

Ripon Care Limited

The Moors Care Centre

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Moors Care Centre is a residential care home providing personal and nursing care to 57 older people and younger adults at the time of the inspection, some of whom may be living with dementia. The service can support up to 70 people.

The Moors Care Centre accommodates people across four separate units spread over three floors, each of which has separate adapted facilities. One of the units provides residential care, two units provide dementia care and one unit provides nursing care.

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

The provider had made significant improvements following the last inspection. There was a culture of continuous improvement and learning. The registered manager and provider completed quality assurance checks across the service. Improvements were being made to records and audit systems. These changes had yet to be embedded.

Improvements had been made to medicines to support their safe use. People were satisfied with how staff supported them with these. Risks to people were well managed to keep them safe. People presenting with behaviours that may challenge the service were offered effective support to calm and reassure them.

People were supported to maintain and improve their health wherever possible by a consistent and skilled staff team. Staff worked with healthcare professionals to seek advice and followed this. Positive outcomes were achieved for people, such as improved physical health and weight gain.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff enjoyed caring relationships, promoting their dignity and treating them with respect. The kind, thoughtful support from staff helped people accept care. People were at the centre of their care, making decisions about this, which were respected, including unwise choices.

Care was provided in person-centred ways. People were supported to maintain their interests and relationships with family members. Staff recognised the importance of people being able to remain in the service until the end of their life and were committed to ensuring people and their families were given additional support at this time.

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Moors Care Centre

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.

Inspection team

One inspector, a specialist advisor, an assistant inspector and an Expert by Experience visited the service on day one of the inspection. The Specialist advisor was a registered nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of the inspection two inspectors and an assistant inspector visited.

Service and service type

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

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

Notice of inspection

This inspection was unannounced on the first day. We told the provider we would be coming on the second day.

What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us about their service, what they do well, and improvements they plan to make. This helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who use the service and eight relatives about their experience of the care provided. We spoke with 17 members of staff including a director, the nominated individual, registered manager, deputy manager, a nurse, four team leaders, four care workers, two activities coordinators, a maintenance worker and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two GPs and a hairdresser who worked with the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff recruitment files and six staff supervision files. A variety of information relating to the management of the service, including quality assurance checks and accident and incident records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and medicine reports.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we recommended the provider consider best practice on medicine management and temperature storage. The provider had made improvements.

- The registered manager and deputy manager had reviewed their medicines system and made changes to their pharmacy arrangements. This had contributed to a reduction in medicine issues and errors.
- Medicines were safely received, stored and administered and returned to the pharmacy when no-longer required. People were supported to take medicines in the way they preferred.

Assessing risk, safety monitoring and management

- Care records detailed risks to people and control measures in place to monitor and manage these. Staff were aware of people at high risk that required an urgent response.
- Where people may present with behaviours that challenge the service their care files documented ways to manage these and calm people. We saw these approaches being used effectively.
- The environment and equipment were safely managed. The provider audit process did not include a system to ensure all checks were recorded. The provider took immediate action in response to the issues identified on inspection.
- Fire risk had been assessed appropriately. Ongoing work was taking place to train staff in the safe evacuation of people living in the service.
- People felt safe living in the service. One person said, "There are staff coming in all the time more or less to see if I'm alright."

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of signs which indicate people may be at risk of or experiencing abuse. They knew how to record and report these concerns to keep people safe.
- Concerns raised by staff were acted on immediately by managers to safeguarding people.

Learning lessons when things go wrong

- Accidents and incidents were analysed to understand the cause of these and prevent their reoccurrence.
- Managers monitored any trends and patterns in accidents and incidents to consider any changes needed across the service.

Staffing and recruitment

- Safe recruitment processes were in place and followed. Checks were completed to support the safe use of

agency staff.

- The provider used a dependency tool to identify staffing levels required in the service.
- There was sufficient staffing. One relative said, "There seems always to be plenty of staff on the floor."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.
- The environment was clean and free from malodour.

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 good. At this inspection this key question has remained the same. This meant 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

- Pre-admission assessments were completed before people moved into the service to ensure their needs could be met.
- Careful consideration was given to ensure people lived on the unit most appropriate to their needs.

