

Leonard Cheshire Disability

The Moorings Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was a routine scheduled inspection and was announced.

Previous inspections had been carried out in December 2012 and August 2013. No concerns were identified and we found the service was meeting all standards inspected at that time.

The Moorings Supported Living Service is situated on a private development on the outskirts of Garstang. It is a modern development of 12 two-bedroom, fully accessible flats contained in one building. The service, under the umbrella of Leonard Cheshire Domiciliary support services provide support for the 12 people, who

Summary of findings

live there under their own tenancy agreements and require support due to physical or other disabilities. Care and support is provided by staff who work from an office on the ground floor of the same development and rented from the same landlord as the tenants.

During the visit, we spoke with five people who used the service, four support staff and the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Not all of the people we spoke with told us they felt safe. People were happy and felt safe with the care and support provided but there had been one ongoing issue which had caused two people not to feel safe. We saw good evidence of proactive measures taken by the registered manager to address this concern with the landlord and other agencies responsible. Steps had been taken to reassure people they were safe. Staff we spoke with had received training in the safeguarding of vulnerable adults and were able to tell us what they would do if they witnessed or had allegations of abuse or bad practice reported to them.

The registered manager and staff demonstrated a good understanding of the legal requirements of the Mental Capacity Act 2005 (MCA), and we saw evidence where this had been used. This meant the rights of people who lacked capacity to make decisions about their care were protected.

We found staffing levels were adequate to meet people's needs. There had been a high usage of agency staff due to unavoidable staff absences. Some people we spoke with raised concerns about this but the provider of the service was able to demonstrate to us that new permanent staff had been recruited and people had returned to their posts. Robust recruitment procedures were in place which enabled the service to check on the background of staff before they were allowed to work with vulnerable people.

Staff had been trained to handle medication and care plans gave detailed information about individuals' medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

People's needs were assessed, planned and delivered in line with their individual care needs. The support plans contained a good level of information and were focussed on the person's individual needs. Staff we spoke with knew people well. People who used the service were happy with the care and support received and confirmed staff had sufficient knowledge about them. As people who used the service lived in their own flats it was difficult to fully observe support provided. Those people who we did see receive support were treated with dignity and respect.

We observed interactions between staff and people using the service were kind and respectful. Staff told us they enjoyed their jobs and said they were well supported within their roles. Not all staff had received regular formal supervision or appraisals. The registered manager had made us aware about this in the information provided prior to the inspection. We were shown a schedule and plan to resolve this however it was ongoing and some staff had yet to receive formal support.

We saw people were assisted to attend routine health appointments. The service worked well with other agencies and visiting professionals to provide continuing specialist support for people who used the service. This meant that when people's needs changed, referrals were made quickly to other relevant health services. Each care plan that we looked at contained a detailed record of professional contacts and visits.

People who used the service held tenancy agreements with a housing association for their own flats which meant there were no restrictions for relatives and other visitors to people who used the service. Customer surveys were distributed on an annual basis, and the service had several methods of obtaining the views of people who lived at The Moorings.

All of the people we spoke with during our inspection knew how to make a complaint and had been given sufficient information about the process.

People who used the service all knew who the registered manager was and referred to this person by their first name. Staff we spoke with told us the registered manager was always available. The Moorings sat under

Summary of findings

the umbrella organisation of Leonard Cheshire Disability and as such the support of the larger organisation was always available for staff and people who used the service alike.

The registered manager informed us regular checks of the service were undertaken by the national quality assurance team from Leonard Cheshire. The registered manager used a range of checks and audits to ensure the quality of the service provided.

Summary of findings

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. We found that although not all of the people we spoke with told us they felt safe the situations they described had been dealt with, and we saw that appropriate steps had been taken to reassure people and keep them safe.

Staff had received training in the protection of vulnerable adults. Staff were aware of the requirements of the Mental Capacity Act 2005 and how restrictions placed on people could breach their human rights. The service had robust staffing and recruitment procedures in place to keep people safe.

