

Innovation Care Limited

Moor Court

Inspection report

Moor Court Residential Home
Bodenham
Hereford
Herefordshire
HR1 3HW

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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

What life is like for people using this service:

- People enjoyed living at Moor Court and were cared for by staff who were compassionate and considerate.
- Relatives told us their family members independence was promoted and people were treated with dignity and respect.
- People were involved in planning their care with support from staff. Staff used people's preferred ways of communicating, to facilitate this.
- Staff supported people to enjoy a range of activities which reflected people's interests, and enhanced their lives. People were given assistance to they could keep in touch with relatives and friends who were important to them.
- People had access to the healthcare they wanted. Relatives and staff highlighted how relationships developed with other health and social care professionals had led to improved health and well-being outcomes for people living at Moor Court.
- People told us they felt safe living at the home. There was sufficient staff to care for people and the environment and equipment were regularly checked, to promote people's safety.
- Staff had received training and developed the skills they needed to care for people. The risk of accidental harm or infections was reduced as staff used the resources and equipment provided to do this.
- People could rely on staff administering the medicines they needed to remain well.
- The registered managers and staff worked together and focused on meeting the needs of the people living at the home, so they had an enhanced quality of life.
- People and their relatives were encouraged to make any suggestions for improving the care provided and the service futher.
- The registered managers and staff reflected on their practice and strove to drive through improvements in people's care, so people would continue to say how much they enjoyed living at Moor Court.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Moor Court was published on 02 July 2016.

About the service: Moor Court is a residential care home, providing personal care and accommodation. There were 14 people living at the home with either learning disabilities or autistic spectrum disorders, or with physical disability, or sensor impairments, or dementia at the time of the inspection. The service provides accommodation and personal care to younger and older adults.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Moor Court

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 the inspection.

Service and service type: Moor Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and one relative to ask about their experience of the care provided.

We spoke with seven members of staff including the registered manager and six care staff. One of the care staff we spoke with had responsibilities for co-ordinating activities for people to enjoy doing.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse. Staff knew what action to take in the event of any concerns for people's safety, including when people were away from the home, and gave us examples of actions taken by senior staff so people were protected.
- People and their relatives valued the support they received from staff to remain as safe as possible. One relative told us, "I feel confident about [person's name] safety here. Staff would deal with any issues."
- People and their relatives highlighted they were encouraged to raise any concerns or suggestions relating to safety. None of the people or relatives we spoke with had wanted to do this, because they considered staff practice helped to ensure their safety needs were met.
- The provider continued to check the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management:

- Staff were knowledgeable about people's individual safety risks. We saw staff assisted people promptly, so the risks of avoidable harm were reduced. For example, when people were being supported to maintain their independence through assisting with washing up.
- People's care plans contained risk assessments which related to their safety and support needs. Staff had clear guidance to follow to reduce risks to people. For example, if people were at risk of when eating or doing activities they enjoyed, information to support staff to provide appropriate care was in place.
- The environment free from hazards. We found equipment was regularly checked and maintained. One person told us they managed their own equipment, with support from staff.

Staffing levels:

- There were suitable numbers of staff to care for people. People told us they did not have to wait long if they needed assistance from staff. One staff member said, "I could not see myself anywhere else but here; you do have time to spend with people."
- People highlighted they were supported by staff who knew their safety needs well. One staff member explained staff covered shifts, rather than use agency staff, so people would benefit from consistent care.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staff levels were increased to meet people's needs. This included in response to people experiencing increased anxiety, and to ensure staffing levels would meet people's safety and well-being needs.
- We saw staffing levels enabled people to have supported when they wanted this.

Using medicines safely

- People's medicines were managed safely. One person said, "Staff bring me my medicines all the times I need."

- Staff had to undertake training and have their competency checked before they could administer people's medicines. Staff competency was subsequently regularly checked.
- The administration of medicines was regularly checked by the registered manager, so they could be assured these were provided as prescribed.
- People's medicines were stored and disposed of safely.

Preventing and controlling infection

- Staff were supported to follow good infection control processes and confirmed they were provided with the training, equipment and resources needed to reduce the likelihood of people experiencing poor health. Guidance on infection control was displayed in appropriate areas of the home.
- We saw staff used the equipment required to promote good infection control to maintain a safe environment.

Learning lessons when things go wrong

- Accidents, near misses and untoward incidents were regularly reviewed by the registered managers, so any learning could be taken from these. The views of people, relatives and staff caring for people were central to this process. We saw staff communicated information about incidents daily, so they could adjust the care provided and further reduce the likelihood of reoccurrences.

Is the service effective?

Our findings

Effective – this means 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 people's feedback confirmed this.

