

Moore Care Limited

# Moore Care Limited - 4 Manchester Road

## Inspection report

4 Manchester Road  
Buxton  
Derbyshire  
SK17 6SB

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: 4 Manchester Rd is a set of 8 properties providing supported living to people with learning disabilities or mental health needs in Buxton, Derbyshire.

People's experience of using this service:

The outcomes for people using the service reflected principles and values of Registering the Right Support. The staff promoted choice and control including people having ownership of their care plans and deciding on their own care. Independence and inclusion were important aspects of people's lives as they participated in work, leisure and creative opportunities. There was a focus on learning new skills and people spoke with us about their aims for more independent living in the future.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

Rating at last inspection: They were last inspected on 26 May 2016 and were rated good.

Why we inspected: This was a planned inspection based on previous rating.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Moore Care Limited - 4 Manchester Road

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors completed this inspection.

Service and service type: This service provides care and support to twenty one people living in eight 'supported living' settings, so that they can live as independently possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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: We gave the service 4 days' notice of the inspection site visit so that the provider could ask for people's consent for us to visit them in their homes.

What we did: We used information we held about the home which included notifications that they sent us to

plan this inspection. We also used the completed Provider Information Return (PIR). This is 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. However, the provider had completed this eleven months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with seven people who lived at the home about the support they received. We spoke with the registered manager, the quality director, the provider, one senior care staff, and two care staff. We reviewed care plans for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff knew how to recognise abuse and protect people from it. People told us of arrangements they had in place to protect them from potential abuse; for example, support with finances to ensure people's money was protected from others.
- ☐ One member of staff told us, "Safeguarding is about making sure people are not at risk of neglect and they are safe. I certainly feel supported to raise safeguarding concerns if needed."
- ☐ The registered manager described the actions they would take to raise any concerns and any that were reported were investigated to keep people safe.

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- ☐ Risk management was personalised and encouraged independence. For some people this meant support to budget and manage their money. Other people told us they had staff support to go out and to help them to make meals.
- ☐ Some people had plans in place to support them to manage behaviour which could cause harm to themselves or others. Staff we spoke with were knowledgeable about these plans and the action they could take to help people when they saw the signs of anxiety or distress. One member of staff said, ""We had training and I learnt new skills with challenging behaviours. Sometimes, the easiest thing is a change of face though; that usually helps."

Staffing and recruitment

- ☐ There were enough staff to ensure that people's needs were met safely. Staffing levels were designed around individual needs and planned activities.
- ☐ Some people had specific hours for one to one time and this was planned with them across a week so they could access all the activities that were important to them; for example, going out for meals, shopping, and holidays.
- ☐ People needed differing levels of staff support and when they were assessed as needing constant staff support we saw this was provided.
- ☐ The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- ☐ Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ One person told us how they managed their own medicines in preparation for living more independently.

Others told us how staff supported them to take theirs. There were risk assessments for each person to guide this.

- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

#### Preventing and controlling infection

- People's homes were clean and hygienic which reduced the risk of infection. Some people we spoke with told us how they were supported to do this by staff. One person said, "I do jobs like hoovering and mopping, and I clean my bathroom."
- We saw that there was protective equipment available to staff when needed.

#### Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, when there were gaps on signatures of medicines records these were reported to ensure people had the medicines they were prescribed.

# 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

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 needs and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.
- ☐ Each person we spoke with knew about their care plans and had involvement in them.

Staff support: induction, training, skills and experience

- ☐ People were supported by staff who had ongoing training and support to do their job well.
- ☐ One member of staff said, "I have done lots of training. Recently I did epilepsy awareness which was really useful."
- ☐ Other staff told us about their medicines administration training. They said they were assessed after the training to check they were doing it correctly before administering independently.

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

- ☐ People were supported to have balanced diets and make choices about the kind of food they enjoyed.
- ☐ One person told us, "I have been doing slimming world and staff support me with this. Some of the staff are doing it as well so we check in with each other." They also told us how they were assisted to remove some food groups from their diet because of suspected intolerances. They chatted to us about the different recipes they had tried since doing this and told us they felt better."
- ☐ We saw some people preparing their lunchtime meals with limited support but they knew when to ask staff to check the meal was correctly and safely prepared.
- ☐ Staff had a good understanding of people's differing dietary needs and these were clearly recorded in their care plans.

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

- ☐ There were good relationships in place to ensure that people saw healthcare professionals when required.
- ☐ One person told us, "Staff take me to the doctors and they check me. The staff help me talk as it can be confusing". They also told us about a health appointment they were going to that day which had been made to fix some adaptations.
- ☐ Some people had regular support from mental health specialists and could describe strategies in place to



help them and staff manage this; for example, completing daily thought logs to share with trusted staff.

#### 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.
- ☐ We checked whether the provider 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.
- ☐ People told us, and we observed that staff assisted them to make their own decisions.
- ☐ Staff had a good understanding of the MCA and how to support people to make decisions. One member of staff said, "The MCA defines who can make what decisions and if people can't we help them get things like advocacy. However, we try to explain things well and in a way they understand to help them to decide for themselves." Advocacy is external, independent professionals assisting people to make choices.
- ☐ Staff understood when people had restrictions in place; for example, they described how they supported people to make decisions for larger amounts of money for holidays through financial appointees. They told us when people had been supported to make decisions in their best interests; for example, to have medical procedures.