Policies and procedures were in place for the safe handling of medication which included controlled drugs. Staff had been trained to handle medication and care plans gave detailed information about individuals medication requirements.

Good



Is the service effective?

The service was effective but not all staff had received regular supervision or appraisals. A schedule and plan had been put in place to address this but this had not yet been completed.

People told us they were happy that the care received met their needs and that staff were helpful. They were assisted with any nutritional requirements.

People received support to access other healthcare professionals. Community professionals gave us mixed feedback but where concerns had been raised we saw evidence to support what action the service had taken.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy with the care and support they received. Some people raised concerns about use of agency workers. New permanent staff had been recruited and it was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff we spoke with talked about the people they supported with respect and dignity. This told us staff cared about the people they supported. Relatives and other visitors were able to come and go as they pleased.

Good



Summary of findings

Is the service responsive?

The service was responsive. People who used the service received information about and were involved in their care. They were encouraged to express their views.

The registered manager had responded to what feedback had been received along with any complaints.

The service worked well with other professionals to ensure continuity of care for people with complex needs who used the service.

Good



Is the service well-led?

The service was well-led. There was a positive open culture within the service and we observed good interaction between the registered manager, staff and people who used the service.

The registered manager and the parent organisation regularly sought the views of people who used the service, relatives and staff in order to improve the quality of the service provided.

We saw there were effective systems in place to monitor incidents, learn lessons and monitor the quality of service for the benefit of people who used the service and staff.

Good



The Moorings Supported Living Service

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The team consisted of one inspector and one inspection manager on the first day and one inspector on the second day of our inspection.

Previous inspections had been carried out in December 2012 and August 2013. No concerns were identified and we found the service was meeting all standards inspected at that time.

Before our inspection on 05 and 06 August 2014 we reviewed information we held on the service. This included notifications we had received from the provider, about

incidents that affect the health, safety and welfare of people who were supported by the service. We reviewed information about the service which the provider had sent to us prior to the inspection and asked professionals who had involvement with the service for their views on the service provided. This helped inform what areas we would focus on as part of our inspection.

During our inspection we spoke with five people who used the service, four care support staff and the registered manager. We observed the interaction between people who used the service and staff as they provided support.

We also spent time looking at records, which included care records for eight people who used the service, staff training records and records relating to the management of the home. We pathway tracked a number of people who used the service and in particular those people who had some restrictions placed on them as part of their care and support. Pathway tracking is a way of checking how people were being supported at each stage of their treatment and care.

We contacted the commissioners from the local authority about the service and sent written questionnaires out to people who used the service, relatives, staff and healthcare professionals in order to get their views.

Is the service safe?

Our findings

We spoke with five people who used the service during our inspection. People we spoke with told us they were happy with the service and felt safe with the service provided. We were told “I use and get help with (named piece of equipment) and I feel perfectly safe”. “Of course I feel safe”. And: “I feel safe, it would be sad if I had to leave. I love it. The staff are fantastic”.

Two people who used the service told us they did not feel safe. This was due to some incidents of anti-social behaviour. We were told: “I don’t feel safe at the moment. I don’t feel safe because of [named person]. Whilst another said: “Sometimes I don’t feel safe, one person, [named] shouts”. These people described incidents which had happened. They told us that on occasions the police had been called.

We spoke to the registered manager about what people had told us. We were told there had been a number of incidents of verbal aggression and shouting and on occasions the police had been called but no person had been assaulted or injured. All of the incidents were aimed at staff although the disruption affected the other people who lived there.

We were shown what steps had taken within the remit of the service to resolve the problem. We were shown the risk assessments in place for people who did not feel safe and for the person who’s behaviour challenged the service. We saw documented evidence of numerous consultations driven by the registered manager. For example meetings had taken place with the landlord of the housing association, health and social care professionals and other agencies who held responsibility. All incidents had been reported as safeguarding incidents to the local authority and a further meeting was planned soon after our inspection on 07 August 2014.