Staff support: induction, training, skills and experience

- New staff completed an induction to familiarise themselves with the service, their role and needs of the people living there.
- Staff completed a programme of training identified by the provider. They were supported to gain knowledge and skills through additional training courses. This included courses to enable staff to carry out clinically delegated tasks. This meant people received support from staff members they were familiar with.
- Staff received supervisions and appraisals to support their performance and development. Supervision records did not always follow the provider's supervision policy. For example, they did not show how staff had the opportunity to agree an agenda or explore personal development, goals or aspirations.
- Nurses were able to seek clinical advice and felt well supported. They did not receive clinical supervisions to help them develop and reflect on their practice. The provider agreed to implement this.

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

- Staff were aware of people's dietary requirements and preferences, including which people needed soft or diabetic options.
- When people were at risk of losing weight, this was closely monitored. Positive outcomes were achieved with people gaining weight.
- At the time of inspection, the weather was hot, staff were conscious people needed to drink more and offered a selection of cold drinks.
- People chose their meals. One person said, "They come and ask you what you want on the day."

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

- Verbal and written handovers were used to share information amongst the staff team and highlight any concerns and additional monitoring people needed.
- People received a consistent standard of care from staff familiar with their needs. One relative said, "We are very very pleased with the quality of care. The staff are very professional and approachable and very good with the people."
- Staff worked with other workers and professionals to support people to access these services. The

hairdresser visiting told us, "I think it is the best home I have worked in for staff sharing and helpfulness."

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

- The provider had very good working relationships with the GP surgeries it worked with. One GP said, "The service copes well, the nurses have the information I need and I can get access to the computer to look at patient records."
- Advice from healthcare professionals, such as psychiatrists and tissue viability nurses was requested promptly and followed.
- Staff worked in partnership with healthcare services to ensure people received timely support to maintain and improve their health. One relative said, "My Mum was quite poorly and staff were fabulous. They worked to get her back on her feet again. I have nothing but admiration for the staff."

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

- The environment was adapted to the needs of the people living in the service, including those living with dementia.
- Bedrooms were personalised to suit people's needs and preferences. A relative said, "Anything we wanted to put in the room we could."
- People could access different spaces around the service depending on the level of activity or interaction they wanted.
- People had access to a secure garden. Staff encouraged people to access this outside space.

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.

- Verbal consent was obtained from people prior to staff supporting them.
- Mental capacity assessments were completed to consider people's ability to make decisions about their care.
- Staff were not always clear about who should be the best interest decision maker. The registered manager agreed to ensure this was followed for future practice.
- DoLS applications were made appropriately and in a timely way.

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 good. At this inspection this key question has remained the same. This meant 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

- Staff provided consistently kind, warm and genuine care, which people responded positively to. One person said, "I'm as happy here as I would be living with my daughter." A relative told us, "I went away for three months, I wouldn't have been able to do this if I didn't feel confident in the care of the registered manager and their team."
- Staff made each interaction with people count, checking on their wellbeing.
- People's emotional needs were understood and supported. Staff were aware of people that experienced anxiety and provided them with reassurance to support their emotional and mental wellbeing.
- Staff were aware of people's equality and diversity needs and respected these when providing care.

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

- People were given choices with all aspects of their care. Their decisions, including where they made unwise decisions were respected.
- A key worker system was used to promote relationships between people and staff and provide a point of contact to discuss and communicate decisions about their care.
- Advocacy information was available should people require support to make decisions about their support.

Respecting and promoting people's privacy, dignity and independence

- Dignity trees had been completed to ask people what dignity meant to them. One person had written, 'To be accepted that I don't always have a good day.' This was reflected in how care was provided.
- Care was consistently provided in dignified ways. One person said, "I cannot clean myself, staff always explain all the time what they are doing. You have to have a special relationship with staff to let them do things and I have got it."
- Care was provided discretely and in private. One person told us, "They keep you covered; they never leave you exposed."

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 now 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

- Care was provided in person-centre ways, focusing on people's preferences and retaining their independence. This was recorded in their care records. One person's care file explained, 'Please explain to me every step you are doing, for example when you are going to wash my hair I need to know you're going to wet my hair and then when you put the shampoo on my hair.' We saw staff carefully talking people through their care.
- People's preferred routines were respected, getting up, going to bed and eating meals at the times of their choice.
- People and their relatives were able to discuss their care arrangements informally and at reviews to ensure this was appropriate to their needs.

