risks. This is what empowers them as they have ownership of their own behaviours."

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

People were treated with dignity and respect. Staff respected people's privacy in their own homes and there were plans in place to ensure that people's personal space was respected. The provider was conscious to ensure that people's homes were homely and not cluttered with care related documentation. This was achieved by respecting people's right to decorate their home as they pleased without care documentation

being conspicuous.

Is the service responsive?

Our findings

There were systems in place to investigate and respond to complaints. One person said, "The registered manager will always come out to talk to me if I am worried about something." Staff encouraged people to reflect on their feelings and raise complaints if they did not feel happy about a situation. All concerns were documented and investigated by the registered manager. The registered manager met with people in order to assure them that their concerns were taken seriously and to check they were happy with the outcome. The registered manager told us, "Our open culture encourages the people who use our service that complaints are a positive thing so we can constantly improve their service."

People received personalised care. People's care plans included personal profiles which included information about their background, likes and preferences around daily routines and personal care. The level of support that people required was identified, including strategies to encourage them to carry on these routines. This helped to ensure that staff had knowledge of how to provide responsive support.

People's care plans detailed people's aspirations and goals. This included identifying short and long term goals in relation to this area. One person had a history of persistent calls to emergency services when they were concerned about their health. Staff worked with the person to identify a protocol to follow to reduce the person's need to call emergency service. This enabled the person and staff to identify when contacting the emergency services was required and in which instances it was not appropriate to do so.

People had a wellness recovery action plan (WRAP). This detailed the signs that the person was becoming unwell and offered guidelines for staff to provide appropriate support in these circumstances. People had WRAP boxes, which contained items chosen by the person which could be used in times of stress to help them feel better.

People were involved in making changes to their care plans. When incidents took place, the provider encouraged people to help fill in an incident form. This helped them to reflect on the incident, how it made them feel and what could have been done differently. The reflections from these incidents helped to inform changes in people's care plans.

People were encouraged to build their skills and participate in meaningful activities, work placements and social events. People worked with staff to identify their aspirations in relation to employment, leisure, health and social interaction. People were supported to access a diverse range of regular activities according to their identified preferences. This included social clubs, work placements, health and fitness classes, education, following chosen faith and therapeutic classes. This demonstrated the provider was responsive in finding meaningful activities suitable for people's needs.

The provider had worked with people to explore ideas around end of life care. Although people who used the service were predominantly young adults. Staff had received training in order to support people with bereavement and in one case had put this training in place after the passing of a loved one.

Is the service well-led?

Our findings

The provider had outstanding leadership which was focussed on putting people at the heart of the service. The provider worked with people with extremely complex behavioural and mental health needs. Most people had previously experienced a series of breakdowns in support and living arrangements. The provider had been able to provide a safe, stable and supportive environment for people where other placements had failed. One healthcare professional told us, "[The provider] has done incredible work in the community with people who had spent many years in forensic secure wards." This demonstrated that the provider had a proven background in supporting people to transition from secure or hospital based placements to successfully managing their own tenancies within their own homes.

The registered manager was also the provider. They had extensive experience working with people with highly complex needs in a variety of settings. They had training in a number of therapeutic methods which they incorporated into the service's care and support delivery, such as Cognitive behavioural therapy. The registered manager had chosen to grow the business slowly in order to maintain high standard of quality. They demonstrated how they carefully considered the needs of the people currently using the service when deciding whether it was possible to take on additional business. This demonstrated that the provider was highly knowledgeable and skilled in their field and primary focus was ensuring they provided high quality care.

Two assistant managers who had extensive experience and knowledge working within forensic services supported the registered manager. One assistant manager had recently completed a management qualification and had also attended training in relation to managing risks associated with self-harm and the treatment programmes for people with forensic backgrounds. The assistant manager was able to share learning from this training to staff that incorporated these skills into their everyday practice. This meant that staff had the specialist skills and knowledge to effectively support people to put structures and strategies in place to manage their behaviours and reduce the risk of offending behaviour.

The registered manager and assistant manager were prominent role models for staff. They were very well acquainted with people's needs and alternated between being 'on call' out of hours to give people or staff support or advice if required. The registered manager attended to the scene if serious incidents took place, to ensure the safety of staff and people. They also scheduled twice daily calls from staff working in each supported living house. In these calls, staff relayed the events of the day, assessed risks and reflected on incidents or their own working practice. The provider also had organised for a confidential counselling service which was free for staff to use. This was in place so staff could discuss difficult issues and seek help about work or non work related issues. This demonstrated that the provider's leadership was highly experienced, motivated, supportive and visible to people and staff.