Meetings had been held with people to give them reassurance and the housing association had asked all their tenants to keep a log of incidents with a view to them taking action. This was confirmed by people who used the service. One person told us “[named housing association] have asked me to keep a log”. This meant that the service had taken what steps they were able to support people to feel safe.

Staff we spoke with had all received training in the safeguarding of vulnerable adults. Staff confirmed they had a good understanding of the type of concern they should report, and how they should report it. Policies and procedures were in place around the protection of vulnerable adults and whistleblowing. One member of staff told us: “I have reported a safeguarding incident before now and I am confident that the manager would deal with anything”.

In respect of their own protection, some staff did tell us that it can be scary at times. One person told us: “The other day [named person] grabbed my jumper”. “We all know to ring the police if we need help”. We were told by the registered manager and staff that physical restraint was not used. Some staff had received some training in escape methods but new staff had not yet received any training in breakaway techniques. Such training would help to make staff feel more confident in dealing with some people who exhibited behaviours that challenged the service. Staff were also fully aware of the triggers which could set off aggression in some people and knew the signs to look out for. For example one member of staff who worked regularly with a person whose behaviour challenged the service was able to tell us about the different signs that this person’s body language displayed and their meanings.

The registered manager informed us they were aware of the need for this training and the training coordinator for the provider had been contacted to arrange this as soon as possible. Contact had also been made with professionals in the local authority to access information and training based on their professional knowledge of people they supported.

The rights of people who used the service were respected. We did note some staff we spoke with had not yet received any training in the Mental Capacity Act 2005 (MCA). The MCA provides legal protection of those people who may not have the capacity to make some decisions for themselves. The registered manager was able to demonstrate to us plans were in place for staff who had not yet received training in the MCA as soon as possible.

In discussions, the registered manager and staff demonstrated a good understanding of the legal requirements of the MCA and also how some restrictions placed on people could deprive them of their liberty. This knowledge had been demonstrated in respect of one person who used the service who had restrictions placed

Is the service safe?

on them which had been sanctioned by an order from the Court of Protection (CoP). The CoP is a superior court in English Law created under the MCA to protect the rights of vulnerable people who lack the capacity to make some decisions for themselves.

We looked at the care plan for this person and all of the documentation around the CoP order. We saw evidence that staff and the manager had identified the restrictions in place and followed due processes to ensure this person's rights were protected whilst safeguarding the rights of other people who used the service and staff.

There were processes in place to calculate the staffing levels required to meet the needs of people who used the service. We saw staffing levels were kept under constant review and the registered manager was able to show us examples of changes in staffing made to meet people's needs. There had been some use of agency staff to cover for maternity leave and other long term sickness.

People we spoke with felt that staffing levels were adequate to meet their needs and keep them safe. People who used the service who we spoke with told us: "I like my flat. Staff will help me during the night if I ask". And: "I have no issues with any of the support staff".

Staff we spoke with told us they felt they had enough time to meet people's needs safely and provide care within the allotted care plan timescales. Some staff told us they quite often did more for people as they were based on site. One staff member told us: "It can be difficult sometimes though. Because we have our office in the same building, people forget and don't understand that they have set hours as part of their care plan, but because we are here they think we should be able to respond all the time".

Staff we spoke with described their recruitment process to us. All staff had current certificates from the Disclosure and Barring Service (DBS). The DBS had replaced the old Criminal Record Bureau (CRB) checks. We looked at three staff files including that of a newly recruited person. We saw that all relevant documentation and checks had been

completed. This meant robust recruitment procedures were in place for the registered manager to check the background of staff before they were allowed to work with people who used the service.

We looked at the systems in place for dealing with medication. Some people who used the service were able to self-administer their medication whilst others received some help from staff. One person who used the service told us: "I do my own meds except for my creams. Staff observe me and sign for it". Whilst another person said: "The meds are kept in my room. I go to the doctors myself. I never go with the staff I always go with my friend".