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.

- Staff knew how to communicate with people effectively, supporting them to make meaningful choices. For one person they used simple questions, containing key words to help them make decisions.
- Information was made available in other formats when needed. Staff had worked with one person's family to translate the menu into another language and identify key phrases to support the person's communication needs.

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

- Relationships between people and their family members were supported. For example, staff helped people chose birthday cards to send to their relatives. One relative said, "We had our diamond wedding anniversary, they put on a tea party. It was such a surprise and such a special thing to do."
- An activities programme had been developed based on people's interests. A gentleman's club offered films and pub outings. This helped the men living in the service to form friendships and feel included. Records were kept to show if people were engaging in the activities offered.
- People were supported to maintain their interests by watching sports and having discussions about topics of interest to them. One care worker told us, "I learnt about flowers just so I can speak to the guys here about

what they used to grow."

- People made use of local community amenities, including shops and cafes.

Improving care quality in response to complaints or concerns

- Information on ways to raise complaints was displayed throughout the service for people and relatives.
- Relatives were confident any concerns would be listened to. One relative said, "I've not had to complain, I know how to raise a concern and it would be addressed."
- Complaints were investigated. The outcomes of these was shared with relatives and assurances offered to show the improvements made.

End of life care and support

- Staff were passionate about people living at the service until the end of their life and providing additional support at this time. The registered manager described examples of working with professionals to enable this to happen. One nurse said, "We will provide everything people and their family want to help them through the journey."
- People's preferences and religious beliefs were observed at the end of their life. A priest had been arranged to visit one person. This provided reassurance and comfort to them.
- The service had received compliments about the quality of end of life care provided. One relative had written, 'It was difficult for all of us when Mum was placed on an end of life care plan but it was manageable knowing and seeing that Mum has received exemplary care.'

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- Although the provider had made significant improvements since the last inspection some aspects of governance were not always effective in identifying the shortfalls we found in record keeping. This included staff supervisions and health and safety checks.
- The registered manager and provider used extensive quality assurance systems to monitor quality and safety across the service. It was not always clear from the records what information had been looked at when reaching decisions or what action had been taken. The registered manager agreed to document this in the future.
- The registered manager was working to improve their records and audits. These changes had not yet had time to embed in practice.
- An oral health initiative has been developed within the service. This was informed by current research and best practice to ensure people's oral care needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a warm, welcoming atmosphere at the service, which people felt happy, relaxed and achieved positive outcomes in.
- Staff were committed to supporting people to lead fulfilling lives and have high quality care. One care worker said, "The staff here really care about the people, every single staff member here does things in their own time." They described staff doing sponsored walks and auctions to raise funds for activities.
- Staff had the opportunity to progress and develop in their careers, improving their understanding and care and delivery of this. One care worker said, "There's quite a big scope for training here, it opens doors for you to progress."

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 registered manager communicated all relevant incidents of concerns both internally to the provider and externally to the local authority and CQC as required by law.

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

- At the last inspection we had asked the provider to address the high temperatures in the service during hot weather. We saw fans were widely available and staff supported people to change into lighter clothing. We received no negative feedback from people or relatives about the temperature. Ongoing monitoring was

needed to review temperatures in the service and the views of people, relatives and staff.

- People and their relatives knew the registered manager and felt able to approach them with any queries. One relative said, "The door is always open if you feel you would like to talk about anything."
- The registered manager and deputy manager worked effectively as a management team to promote high quality care and support staff. One team leader told us, "The deputy manager is fantastic, they have got the clinical skill and knowledge. If we need anything they are here."
- Exemplary care was celebrated by managers, sharing staff achievements and raising standards in the service.
- Staff felt valued in their roles and respected their colleagues. One care worker told us, "I love it, I hope I retire from here. The staff are brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings with people and relatives were used to engage them in the service and inform them of changes planned.
- Six monthly surveys were sent to people, relatives and staff to seek their feedback on the service. This feedback was analysed to identify what areas had improved and where work was needed.
- Staff felt able to suggest improvements to senior colleagues. One care worker said, "I get a say in things if I want to suggest something or change something. I've never had a time when they've said no without a good reason."
- The provider had links to community groups and organisations such as local churches and the cricket club. These links helped people remain connected to their local area.