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

- ☐ People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- ☐ People's rooms were designed and decorated to their taste. For example, one person showed us their room which contained lots of musical instruments, music and films. Another person liked to rearrange their room often and so they had wheels on their furniture to aid this.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People had caring, kind supportive relationships with the staff who supported them.
- ☐ One person told us, "I do like the staff here." Another person said, "All of the staff listen to me."
- ☐ We saw caring interaction between staff and people throughout the inspection. One member of staff said, "I really love it here; I like to support people at night and make their rooms really cosy for them."
- ☐ Staff talked to us about people's different cultural backgrounds and how they supported them in line with these.

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

- ☐ People were partners in their care, and were consulted throughout about the support they needed.
- ☐ One person told us how they were being supported to achieve their goal of living more independently with their partner. They had decided with staff what was important to learn; for example, choosing their own meals, shopping and cooking with limited support. They were proud of their achievements and chatted with staff about their future plans.
- ☐ Another person said, "Staff go everywhere with me to keep me safe. I ask if we can go out and then we can go anywhere I want."
- ☐ When people had more limited one to one staff support hours they were consulted and involved in how best to use these during the week. Some people told us they found this frustrating but described how staff ensured they had activities every day. For example, at times when they didn't have individual support hours they went to some group activities or things they could do independently.

Respecting and promoting people's privacy, dignity and independence

- ☐ Dignity and privacy were upheld for people to ensure that their rights were respected.
- ☐ Staff asked people's permission for us to talk with them and for them to share any information about them.
- ☐ People were supported to maintain and develop relationships with important others in their lives. Some people described their relationships with partners and others. People often visited family and went on holidays with them.
- ☐ People told us that their special occasions were celebrated. One member of staff said, "If it is someone's birthday, we send an email out to the other houses inviting people for cake and tea if the person wants that."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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 supported by staff who knew them well and helped them to plan for things they wanted to do.
- ☐ People had full weeks and on the day of our inspection visit different people had been shopping, out for medical appointments, seeing friends, visiting family or just relaxing at home.
- ☐ Some people had voluntary jobs which they attended regularly. For example, one person told us about the help they provided at a local foodbank.
- ☐ People told us about holidays they were planning or had recently been on. One person told us they were off to London for a few days and had a full itinerary of sightseeing, a west end show, museums and shopping.
- ☐ There were care plans in place which were detailed and regularly reviewed. One person showed us their care plan and they were very familiar with the guidance for staff in how they chose to be supported. Another person showed less interest. They said, "The staff fill out the books but I don't really know what is in it."
- ☐ One member of staff told us, "We do handovers at each shift change. We talk about any concerns. Some people who live here get involved if they want to. One person chooses to be really involved in their care and they fill in their own activity charts and update their care plans."
- ☐ People's communication needs were assessed and it was clear how information should be shared with them. One person showed us their talking watch which they explained helped them to tell the time. We saw people had access to technology and could use emails and texts to share information if they wanted. The registered manager told us, "I regularly text some people to discuss their care and offer them reassurances".
- ☐ This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand

End of life care and support

- ☐ People's end of life wishes were recorded. There was no one receiving end of life care at the time of our inspection.
- ☐ We spoke with the registered manager about some recent deaths of people who lived at the homes. They described how they had included people in the funeral if they wanted and how this had helped them to talk to some people about what their future wishes would be.

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to. Although no formal complaints had been received the registered manager told us how they spent time with some people to help them resolve any concerns on a regular basis.

# 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

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 with openness; and how the provider understands and acts on their duty of candour responsibility;

Continuous learning and improving care

- ☐ People, staff, the registered manager and the provider described a culture which focussed on people and ensuring they received very good care.
- ☐ People told us they knew the registered manager and the provider well. One person said to another, "We all have a good relationship with the registered manager, don't we [Name]?" The other person agreed enthusiastically.
- ☐ We saw the registered manager and the provider had friendly, informal relationships with people and were informed of the important things for them at the time; for example, disagreements with other people who lived at the home.
- ☐ The provider and the registered manager understood the responsibilities of their registration with us. We highlighted after the inspection visit some aspects of the provider's registration which needed to be updated. These notifications were completed promptly to ensure all the information we held about the provider was current. For example, the provider was in the process of moving their main office and they updated their information in line with this.
- ☐ There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were medication audits monthly which had actions for improvement recorded.
- ☐ Some staff had been given lead roles across some of the homes. They understood their responsibilities to report on a monthly basis to the provider. The quality director collated all of the information into a full report and analysed it for any action points or learning.
- ☐ The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. The provider displayed their previous rating on the website and in the office in line with our requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff spoke positively about the culture of the home, and described how much everyone cared about the people they supported and wanted to ensure they had good lives. One member of staff told us, "All of the staff are flexible; for example, we pick up extra shifts to cover for holidays. I wouldn't want to leave anyone here without an activity or holiday they wanted."
- ☐ All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. One member of staff said, "I know who to go to if I need to. The registered manager and provider are very responsive."

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

- ☐ There were regular meetings with people who lived at the home and their relatives. One person told us, "We have house meetings. We do them with staff and talk about anything exciting."
- ☐ Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings. One member of staff said, "We have regular team meetings. There is a set agenda and we input into that. I am listened to if I have concerns and they are always fair."

Working in partnership with others

- ☐ There were strong relationships with local health and social care professionals.
- ☐ The provider told us about investments and partnerships in community projects which opened up opportunities for people; there was a community arts project and a working farm which people had spent time at.