

Moore Care (Registered) Limited

29 Manchester Road

Inspection report

Manchester Road
Buxton
Derbyshire
SK17 6ST

Tel: 0129824566

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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

About the service:

29 Manchester Road is a residential care home that accommodates up to two people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people living at the home.

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. 'Registering the Right Support' CQC policy.

What life is like for people using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.

The provider supported staff in providing effective care for people through person-centred care planning, training, supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet. The environment where people lived suited their individual needs and preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender. People were supported to develop their independence and to set achievable goals in life.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 02 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service remained good in all key questions with an overall rating of 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

29 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type

29 Manchester Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection site visit took place on 29 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a small location supporting people with a learning disability who are often out during the day. We needed to be sure that someone would be in.

What we did:

Before our inspection visit, 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 information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which

may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with both people living at 29 Manchester Road, the registered manager, the team leader, the unit leader, one support worker, one administration worker and the director of systems and compliance.

We reviewed a range of records. This included one person's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- One person told us, "I feel very safe. I don't have any worries."
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, following one incident one person's care and support plan was amended to minimise the risk of reoccurrence.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- The provider adapted their staffing rotas to meet people's personal preferences to ensure they received the right support at the right time.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.
- Medicines were safely stored in accordance with the recommended storage instructions.

Preventing and controlling infection.

- People we spoke with told us they were involved with cleaning their own home and were happy with the cleanliness.
- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incident, accident and near miss incidents were recorded and passed to senior managers for their review. They analysed these reports to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person told us, "I do my care plan with (staff member's name). It's about me and what I like."
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the provider and the management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- When people were advised to amend their eating habits, for health reasons, we saw that staff and the management team worked alongside them to help them achieve healthy outcomes.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at 29 Manchester Road.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Adapting service, design, decoration to meet people's needs.

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms.

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 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 with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We saw people were treated with compassion by a caring and respectful staff team. One person told us they liked those who supported them. They went on to describe the staff team as, "Kind," "Nice," and Great."
- We saw people were supported at times of upset and anxiety. For example, one person was displaying signs of displeasure. They had time and space to express themselves as they wanted. However, the staff member supporting them was consistent in their approach and assisted the person to maintain appropriate ways to express their feelings. This supported the person to express how they felt in a safe and empowering environment.
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw people talking about things that mattered to them with the staff assisting them. One person said, "(Staff) listen when I talk to them."
- Staff members we spoke with talked about those they supported with fondness and compassion.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities. For example, one person told us about their activities and how staff members had supported them to widen their social contacts and relationships when out.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. People were supported to take acceptable risks when out in their local community as this enabled them to make decisions about where they wanted to go and their means of getting there with minimal support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were still involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person showed us their care and support plan and told us they had written it with the help of staff members.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, easy to read with picture prompts. Staff members knew how to effectively communicate with people. We saw open conversations with people regarding their care and their decisions which were in a way that people could understand which supported them to remain involved in their care. However, the management team were not aware of the accessible information standards, albeit they were meeting the principles as part of their assessment of people's communication styles. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- We saw one person state that they wished to make a complaint. They were supported by a staff member to do so. We later saw this person had been supported to voice their concerns to the provider who was supporting them to identify a resolution which met their needs.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- At the time of this inspection 29 Manchester Road was not supporting anyone who was receiving end of life care. However, their care planning and assessment processes would be used, in conjunction with other involved professionals, to support someone at such a time.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People told us, and we saw, they knew who the registered manager was and they were happy to approach and talk with them. We saw several occasions where people chatted with the registered manager about things that mattered to them. One person said, "I talk to (registered manager's name) when I want. They are very nice."
- Staff members we spoke with told us they found the management team supportive and approachable.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout parts of this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at 29 Manchester Road and also on the provider's website.

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

- We saw that people were involved in decisions about where they lived and the support they required. For example, we saw people had decorated their personal living areas how they wanted.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings and to provide feedback on what they thought was working well at 29 Manchester Road and what could be improved.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received.

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards. Albeit, they were meeting the principles as part of their care and support assessments.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.