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

- People's and their relatives' views were central to the assessments of care needs. People were supported to give their views on the care they wanted in accessible formats, such as pictures. This helped to ensure staff had a good understanding of what care people wanted and how they wanted this to be provided, before people moved to the home.
- Assessment processes prompted staff considered if Moor Court was the best place for each person, and to explore the possible impact of new people coming to live at the home on existing residents. One staff member said, "You ask people about themselves. You are asking yourself, 'Is this the right place for the person?'"
- Staff applied the knowledge gained during assessments, so people's preferences and needs would be swiftly met. People told us they felt at home quickly, because their views were considered and acted on.

Staff skills, knowledge and experience

- We found staff had developed the skills required to care for people. People told us staff knew how to support them. One person told us, "Staff know what they are doing."
- Staff had undertaken a wide range of training so they could carry out their roles effectively. This included specialist training courses linked to the needs of the people they cared for.
- Staff highlighted time spent working with more experienced staff, plus their induction programmes, had prepared them well to care for people.

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

- People were encouraged to decide what they would like to eat. One person explained they were on a specialist diet. The person told us staff supported them with this, so they would remain healthy and well. Other people told us they liked to develop their independence by assisting staff to prepare some of their meals. We saw people doing this during our inspection.
- Staff knew what people enjoyed eating and drinking, and if people required any support to have enough to eat and drink to remain well. This included if people needed a specific texture of food.
- One relative told us their family member had been supported by staff to achieve their nutritional goals. The relative said, "[Person's name] was exhilarated when they lost weight."
- We saw people's meals were presented well and people chatted to staff and other people living at the home. People were confident to ask staff for any support they wanted, for example, we saw one person wanted to use their favourite cup, and were supported by staff to do have this.

Staff providing consistent, effective, timely care

- Staff met at the end of each shift to consider if people's care needed to be changed in any way so their needs would be continually met.
- The registered managers had put systems in place so staff could work effectively with other organisations. Staff gave us examples of support they could provide to people because of these processes, in a timely and structured way. One person told us the support they had received through the staff and other health and social care organisations working together had helped them to experience greater well-being.
- Relatives told us these processes were working well. One relative highlighted staff had been proactive in obtaining access to specialist care their family member needed. The relative told us their family member enjoyed an enhanced sense of well-being as a result of the work undertaken by staff.
- People had health passports in place. These supported people and other health and social care professionals to provide the care people needed, in the ways they preferred.

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

- People were encouraged to be involved in decisions about the home and how these could be best used to meet their needs. Two people proudly showed us their rooms, which had been set out as a self-contained flat. People's smiles showed us they enjoyed having this area to live in, which had been tailored to meet their needs. Other people told us they enjoyed deciding what items they wanted in their rooms. We saw people's rooms were personalised, and some people had chosen to display photographs of friends and family, so they felt connected to them.
- We saw photographs were used to help people identify key areas, personal to them, and to help them navigate round the home.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in decisions about their care. Where people needed support to make some decisions this was provided by staff.
- We found the MCA and associated DoLS were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means 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

- People were relaxed around the staff who supported them and people's smiles showed us they had developed strong bonds with staff. One person said, "I really love the staff and the [other] people living here."
- One relative said, "[Person's name] has never been so happy since she moved here. It's because of the staff. [Staff] are here because they want to be helping people, and are so kind."
- Staff knew people well. One staff member told us they found out about people's histories and what was important through talking with them, their relatives, checking their care records and communicating information with more experienced staff. This helped to ensure people were supported by staff who knew what mattered to them.
- Staff used this knowledge to inform the best way to care for people. This ensured people were communicated with and supported in the ways they liked. For example, if people wanted to be reassured.
- We saw staff were caring and considerate to the people they supported. This included staff spending time chatting to people, so they would know they were valued and were central to life at the home.

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

- People gave us examples of day to day decisions they made about their care. For example, people decided what they wanted to eat, and what enjoyable things they would like to do. Where people needed support from staff to make their own decisions this was carefully provided by staff.
- We saw staff checked people's body language, so they could be sure they were making their own decisions. One staff member said, "The tools we have here to help people make choices are useful, such as easy reads." The staff member explained these were used to help non-verbal people make their own choices.
- Records showed us where this was appropriate relatives and external health and social work professionals had been involved in supporting people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was recognised and promoted by staff who supported them.
- Staff spoke warmly and with respect about the people they cared for.
- People's right to dignity was reflected in the way staff cared for them. One person highlighted staff always covered them appropriately as soon as possible when providing personal care.
- The systems put in place by the registered managers ensured people's confidential information was securely stored.
- We saw staff knocked people's doors and waited until people chose to give their permission for staff to

