

Moorview Care Limited

Moorview Care (East Yorkshire and Hull)

Inspection report

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Hull
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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?

Good ●

Summary of findings

Overall summary

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Moorview Care (East Yorkshire and Hull) is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older and younger people, people who may be living with dementia, people with a learning disability and/or autism spectrum disorder, or people with mental health support needs. At the time of our inspection there were 11 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support:

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. However, further improvement was required when recording best interest decisions, and we have made a recommendation about this.

The service had effective safeguarding systems and processes in place and people were supported to stay safe. People were involved in their care and support plans and risk assessments were person-centred with the least restrictive option always considered. Outcomes were identified for people and appropriate referrals to external services were made to ensure people's needs were met. People had access to enough food and drink and mealtimes were set to suit people's individual needs.

Right Care:

There were enough competent staff on duty to ensure people received safe care. Staff completed a comprehensive induction and supervision, and appraisals were used to develop and motivate staff. Staff treated people with kindness, dignity, and respect. People and their families were consistently positive about the caring attitude of staff. Care planning was focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health.

Right Culture:

Staff understood their responsibility to raise concerns and report incidents and near misses, and were fully

supported to do so. The service had a positive culture that was person-centred, open, inclusive, and empowering. Leaders and managers were available and led by example. Staff understood the service's vision and values and felt respected, valued, and supported. People, their families and staff were involved in the development of the service and managers ensured feedback was acted on to shape services and culture. There was a strong focus on improvement and learning at all levels.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 December 2022). The provider completed an action plan from the previous inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the safe care and treatment of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Due to improvements found on this inspection we decided to undertake a comprehensive inspection to review all the key questions.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We found no evidence that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorview Care on our website at www.cqc.org.uk.

Recommendations

We recommend the provider reviews its practice in the recording and retaining of best interest decisions.

Follow up

We will continue to monitor the 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moorview Care (East Yorkshire and Hull)

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 was carried out by 2 inspectors over 2 days. An Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in a supported living setting.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvement they plan to make.

During the inspection

We spoke with 2 people who used the service and 5 relatives to ask about their experience of care provided. We spoke with 11 members of staff including the operations manager, recruitment lead, registered manager, team leaders/managers and support workers. We also spoke to 2 professionals who visited the service.

We looked at 4 care files along with a range of medicine records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to have sufficient staff to meet people's needs. This was a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- 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. A relative said "[Person's name] needs a core group of staff and they [Provider] always try to ensure he has the same core group."
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and 'do's and don'ts' to ensure that new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received training on how to recognise abuse and they knew how to apply it.
- People we spoke with told us they felt safe. One person said, "I feel safe, I like it here the staff help me and make sure I am safe." Relatives told us people were safe and well cared for by staff who were kind and caring and knew them well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need for restricting their freedom. A staff member said, "We are much better at dealing with people now, we have steps to follow and use de-escalation techniques and re-direction."
- The registered manager had a process in place to review all accidents and incidents, they were responded to appropriately and lessons were learnt to drive improvements.

Using medicines safely

- People received their medication as required.
- People who received 'as and when' medication had guidance in place and staff had written why it was required and how much was administered.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicine and ensured people's medicines were reviewed in line with the principles of STOMP (stopping over medication of people with a learning disability, autism, or both).

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. Staff told us they had access to personal protective equipment, and they had received training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider did not always keep accurate up to date records when best interest decisions had been made. One person did not have access to their kitchen, although a best interest meeting had taken place, there was no record of the decision-making process.

We recommend the provider reviews best practice guidance in relation to the recording of best interest decisions and updates their practice accordingly.

- Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Staff respected the rights of people with capacity to refuse care and treatment and ensured they gained

their consent in line with the MCA principles. A staff member said, "We support people to make the right choices, but we have to understand and accept when sometimes they make a bad choice, it is their choice and allows them to live their life without restriction."