We looked at the care plans for three people who used the service and saw risk assessments were in place where people self-administered their own medication. For those people who required as and when medication, also known as PRN medication we saw plans in place which described the type of medication and details as to when and under what circumstances it should be taken. This ensured people received their medication, when required at appropriate times and in a safe manner.

Policies and procedure were in place for the safe handling of medication. Most people who used the service kept their own medication in locked cabinets in their own rooms. The manager informed us that only trained staff were allowed to deal with medication. Staff we spoke with all told us they had received training in medication. Training records and staff files we looked at confirmed this.

We found appropriate arrangements for the recording, and safe administration and storage of medicines. This included controlled drugs kept by the service for one person who had been prescribed them. Controlled drugs are those which are controlled by law under the Misuse of Drugs legislation. Records we checked were complete and accurate. Medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

Is the service effective?

Our findings

We were informed by the registered manager in the information provided before the inspection that people's needs were fully assessed before the service would provide care and support. Once people moved into the service they created a personal plan and health plan with the assistance of the staff team. This included the individual's needs, choices, preferences and aspirations.

People who used the service told us: "My care plan. I tell them what I want". "I am in full control of my care plan". We were also told by one person that they had written their own care plan.

Care plans we looked at were personalised and contained sufficient detail for staff to provide personalised care and support to people who used the service. One member of staff told us: "The care plans give us more than enough information".

People who used the service were happy with the care and support received and found staff met their needs with sufficient knowledge about them. We were told: "I've been here (number) years. The staff know me and are great". "I have a keyworker". "I can do most things for myself but staff do help when I need it". And: "I have a keyworker. He takes me out all the time".

Some people we spoke with expressed concern over the use of agency staff who they felt did not know them as well as the permanent staff.

We spoke to the registered manager about this. We were told there had been use of agency staff. One member of staff had been on long term sick leave whilst another was on maternity leave. They had tried to get the same agency staff for consistency but this had not always been possible. The service has just recruited some new staff and the hope was that this would reduce the numbers of agency staff. We saw the staff files of three newly recruited members of staff.

The registered manager informed us prior to this inspection that staff supervision and annual appraisals had not been held as frequently as he would have liked.

The staff we spoke with confirmed they had not had regular supervisions and appraisals. Staff also told us, despite this, they felt well supported by the registered manager and that any concerns would be addressed. One person said "I

haven't had a supervision since my three month probation ended". Whilst another said: "I haven't had supervision for a while now, the [registered manager's] door is always open though. We talk about how I am, but no formal supervision". And: "Appraisal. Can't remember. I think I had one last year".

The registered manager informed us that as they had recently recruited to a senior carers post, supervisions and appraisals were getting back on track. We were shown a new supervision schedule. We saw a number of supervisions had been completed and others were scheduled to take place. Supervision of staff is a necessary requirement to ensure that staff receive the formal support they need to perform their role.

For people who had specific nutritional needs we saw recorded risk assessments and reminders for people to be prompted towards certain diets. Staff we spoke with told us: "We will help them or point out if something is not good for them but in the end, it must be their choice".

People who used the service told us: "Staff come in and do my tea every day". "I get take-a-way meal when my friend visits. I don't cook at all. Staff will warm things up for me". And: "Meals and meal times. No problems. I shop on line with [named supermarket] or staff will nip out to [named supermarket]".

We saw evidence from records that people attended routine appointments with a range of health care professionals. One person who used the service told us: "I can go to the doctors on my own but sometimes a carer comes with me". Care plans we looked at contained detailed records of professional visits.

We had mixed reactions from professionals when we asked them for their views on the service. For example, one group of professionals told us: "Communication can be an issue. For example when we have given regular planned care to one resident, the carers have agreed to telephone us with the result of the care. In the last month they have failed to do this six times out of a possible 14".

