

Regal Care Trading Ltd

Le Moors

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Le Moors provides personal care and accommodation for up to eight people who have learning disabilities and/or autism. At the time of inspection there were seven people living in the home. Accommodation is provided in single bedrooms over two floors. There is a lift for access. There is one main communal area and a further room which was being used for visitors during the pandemic.

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

People were not always safe because sufficient staffing levels had not been maintained at weekends. People had been supported by more staff during the week and this had helped to maintain their safety and wellbeing.

People had been supported to manage the risks they may experience by staff who had received training to keep people safe from avoidable harm and abuse. People received their medicines as prescribed from staff who had received training in the safe management of medicines.

People's needs had been assessed and staff supporting them had received training to help ensure they could support people effectively. Support for people who experienced anxiety and distress which may present a risk to themselves or others, would benefit from staff having more specialised training in this area. People who were unable to consent to live in the home had the rights upheld, the provider had applied for the appropriate legal authorisations.

People were supported by kind and caring staff. The effort staff made to understand and communicate with people had improved since the last inspection. Some relatives felt there had been big improvements in people's quality of life.

People were being supported to engage in an increased number of activities both inside and outside of the home. Staff continued to explore what people preferred to do.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The residential model of care meant people did not always have choice and control in their daily lives. There was a lack of choice in relation to the home and who they shared it with. People did not have information in place which detailed their rights and obligations. Lack of space for staff meant staff frequently had to take breaks in people's lounge/dining room. Staff would complete office tasks at the dining tables directly facing

people sat in the lounge.

People's dignity was not always upheld due to the lack of access to basic facilities. We raised this with the provider but were not assured by their response that they had fully considered this impact.

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

Rating at the last inspection and update

The last rating for this service was inadequate published 10 August 2021 and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection though improvements had been made, not enough improvement had been made and the provider was still in breach of regulations. We have identified breaches in relation to; staffing, premises and made recommendations in relation to training, visiting and activities.

This service has been in Special Measures since 10 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We noted there had been improvements made but these still need to be fully embedded. We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

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 not always well-led

Details are in our well-led findings below

Requires Improvement ●

Le Moors

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Although not part of this inspection, CQC is continuing to investigate the circumstance relating to the death of a person who lived at the service. The information shared with CQC about the incident indicated potential concerns about the management of people's risk of choking.

Inspection Team

The inspection was completed by two inspectors.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the action plans the service had completed since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living in the home. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two staff who were in the home and a further three staff on the telephone. We spoke with the relatives of four people. We reviewed a range of records including; care records, medicines records; staff recruitment, training and supervision records. We toured the building and looked at equipment and maintenance records, fire safety checks, cleaning routines and infection control policies and practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with local authority adult social care staff and learning disability nursing staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This is because further improvement is needed.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 18.

- The provider had not improved staffing levels at the weekend. Only two staff were on duty to support seven people living in the home. One person needed one to one support to maintain their own and others safety. Staff also had to prepare meals and maintain the cleanliness of the home. This meant we could not be assured staffing levels were safe. Some incidents had occurred at weekends which may have been avoided if staffing levels had been adequate.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had increased staffing levels during the week which meant people living in the home had been supported to engage in a broader range of activities.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

At our last inspection the provider had failed to follow robust recruitment procedures to help ensure staff were suitable to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. The registered manager completed appropriate checks to ensure staff were suitable to support people living at the service.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection control practices had improved. Toilet facilities were clean, hand towels and appropriate PPE were available. Food hygiene practices had improved. However, we found very low water pressure in some bedrooms and the toilet upstairs, it was little more than a trickle for two minutes which meant people may not have been able to maintain good hand hygiene. We discussed this with the provider who agreed they would address the matter.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risks people might experience or regularly monitored the safety of the environment. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of regulation 12 but we have made a recommendation below in relation to risks.

- Maintenance records were up to date in relation to services and equipment checks. This included, gas and electrical safety, water temperature checks and moving and handling equipment.
- The registered manager ensured fire safety equipment was checked regularly, and fire drills had been completed with the staff.
- The provider did not have clear signage about what to do in the event of a fire or a copy of the fire evacuation procedure next to the alarm panel. We raised this with the provider who developed a fire evacuation plan during the inspection.

We recommend the provider considers developing some clear easy read versions of the fire evacuation procedure to aid staff and people living in the home, in the event of a fire, to respond safely. We provided

some signposting to available examples.

