

Moore Care (Registered) Limited

Moore Care (Registered) Limited, 4 Manchester Road

Inspection report

4 Manchester Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Moore Care (Registered) Limited 4 Manchester Road is a residential care home providing personal care to up to 12 people. The service provides support to people with a learning disability and autistic people, those with a physical disability, older people, people with a mental health diagnosis and people with dementia. At the time of our inspection there were 12 people using the service. People are cared for within 4 different areas of the home, the ground, the middle, the flat and the cottage. The service is located near to the local town centre.

People's experience of the service and what we found:

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

Right Support

The service was undergoing a refurbishment, however at the time of inspection it did not always give people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. Medicines were not always managed safely.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. The service had good links with the local community.

Right Care

People's care, treatment and support plans did not always reflect their range of needs, in order to promote their health and well-being outcomes. Risks were not always suitably assessed. Some people's care and support had been assessed using positive behavioural support (PBS), whilst others hadn't. This meant we could not be assured staff were following a consistent and evidence-based approach to supporting people with a learning disability.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Governance processes were not always effective in making improvements to the quality of care and support people received.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the staff. Staff knew people and their aspirations and supported them to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them share their views and work with staff to develop the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 12 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance. We have made a recommendation in relation to consistent use of an evidence-based model of care for people with learning disabilities.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Moore Care (Registered) Limited, 4 Manchester Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Moore Care (Registered) Limited 4 Manchester Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moore Care (Registered) Limited 4 Manchester Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information held since our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives of people who used the service. We spoke with 7 members of staff including the registered manager, care manager, safeguarding lead and care staff. We carried out observations of communal areas to help us understand the experience of people who could not talk with us. We reviewed a range of records including 5 people's care records, medicine administration records and some records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's health related risks were not always assessed to provide guidance for staff to support people safely. For example, an epilepsy care plan or risk assessment for 2 people known to experience absence seizures was not in place. Other conditions, such as pica and phenylketonuria which required close monitoring by staff had not been risk assessed. This placed people at risk of not having their needs safely met, or potential health deterioration.
- Personal emergency and evacuation plans (PEEP) did not consider all risks which could impact on a person's ability to safely evacuate. This included specific health conditions, such as epilepsy or mobility needs. This placed them at risk in the event of an emergency, staff and rescue services would not have the necessary information to support a safe evacuation.
- Environmental risks were not always identified, assessed or mitigated. Solid wardrobes were not secured to walls, and hot radiators were not always covered. Staff explained some people would not pull furniture down or would move away from a hot radiator. However, there were no risk assessments in place to ensure risks associated with furniture, or burns had been robustly assessed. This placed people at risk of injury.

Using medicines safely

- Medicines were not always managed safely.
- Some medicines were overstocked. Opening dates were not added to medicines, therefore the risk of out of date or ineffective medicines being used was increased.
- Some people had prescribed 'as required' (PRN) medicines to help with agitation or distress. Whilst PRN protocols were in place, these did not always provide sufficient guidance for staff on when to administer these medicines. For example, one person's PRN protocol stated to administer for 'severe agitation' but no further information on how this may present. This increased the risk of the medicine not being used effectively.
- Overall, medicine errors were reported and action taken to improve safety. This included re-training for staff and increased competency checks. However, during the inspection, we identified one recording error which had not been reported. This was investigated immediately.

Preventing and controlling infection

- People were not fully protected from the risk of infection. Mould had built up on the window frame on the ground floor communal lounge and within one of the showers. Exposure to mould placed people at risk of respiratory conditions, or allergies.
- Furniture and fittings were not always maintained which impacted the ability to clean effectively. For example, some sofas and chairs were ripped, the floor stained, and walls chipped. The home was

undergoing a refurbishment at the time of our inspection, and we were assured these would be replaced.

- Some furniture was not adequately protected for people with continence support needs and the fabric did not allow for effective cleaning. This increased the risk of infection.
- Soap and hand drying facilities were not available in one of the communal bathrooms. This meant people could not be supported to wash their hands effectively and reduce the risk of infection. Soap was later located, and paper towels ordered.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not managed safely. People were not protected from the risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action after our inspection and updated care plans to reflect people's health care risks. Medicine stock was reviewed and returned to the pharmacy, PRN protocols and PEEP were reviewed and updated to provide sufficient information. Mould was removed from the locations found and environmental and IPC risks were suitably mitigated.