enter their rooms.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People's care plans recorded what care they wanted, their histories goals and care preferences. People and their relatives told us they were involved in drawing up care plans and reviewing them with staff. One person said, "I talked with staff about the care I wanted." The person told us they planned with staff what support they would like with their meals and what activities they would like to do.
- One relative told us their family member agreed for their care plans to be discussed with them. The relative said, "They [staff] do talk to me about [person's name] care. They have gone out of their way to put plans in place." The relative explained because of proactive reviews by staff, their family member had been given additional opportunities to do things they enjoyed, with accesses to their own transport.
- We found care planning was based on information provided by people at the time of their assessment which was provided in line with the Accessible Information Standards.
- Staff confirmed their views on people's changing care needs were incorporated into care plan reviews. This helped to ensure people's care reflected their current preferences and needs.
- Staff understood the importance of planning people's care to ensure people had the structure they wanted and were supported to celebrate their faiths and maintain relationships which were important to them.
- People told us there were no restrictions on them receiving visits from their relatives or friends.
- People told us they enjoyed activities they planned with staff. One person told us they regularly went to local clubs to meet with friends they had known before moving to Moor Court, and to trips out to the local theatre.
- Another person smiled when they told us about the holidays they had been on, and the football matches they attended with staff. The person said they were really looking forward to the Christmas party which staff were arranging. One person spent time working in the local community. One staff member said, "I love to see how much enjoyment they [people] get out of going out."
- Relatives told us the activities available supported their family member's well-being. One relative said, "[Person's name] loved their holiday."
- We found staff supported people to make decisions about what interesting things they might like to do during residents' meetings. One staff member told us, "You get the [people] to get the most out of their lives and we support them to do this."
- The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Moor Court were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints they may have, but told us they had not needed to

because they were listened to by the staff caring for them.

- Systems were in place to manage and respond to complaints or any concerns raised. We saw senior staff used complaints and concerns to drive through improvement in the home.

End of life care and support

- The service had provided end of life care to people. The registered manager had systems in place to ensure people's needs at the end of their lives were assessed and planned, so their wishes were respected.

Is the service well-led?

Our findings

Well-Led – this means 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff told us they regularly saw the registered managers and found them approachable. We saw people living at Moor Court liked to spend time with senior staff.
- People and their relatives felt confident any suggestions for developing the home further would be acted on. No people or relatives had made suggestions for developing the home or people's care further, as they considered the home to be well managed.
- The registered managers told us, "It's their [people's] home, we are the guests here. We have a family approach, but we get the jobs done. Whatever they want in life, we are here to make it happen."
- Comments made by staff confirmed they were clear this was the registered manager's aim. We found staff understood how they were expected to care for people. Staff knew the registered manager's vision was to provide the best care possible to people, based on their individual needs.

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

- The home was run well and people's care needs were met. People and their relatives were complimentary about the way the home was run. One relative told us because of this, "I think of this as a big house with a large, warm heart; it's a home."
- Staff told us they were supported to understand their roles through regular meetings with their managers. Staff said they were further supported by constructive feedback on their practice.
- The registered managers and senior staff checked the quality of the care provided. For example, checks were made on the health and safety and cleanliness of the home. Checks were also made on staff training and competencies and to assure the registered manager people's medicines were administered as prescribed.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People were encouraged to provide feedback about the service through surveys and at regular residents' meetings. Resident's meetings were used to encourage people to suggest if there were any ways to develop the service further. This included what additional activities people would like made available, their menu choices, and how the facilities at the home could be used to further enhance their lives.
- The registered manager obtained feedback from relatives and staff, through discussions and meetings.
- Staff gave us examples of suggestions they had made to improve people's care and experience of the home. One staff member had suggested one person's independence and well-being would be enhanced if

they had the use of their own vehicle. This suggestion had been listened to. The person told us they were very excited about choosing their own car.

- Another staff member said, "It's run well; we are listened to. When we changed our medication processes, [registered manager's name] changed the staffing. It's also recognised when people's needs changed, and we now have more individualised activities for people."

- The registered manager obtained feedback from people through surveys, and with relatives and staff, through discussions and meetings. One person told us they had suggested bird feeders were put in place for them and other people to enjoy. The person told us they were confident staff would arrange this.

- The registered manager gave us an example of actions taken because of the feedback received. This had led to one person being supported to have additional audio equipment. The person was then able to continue to enjoy listening to their favourite music, without this adversely impacting on other people living at the home.

- The registered managers had developed close working relationships with other health and social care professionals; this helped to ensure people's physical and health needs were promptly met.

- Staff had developed links with community organisations, so people could express their faith, in line with the people's preference, and continue to enjoy maintaining relationships which were important to them.

Continuous learning and improving care

- There was a culture of developing and improving the service further. Staff were encouraged to take positive learning from any incidents and to reflect on the standards of care provided, so lessons could be learnt.