- The provider and registered manager had completed risk assessments in relation to the risks people might experience. Care records showed these had been reviewed and updated.
- Some relatives we spoke with had seen an improvement. One relative said; "I am confident [name] is safe, because all the staff changed... I could go in and every time since it is like a breath of fresh air, it is full of life they do more things with people."

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear safeguarding policy in place which helped protect people from abuse and avoidable harm.
- The provider had raised safeguarding concerns with the local authority when required.
- Staff had received training in how to recognise and respond to any concerns which might indicate a safeguarding matter.

Using medicines safely

- The providers' medicine management and administration policy helped ensure medicines were managed safely. We found stocks of medicines had not always been transferred onto the new medicine record, we raised this with the registered manager who addressed this during the inspection.
- People received their medicines as prescribed from staff who had received appropriate training and their competencies had been checked.
- People who needed medicines when required, for example for pain relief or to support people who experienced distress, had been supported properly. There were protocols in place to guide staff.

Learning lessons when things go wrong

- Opportunities to learn lessons when things went wrong had not always been identified. Some incidents, relating to people experiencing anxiety and distress, had not been recorded in sufficient detail or in a format which to help minimise the risk of reoccurrence. We discussed this with the provider who advised they had kept records differently in the previous electronic care record system. We provided signposting to some examples.
- We discussed with other professionals involved with people living in the home and found they shared our concerns. We have asked whether there may be any training materials available to support the registered manager and provider.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection though we have seen some improvement this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found people had insufficient access to toilets. We saw a person having to wait outside the only open toilet on the first floor, in their nightwear, because a visitor was in it. Care records showed there had been some incidents involving people trying to access toilets when others were using them. We found the bathroom with the second toilet upstairs locked on each of the times we tried to open it. We discussed this with the provider and the registered manager. We were not assured by their response.
- Hot water pressure in some bedrooms and the toilet which was open upstairs was barely more than a trickle for two minutes. This meant people may not have been able to maintain good hand hygiene.
- We found there was a lack of space for staff who tended to congregate in the communal lounge/dining area. Staff said they often took their breaks together mainly at the dining tables.

This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure people's individual needs and choices had been assessed and documented in sufficient detail. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's needs and choices had been assessed and recorded in their care records.
- Staff told us the information was useful and informative. Staff accessed information about the support people needed on a handheld device linked to the electronic care records.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure people's rights were respected within the correct legal framework. Staff had lacked some understanding of some of the principles of the MCA and the best interest process. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

- People's rights had been protected. The provider had sought the proper authorisation to deprive people of their liberty from the local authority.
- Staff had received training and understood the importance of gaining people's consent from people when providing personal care and support.

Staff support: induction, training, skills and experience

- Staff received the training they needed to meet people's needs. Records showed that all except for a new member of staff had completed all of what the provider regarded as mandatory training.
- Not all staff had received training in positive behavioural support which helps identify what a person may be communicating by their actions and trying to meet the need before the situation escalates. This would be beneficial to people living in Le Moors because several people communicate nonverbally.

We recommend the provider researches good practice in relation to positive behavioural support and ensures staff have access to additional training.

- The provider had a supervision policy in place. Staff told us they had received regular support and supervision from the management team and were able to approach them at any time if they needed guidance.

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

- The provider had policies in place to support people to eat and drink enough. Care records showed people had been referred for further assessment in relation to eating and drinking.
- Staff recorded what people consumed in the electronic care records.
- People who had a modified diet, for example a pureed or soft textured diet were supported to eat these safely.

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

- People were supported to access any additional support when they needed it. Records showed that staff worked with a variety of health and social care professionals to ensure people received any specialist support they needed, and their needs were met. This included GPs, community nurses, dentists and speech and language therapists.
- Staff supported people to maintain their health and wellbeing. This included having eye tests.
- We did not see any health action plans (HAP), in care records these were developed, specifically for people with learning disabilities and include plans for promoting good health, including screening. We discussed this with a learning disability health specialist. They advised they would expect to see HAP and would be completing them with people living in the home who had been referred to the team.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

At the last inspection we made a recommendation that the provider consulted with reputable guidance regarding goal planning to support people with learning disabilities. At this inspection we found goal planning had improved and there were activity plans in people's care records.

- We saw staff interacting with people politely in ways which upheld their dignity.
- We found people's dignity had not always been upheld due to the lack of toilets. We have discussed this in the effective domain of this report.
- Some people living in the home had the ability to complete some tasks. We saw people being supported to set the tables.