- Positive behaviour support (PBS) plans were in place for some people using the service. These had been created by local learning disability services. However not everyone had a PBS plan in place, but a behaviour support plan which did not always follow the same principles of PBS. For example, reasons recorded for why a person may have displayed a certain behaviour were listed as 'learning disability.' The registered manager told us they had identified this and working with relevant professionals and seek training to address this.

We recommend the provider uses a consistent model of evidence-based care in recognising signs when people experience emotional distress, and how to support them to minimise the need to restrict their freedom to keep them safe.

- Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A safeguarding lead was in post and responsible for oversight of safeguarding within the service.
- Relatives felt people were safe using the service. One relative told us, "[Person] is safe, I wouldn't let them stay there if it wasn't." Another said, "[Person] will tell me, or staff if anything has happened or they are worried."
- Staff understood their responsibilities to report any concerns. Staff told us, "I'm always looking out for any signs of abuse, and I would report it straight away." Another said, "I know all staff and managers would do something if I raised any concerns, everyone has [people's] best interests at heart."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. During our inspection, staff were available to support people as they wanted to access the community, visit a nearby farm and art project.
- The numbers and skills of staff matched the needs of people using the service. This meant people were observed to have good relationships with the staff supporting them. A relative told us, "[Person] knows and likes all the staff, [they] are always telling me about the staff, [they] like meeting new people."
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is consent to care and treatment always sought in line with legislation and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act, and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's system did not always effectively monitor the quality of care provided to drive improvements. Management did not demonstrate effective oversight of key risk or quality of the service.
- Audits were carried out but had not identified issues found during our inspection. For example, a medicine audit completed had not picked up on excessive stock. The infection control audit had not identified the mould on the windows. This meant we could not be assured they were effective in identifying risk and improving safety.
- Audits and checks were not always fully completed, and action plans were not always in place where issues were identified. This meant it was not clear how areas for improvement were being addressed.
- The staff did not always follow the provider's policies when providing care and support. For example, in relation to medicine stock, or implementation of PBS plans and related risk assessments
- The provider's policies did not reflect right support, right care, right culture (RSRCRC). This meant we could not be assured RSRCRC was fully understood when providing care for people with a learning disability, or autistic people.

The provider had failed to ensure governance systems in place were effective in identifying risk and improving the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded following our inspection. They increased their oversight of the service and plan to hold a learning session with senior staff to help support them in their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. Relatives we spoke with confirmed they were communicated with openly. One told us, "The communication is very good. Any time there's any issues." Another said, "They're very good, they keep me informed."
- Overall, the registered manager understood their responsibility to notify CQC of significant events that happened at the service. We identified one recent incident which we had not been notified about, but this was submitted following our inspection.

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

outcomes for people

- There was a positive and empowering culture at the service. People lived fulfilling lives and achieved good outcomes. For example, some people had jobs, others had moved onto more independent living and the service supported people to access hobbies, such as horse riding.
- The service had good links with the local community, and people got involved with various projects and events. One person told us about a food and drink festival they had attended, another was involved in a conference related to one of their health conditions.
- Relatives feedback confirmed the culture was positive. One said, "I just think it's a nice community, there's a homeliness about the service. That is majorly important to me."
- Staff knew people well and were observed to treat people kindly and respectfully. Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider had a clear vision which considered peoples equality, diversity and human right's needs. Their statement of purpose clearly outlined the direction of the service which demonstrated ambition and a desire for all people, no matter their needs, to have the same rights and opportunities. Staff shared this vision, one told us "I absolutely love my job, it's all about the people."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. For example, resident and staff meetings were regularly held. An annual survey was sent out and provided in pictorial format.
- People, and those important to them, worked with managers and staff to develop and improve the service. For example, the upstairs flat had been re-designed to meet the needs of 2 people using the service. They had been involved in decisions about the decoration and furnishings.

Working in partnership with others

- The service worked well in partnership with a range of external stakeholders which helped to give people using the service a voice and improve their well-being. This included local learning disability services, advocacy organisations and health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not managed safely. People were not protected from the risk of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems in place were effective in identifying risk and improving the quality of the service.</p>