Other professionals told us: "I found them to be proactive regarding care adjustments, person centred and the service user was very happy with service provision [he had capacity]". And: "The manager was timely in responding back to me and patient while funding was secured".

Is the service effective?

When people's needs changed we saw that referrals were made quickly to other relevant health services. One other professional person told us: "I have always found the staff approachable and professional. They contact me promptly when they require support".

Is the service caring?

Our findings

People we spoke with who used the service told us they were happy with the service they received. In particular from the permanent staff. We were told: “Love it. Staff are fantastic. I can do most things for myself but the staff do help when needed”. “I have a keyworker. He is going to take me out for tea on a narrow boat”. And: “I like my flat, staff will help me during the night”.

Three people we spoke with made comments about the care they received from other staff such as agency employees. One person told us: “I get extra hours for social time on a Saturday, but sometimes I don’t get the staff I want and have to have agency staff”. Whilst another said: “Some of the staff don’t understand me. They just guess”.

We spoke with the registered manager about these comments and in particular the negative ones. We were informed that due to extended periods of sickness and maternity leave a number of agency staff had been used. We were informed that the absent staff had now returned to work and that the service had recruited new staff. One person who had made comments did tell us “It has improved”.

We were shown the files for some new starters and one member of staff told us: “It’s getting better now. We’ve had a rough time with people being off and having to rely on agency workers. Some just don’t turn up”.

Staff we spoke with were able to tell us about individuals’ preferences, likes and dislikes. As people who used the service lived in their own flats it was difficult to fully observe the support provided. Those people who we did see receive support were treated with kindness and a level of understanding for their particular condition. This demonstrated staff had a good understanding of individuals they cared for. We observed one member of staff spent some considerable time sat on a garden bench talking to one person. The interaction between the two people was good and the person who used the service was laughing and smiling throughout.

A professional person who had dealings with the service told us: “We have regular contact with two residents several times per week. One of these residents family report they are delighted with the support their relative receives”.

The provider informed us people’s needs were fully assessed prior to moving into the service. Once there they created a personal plan and health plan with assistance from the staff team. People were encouraged to maintain their independence and to be as fully involved as possible in the provision of their care. We looked at a sample of care plans for people who used the service and found that whilst required information such as personal details was consistent in all, each was very different in its own way and reflected the needs of each individual person who used the service. For example one care plan we looked at had been completely written by the person to whom it referred. There was documented evidence in the support plans we looked at to suggest the person who used the service and their relative had contributed to the development of their care and supports needs.

People who used the service told us: “I am in full control of my care plan”. “My care plan was all worked out. I am very happy with it”. And: “My care plan? I tell them what I want”.

The registered manager told us the service helped people to be as independent as they wished and people who used the service were supported as much as possible to do this. Holiday support was provided to people who used the service should they wish it. Staff we spoke with confirmed this and one member of staff said: “It is different being in the same building but it’s also nice as there is always someone there to provide support”.

People who used the service told us: “Staff do my ironing for me”. “I go to the pub on a Friday and have a pint and a kebab afterwards”. And: “My first key worker was brilliant. She had me doing so much for myself and really encouraged me to be independent”. This meant people who used the service were able to participate in activities as and when they wished and staff respected their choices.

We observed other people who used the service, relatives and other visitors, coming and going throughout the two days of our inspection. One person told us: “My dad is picking me up tomorrow to go to the solicitors”. We also saw other people relaxing on their own in the garden. Which meant relatives friends and other visitors were able to see people without restriction.

Is the service caring?

All of the people who used the service lived in their own flats and had been allocated a certain number of hours care each. Therefore privacy was not an issue within this service. We did observe care staff knocking on people's doors and asking if it was alright to enter.

Is the service responsive?

Our findings

Support for people who used the service was assessed in terms of hours required for personal care by the social work team involved and then assessed by the service to ensure they could meet those hours and the care required. The service was unusual in so much as the provider 'The Leonard Cheshire Disability' rented an office from the landlord in the same building which meant the care team were based in the same building as the people who used the service. The manager did tell us that should another agency be contracted to provide the personal care for anyone then they would attend in a similar way to any other domiciliary care agency visiting a person at their home.