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

- The providers care records included information about people's equality and diversity needs.
- We saw staff interacted kindly and with patience when speaking with people living in the home.

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

- Care records included information about how best to support communication for people living in the home. Staff we spoke with demonstrated an understanding of some people's nonverbal communication.
- The provider was working with other professionals to develop better communication strategies.
- We saw people were offered choices in ways they could understand and make a decision in relation to what to eat or drink or what to wear. Staff described how they offered choices to people which reflected their individual needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the provider had failed to support people to follow interests and take part in activities outside the home. They provider had failed to provide personalised care which reflected people's preferences. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had supported people living in the home to complete monthly planners for activities which reflected some activities people enjoyed. People were getting out and about more outside of the home. A relative said; "I think [name] is more engaged and looks less bored. [Name] now has their own toys but before they were communal. They have redecorated their bedroom in their favourite colour."
- Care records included information to guide staff on how people preferred to be supported.
- Staff had supported people living in the home to maintain contact with people who were important to them. However, we found a lack of flexibility in the providers policy had resulted in one person not being able to have visits when they were convenient.

We recommend the provider reviews their visiting policy to ensure people living in the home have appropriate support with visits when they need it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we recommended the provider consulted appropriate guidance and support to help staff develop skills in recognised communication methods. At this inspection we found some improvement had been made.

- Care records included information about how to support people living in the home to communicate.

There had been an increased use of pictures to support people who were non-verbal to express choices.

- A relative said; "They seemed to have learned to understand [name] and how they like things."

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. Records showed that relatives' complaints were investigated and responded to, with an apology offered when shortfalls were identified, and improvements needed. Some minor improvements were needed to ensure the management of complaints fully complied with the provider's policy. We discussed this with the RM who rectified the matter during the inspection.
- Relatives we spoke with had mixed views about how the home responded to their concerns. Most relatives were satisfied but some felt this could be improved.

End of life care and support

- The home does not provide end of life care regularly. People's care records included information about people's end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider failed to have effective systems to ensure quality and safety. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made in relation to this and the provider was no longer in breach of this part of regulation 17.

- The provider had embedded quality and safety audits which helped ensure the quality and safety of the premises and care provided had been maintained. Records showed audits had been completed regularly, and any issues identified had been addressed.
- The registered manager was praised by staff who found them to be committed and approachable. One member of staff said; "The registered manager is good always checking up on me and is very approachable."
- Relatives had mixed views about the management of the home, one relatives told us; "It is a well managed home, I did not know it prior to that but they seem to be on top of things." and "It is well run, I think the staff are really good, I just turn up and I am always pleased." However, another relative reported difficult experiences with communication with the registered manager.
- The registered manager and staff team were committed to supporting people in person centred ways and to achieve good outcomes. There had been improvements in the number of activities people had done. However, some activities had been arranged which involved everyone living in the home needing to attend. This included a planned holiday. This did not reflect the principles of Right care, right support, right culture.

We recommend the provider considers best practice guidance and Right care, right support, right culture principles in relation to group activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their obligations to be open and honest when things went wrong. Notifications had been submitted to CQC when required and to other agencies including the local authority safeguarding team.

- Relatives told us they had been kept informed of any issues or incidents.

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

- Relative meeting minutes we saw indicated those who attended felt the home consulted with them.
- Relatives said; "We have been invited to a review and asked our views about the service." and "I have not been involved in any reviews but feel I am kept up to date." However, one relative commented; "I do not feel I am updated on things."
- Staff told us; "I have seen a massive improvement, we can raise things such as new ideas and we are listened to."

Continuous learning and improving care; Working in partnership with others

- There had been increased learning and development within the staff team, this included the registered manager undertaking a recognised management level qualification.
- We found the service would benefit from increased opportunities to learn in relation to some key best practices for people with learning disabilities and autism. We discussed this with the provider and the registered manager who advised this would be part of their development plan.
- We found the service may benefit from having broader links with other services and learning disability forums. The impact of the COVID-19 pandemic had prevented this. The provider and registered manager agreed they would explore this further when time allowed.
- Staff we spoke with were committed and motivated to develop their knowledge more widely.
- The registered manager worked in partnership with other professionals and had sought the input of professionals when appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure people had access to enough toilets. This had led to incidents resulting in harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide sufficient staff at weekends.