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

- People had their needs assessed. Multi-disciplinary team professionals were involved in developing support plans to improve people's care.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Relatives told us they were involved in reviewing care and were kept updated on a regular basis.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autism may have, for example, communication tools, positive behaviour support, trauma informed care, human rights, and all restrictive interventions.
- Staff could describe how their training and personal development related to the people they supported. Staff told us their training helped them to support people to have a better quality of life. A relative said, "Staff speak with intelligence, knowledge and sensitivity, they are conscientious and try to get things right."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One person said, "Staff help me choose what I want from shopping, and I choose what I want for tea."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far possible. One person who liked to sleep throughout the day, including through mealtimes, was left drinks and healthy snacks at their bed side table.

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

- People's health and care needs were met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported to attend annual health checks, screening, and primary care service. A relative said, "They [Person's name] see doctors regularly for blood tests, we are always told when they have appointments."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Relatives told us staff were kind, respectful and caring and just wanted to do their best.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "They [staff] are good, they will always help me find good things to do."
- People were treated with dignity; their privacy was respected, and their independence was encouraged.

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

- People and those important to them were involved in making decisions and planning of their care and risk assessments. A relative said, "I have spoken to them several times, face to face and over the phone about [Person's name] care, they are probably the best conversations I have had with a care provider."
- Staff took time to understand people's individual communication styles and develop a rapport with them. A relative said, "Staff encourage [Person's name] through play, they love stories and having fun and staff offer them so much encouragement."
- People were supported to access advocacy services. Easy read formats were placed around the service to support people how to engage with an advocate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to provide person centred care. This was a breach of regulation 9, (Person-centred care)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care. Support was focused on people's quality of life outcomes, and these were regularly monitored and adapted as a person went through their life. A relative said, "[Person's name] is treated as a whole person, they feel real, and staff support them to reach their full potential."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- People had individualised positive behaviour support plans which included a 'traffic light system' to evidence early warning signs in behaviour changes and the support staff could give. Staff had very good knowledge of this and were able to support people to de-escalate incidents. We observed staff following a person's positive behaviour support plan to de-escalate an incident and using the interventions within the 'traffic lights system.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. A staff member said, "We are taught about using different models of communication, one person has his own Makaton and other staff have showed me how to understand it."
- There were visual structures, including photographs, symbols and other visual clues which supported people to understand their structured day and who would be supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was in place to meet people's interests. People had individualised planners that included a varied range of activities.
- People and their relatives were supported to maintain their relationships. People regularly visited the service and people were supported to maintain regular communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave managers clear guidance in responding to complaints.
- Complaints were investigated and responded to with actions and learning identified to improve the quality of the service. A family member said, "I would feel comfortable complaining if I had to, and I know we would be listened and responded to."

End of life care and support

- No one in the service was receiving end of life care.
- People completed 'My Future Wishes' which detailed how they would like to be cared for at the end of their life.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to have effective systems in place to monitor and improve the service. Records were not clear or consistent. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- An effective system was now in place which monitored the quality and safety of the service through a robust audit system. This information was used to improve the service.
- The registered manager and staff had a clear understanding of their roles and how this contributed to the good level of care people received. Comments from relatives included "This is the best home [Person's name] has ever had," "This feels like a home for life," and "Staff care about [Person's name] and love them."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They have recently won an award at the 'National Learning Disabilities and Autism Awards 2023' for breaking down barriers and ensuring people with a learning disability have equal access and involvement in the community.

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

- Management and staff put the needs and wishes of people at the heart of everything they did. Relatives told us the service was safe and well managed. Comments included, "[Person's name] trusts staff, they like that they trust him and give him respect and control."
- Staff felt respected, supported, and valued by senior staff which supported a positive and improvement driven culture. Staff told us leadership had improved and the culture was more open.
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family advocates and other professionals had to say.

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 responsibility to inform people and relevant others in the event something

went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

- Staff were aware of the providers whistleblowing policy and knew how they could use this to raise concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There were systems in place to engage and involve people, including meetings and surveys, people and their relatives told us they felt involved in decisions about care.
- Staff had regular team meetings and felt supported and listened to. They told us it was a great place to work and felt valued as team members.
- The provider sourced a range of community services to support people to become a meaningful part of their community. These included community allotments, model railway club, football club and the local gym.