The fact that staff were based in the building meant that on many occasions staff were providing support over and above the required hours for some individuals. The manager also explained that some people who used the service expected the extra support purely because staff were on site but that this was not part of the contracted agreement. This was confirmed by some comments made to us by people who used the service. We were told: "You don't always get the support at the time you need it". "Some staff can do things whilst others can't". We looked at records in relation to some of the comments made and found that people had received their allotted hours for personal support. For example one person told us that they had 'buzzed during the night' and had been asked to wait. We looked at the hours scheduled for this person and saw the hours were one hour in the morning between 6am and 7am. Lunch time between 11am and 12 noon. An afternoon period between 3pm and 4pm, finishing with an evening session between 7:30pm and 8:30 pm. There was no night cover commissioned from this service for this person.

The registered manager and staff we spoke with informed us that they did try to explain this to people but it had been difficult for people to understand as staff were on site. The registered manager did tell us that he was in the process of speaking with commissioners to try and find some way to address this issue.

We were informed by the registered manager in the information provided before the inspection that the service used a range of documents which could be individualised

for people's care plans. Care plans were drawn up with people who used the service and each person could have access to the 'The Leonard Cheshire Disability' UK personalisation manager for advice or support if required.

People we spoke with, all told us they had been involved in the preparation of their care plan and felt they had more than enough information about their support. We were told: "I tell them what I want. It would be sad if I ever had to leave". And "My care plan was all worked out and I am very happy with it".

The registered manager informed us care plans were reviewed on a regular basis or as and when required. One person who used the service had written their own care plan and was continuously adding to it. We spoke with this person who confirmed with us this was the case. Professionals who had involvement with the service told us: "They [staff] are always keen to implement any suggested treatment plans I have initiated and made good efforts to obtain any information I have requested".

We looked at a sample of care plans and found them to contain sufficient information for staff to provide support. The plans contained a range of consent documents, all signed by the person who used the service. Where people lacked capacity to understand their care plan, best interest discussions had taken place which had included relatives and other interested parties. Care plans were extremely personalised. As an example one we viewed contained pictures of the person who used the service, posing making various signs and symbols. Under each photograph was a description of what the person meant when they made each particular sign. This meant that any staff, unfamiliar with this person could see at a glance, what was required in order to respond their needs. For example one pose had written under it: 'I want to watch/play a DVD/CD'.

All of the people we spoke with during our inspection knew how to make a complaint. We were shown information contained within the copies of care plans held in people's flats which gave details of how to make a complaint or raise concerns. The provider had policies and procedures in place in respect of complaints and were able to view the log kept in respect of casual/verbal concerns made and formal written complaints.

The registered manager told us many people who used the service had complex needs. Regular liaison meetings took

Is the service responsive?

place between the registered manager and other health and social care professionals to ensure a continuity of care for people who required support. We saw minutes and emails relating to some of these meetings.

Each care plan we looked at contained a detailed record of professional contacts and visits. Professionals we spoke with prior to our inspection also told us: “Staff made themselves available to partake in the assessment”. And: “I have nothing negative to report”. One person mentioned two specific incidents where there had been a breakdown in communication following their visits.

The registered manager was able to explain to us about the adverse comments. We saw from minutes these had been addressed in staff meetings. Which demonstrated action had been taken to address the concern.

We were also shown a complex file of notes, minutes and meetings between a range of professionals and the registered manager in respect of an application to the court of protection for one person who used the service. This showed that where people required additional services appropriate planning and support took place throughout the process.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Prior to our inspection the registered manager had been asked to provide us with information about the service and how they worked towards our five domains of safe, effective, caring, responsive and well led. This information was sent in the form of a Provider Information Return (PIR) and had been completed in detail and within required timescales. This gave us useful information about the service and demonstrated that the registered manager was aware of the need to continuously monitor the quality of service provided.