There was a focus on continuous improvement, which was demonstrated through the drive towards utilising technology to improve how care was monitored and reviewed. The assistant manager showed us how the provider was in the process of implementing an electronic care planning and monitoring system. The system would enable the registered manager to monitor the care provided in 'real time' as they were alerted

when people and staff recorded incidents, daily activities or medicines given on the system. The assistant manager told us the system would enable them to improve communication and provide support more responsively when incidents occurred. The system could also be used to record data about people's wellbeing and behaviour which could be used for reviews with people and health professionals when looking trends or changes in behaviour.

Staff continued to be imaginative in the way they provided person centred care which put people at the heart of the service. The registered manager facilitated a weekly group where people and staff had the opportunity to reflect on their week, focusing on behavioural skills, managing family interactions, risk, health and wellbeing. One person told us, "The group is a chance for us to reflect on how the week has gone and we have the chance to talk about how we feel about it." Staff were encouraged to participate fully and share their reflections. The registered manager told us, "Staff are expected to constantly look at their own behaviour and values in the work place and be a positive role model for the people we support." This group helped people discuss their issues, build trust and put strategies in place to promote wellbeing and positive behaviour. One member of staff told us, "It is a very different way of working from other providers I have worked for. We are encouraged to be reflective, to participate in the therapeutic aspects of support we provide. It is more of a partnership between people the provider and staff."

The provider had set up a training company which people took an active role in running. The focus of the project was to enable people to share their experiences with others with similar life circumstances, who were planning discharges into community based placements. A healthcare professional told us, "People visit patients on wards to share experiences and motivate / inspire discharge planning." This demonstrated that the provider was able to harness the experiences and skills of people to make a telling contribution to positively impact other people's lives. This also helped people find meaningful vocation, which reaffirmed the positive progress they had made within their life situation.

The provider was imaginative and creative in enabling people to give feedback and express their point of view. The registered manager told us, "We fully believe that people should be at the forefront in expressing their opinions. This includes when care planning, risk assessing, making health appointments, reviewing their housing and care arrangements." The registered manager held regular review meetings with people and used group based practical exercises in order to increase people's knowledge and to encourage them to share their feedback. In one group session, the registered manager facilitated some role play about some safeguarding scenarios. This helped people identify when they had witnessed bad practice and gave them the confidence and assurance that they were able to share their concerns.

The provider was invited to speak to the transforming care conference run by the NHS. Transforming Care is a NHS run project which aims to improve health and care services so that more people can live in the community, with the right support and close to home. One person accompanied the registered manager and presented a video they made which highlighted their progress since living in the community. They originally made the video with help from staff and presented at their review meeting with health professionals. This video enabled the person to participate in the meeting and voice their opinion about issues important to them. The video was later showed to other commissioners as an example of how people could become more involved in giving feedback at professionals meetings relating to their care needs. A healthcare professional told us, "The video case studies are very moving, showing the successes and improvements in people's lives under care of the service." This demonstrated that the provider was committed to using innovation to enable people to voice their feedback and took pride in sharing this good practice with other stakeholders for the wider benefit of other people.

The provider continued to demonstrate that it delivered high quality care with a record of supporting people

to achieve their goals. One healthcare professional told us, "They [the provider] appear to have a high standard of care and care about the service users in their care wanting a positive life balancing risk management. They seem to understand positive risk taking which is a difficult concept for services." Another healthcare professional said, "Moore Care and Support have a high standard expected from staff." The registered manager held regular meetings with staff where they were asked to reflect on their performance in relation to key competencies in their role and give honest appraisals of where they felt improvements could be made. This included reflecting on their knowledge of safeguarding, medicines, dignity, communication and MCA. This helped to ensure that staff understood what high quality care looked like and the steps they needed to take to embody these values.

The provider had an outstanding record of collaborative work with other stakeholders to promote positive outcomes for people's health and wellbeing. One healthcare professional told us, "They [the provider] work very effectively alongside health services, they listen to advice and act on recommendations." The provider was adept at seeking out training, advice and fostering positive relationships with specific stakeholders with knowledge and skills related to people's needs. In one example, the provider organised specialist training and advice from a dietician in order to meet the needs of a person who had a rare genetic disorder.

In another example, the provider worked with other stakeholders to enable a legal restriction on a person to be lifted, this enabled the person to take a holiday abroad with staff. This involved collaboration and partnership working between a multi-disciplinary team of agencies to demonstrate how the provider was supporting the person to manage risks associated with their behaviour. This demonstrated that the provider understood how effective partnerships between stakeholders could actively promote people's freedoms and broaden their horizons.