People who used the service all knew who the registered manager was and referred to them by their first name. People we spoke with and staff told us they were able to approach the registered manager at any time and didn't need to wait for formal meetings to discuss opinions or concerns. They told us they felt able to approach the registered manager and discuss any subject. We were told: "His door is always open". "He is thorough". And: "[Named person] is always available. You can talk to him".

During our inspection we observed good interactions between the registered manager, staff and people who used the service. We saw there were clear lines of accountability. This helped to ensure the service provided a relaxed place to live and work.

The Moorings sat under the umbrella organisation of Leonard Cheshire Disability and in the PIR the registered manager informed us that, staff and people who used the service had the support and were able to access the knowledge of national teams such as property, finance, human resources, safeguarding and quality assurance teams. Regular meetings took place between heads of department and team leaders which provided peer support for the registered manager.

The registered manager informed us regular checks of the service were undertaken by the national quality assurance team for Leonard Cheshire. There was a system of peer reviews where the manager of another service would complete an audit on areas of the service provision. We

were shown the results of one such recent peer review and saw where shortfalls or suggestions for best practice had been highlighted, action plans had been put in place. This ensured continuity of service across the organisation.

We spoke to the registered manager about how the service obtained the views of the people they cared for. We were informed customer surveys were given on an annual basis. We looked at the result and saw there had only been two responses to the last survey in 2013. Those that had responded we saw were happy with the service provided. None of the people we spoke with had completed the survey.

We were shown the form for a 'Friends and Family' questionnaire which had been sent out prior to our inspection. Returns had not yet started to come in. This showed the registered manager had made several attempts to gain the views of people who used the service.

The registered manager also informed us they had attempted to arrange tenants meetings. This had also been difficult as the building was purely residential and there was no separate room within the building to hold such a meeting. There had been little enthusiasm from people who they supported for using a different venue. However some had taken place at other venues when possible and we were shown the minutes of one which had taken place on 17 July 2014. Staff we spoke with and people who used the service confirmed these meetings had taken place to share concerns and raise issues.

Staff we spoke with confirmed meetings were held. The registered manager confirmed this and we were shown minutes for two such meetings. A range of topics had been discussed from staffing levels through to sharing information of relevance about the needs of people who used the service. This showed that the service recognised the benefits of good communication.

The registered manager and staff all told us regular hand overs took place at each change of shift. We observed a handover during the first day of our inspection. This was chaired by one of the senior carers and was a useful but relaxed exchange of valuable information and views. All parties present took part and were allowed their say. This showed the staff team were committed to providing a good quality of care for the people who used the service.

We saw the registered manager had a range of systems and audits in place to monitor the quality of service provided.

Is the service well-led?

We were shown many examples of this. For example there was a communications book kept in the main office. Staff would record any incidents of note or requests by people who used the service. The registered manager would read through this book each day and any incidents worthy of further action would be dealt with.

We were shown the service safeguarding log and could see that where incidents had been recorded in the communications book which the registered manager deemed to require a safeguarding alert to the local authority this had been done and fully recorded. This meant that systems were in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service, and staff.

The log also recorded notifications to the Care Quality Commission (CQC). Services registered with the CQC are required under the Care Quality Commission (Registration)

Regulations 2009 to notify the Commission about certain incidents prescribed by the act. This meant the manager had a complete audit trail for all incidents and allowed for lessons to be learned as and when required.

We were also shown audits and checks which had been completed on medication, controlled drugs and care plans.

One professional we spoke with told us: “From the experiences I have had about this care agency, there is evidence from the managers and senior support staff that they are committed to good quality care and are eager to ensure the person I am involved with is treated with respect and dignity and is supported safely”.

The service had a current accreditation with ‘Investors in People’, which meant the service had achieved certain set quality assurance criteria in order to maintain the accreditation.