

Innovation Care Limited

Moor Court

Inspection report

Moor Court Residential Home

Bodenham

Herefordshire

HR1 3HW

Tel: 01568 797461

Website: www.innovationcare.com

Date of inspection visit: 23 October 2014

Date of publication: 09/03/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 23 October 2014 and was unannounced. The provider is registered to provide accommodation for up to 13 people who have a learning disability. There were 13 people living at the home when we visited.

The provider had a registered manager in post but they were not present at our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not always ensured the legal requirements around consent and restrictive care practices had been followed. This meant people's rights were not always being protected.

Summary of findings

People enjoyed living at Moor Court and felt safe. They could tell staff and the registered manager if anything was wrong. Staff knew how to recognise abuse and report any suspicion of abuse.

People said their privacy and dignity were respected. They were supported by staff who knew them well and with whom they had positive relationships.

People were not always supported by enough staff. At times the availability of staff limited people doing things they wanted to do and would benefit from. People were not always empowered to be as independent as possible, for example, no one did their own banking or looked after their own medicines.

People were supported to stay in touch with relatives. Their relatives told us they were welcomed when they visited. They found good efforts were made to meet the needs and wishes of their family member. They felt appropriately involved and said staff were efficient and caring.

People had been supported to be involved in choosing, preparing and cooking their meals. Special dietary needs had been provided for.

People were involved in planning their care and supported to express their views. They were assisted to make choices and were given information in a way that helped them to understand it.

People's support arrangements had not always been kept under regular review. Clear guidance had not been given to staff and as a result people had not always been supported in a consistent way.

People had been supported with their healthcare needs and medicines. They had access to health and social care professionals but advice was not always acted upon quickly enough.

Staff were clear about their role and responsibilities in providing care and support. They felt well trained and supported. Training was monitored and planned in advance.

Quality assurance systems were quite informal and had not identified shortfalls in some areas, for example the pre-employment background checks for new carers. People and staff's views were sought but some feedback was not always acted upon, for example, people's wish to go out more often. The registered manager told us of some improvement plans for 2015. People and staff said they were not aware of these.

You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe. There were not always enough staff to provide a personalised service and keep people occupied in a meaningful way.

People felt safe and free from the risk of abuse. People's general safety was considered and staff supported them to take risks to promote their independence. Staff helped people receive their medicines correctly and on time.

Requires Improvement



Is the service effective?

The service was not consistently effective. Legal principles that protected people's rights and ensured their freedom was not restricted unnecessarily had not always been followed.

People received support from staff who were suitably trained and supported. They were supported to maintain good health and have a healthy diet with regard given to their preferences.

Requires Improvement



Is the service caring?

The service was caring. The staff knew people well and had positive relationships with them. They provided support with kindness and sensitivity and they respected people's privacy and dignity.

People were supported to express their views about their care and given information in a way that helped them to understand it.

Good



Is the service responsive?

The service was not responsive. People's needs were not always met in a consistent way and their changing needs were not always responded to quickly enough. Their involvement in daily living tasks and their opportunities for meaningful activities were limited by staff availability and the layout of the building.

People were encouraged to maintain links with their relatives. Staff respected people's views and beliefs and took these into account.

Requires Improvement



Is the service well-led?

The service was not consistently well led. People and staff felt that there was an open and inclusive culture. They and staff were asked their views but effective action was not always taken as a result.

The service was not always delivered in a way that was empowering and personalised. Systems to monitor the quality of the service were not comprehensive and had not always identified shortfalls.

Requires Improvement



Moor Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 23 October 2014 it was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information which we had about the service and looked at the notifications that they had sent to us. A notification is information about important events which the provider is required to send us by law. We used our planning tool and this helped us decide what other information we needed to find out how people experienced the service.

We asked other agencies for their views on the service. Herefordshire County Council gave us information about their most recent quality and review monitoring visit and the recommendations which they had made. No concerns had been raised with us by any of the local authorities who funded people who lived at the home or by Healthwatch. We asked local health and social care professionals for their views. Two replied with mainly positive feedback and also some suggestions for areas of development in the service.

During the inspection, we met and spoke with people who lived at the home. Most people we met were keen to spend time with us and show us their home. Some people were more able to answer our questions than others due to people's differing communication skills. We spoke to five people in more depth and also observed staff supporting people to see what people's experience of receiving care was. We spoke with five care staff, a team leader and the registered manager. We also had feedback from four people's relatives.

As part of our inspection we looked at a sample of records, these included two people's care and health plans and risk assessments, people's medicines records, staffing rotas, recruitment and training records.

Is the service safe?

Our findings

People told us that they felt safe in their home. They said they would tell the registered manager or deputy manager if they were unhappy or upset. One person said, “I like it here and I feel safe, no one bothers me”. All the relatives we spoke to told us they felt confident that their family members were safe and not at risk of abuse. One relative said, “The staff keep a close eye and raise any concerns they have”. This meant people felt safe and protected from abuse and harassment in their home.

The staff we spoke with said that they felt able to report any concerns to the management team and they would be listened to. They understood that they were protected by the provider’s whistle blowing policy. Staff told us that they attended annual training on safeguarding. The training chart we saw confirmed this. The registered manager had reported safeguarding incidents to the local authority and worked with professionals to respond to situations and reduce risks to people. For example, when incidents occurred between people living at Moor Court.

We saw there was a system to assess areas of risk and tell staff how to help keep people safe. Professional advice had been sought when needed about risks to people, for example, a speech and language therapy assessment had been carried out for people who had swallowing difficulties. Staff were able to tell us how they helped people to keep safe from potential risks such as using the cooker and going out alone.

We looked at how the staffing was arranged to meet people’s needs. On the day we inspected there were five staff on duty. Staff told us that on some days there were less. The recent staff rotas confirmed this. Staff explained that when there were less staff people had their day to day needs met but did not always get to do what they wanted and enjoyed. Some people told us they would like to go out more often. Staff gave examples of people who complained that they were bored when they were at home all day and others who became lethargic without staff attention. Staff told us that they usually arranged group sessions for the people who remained at the home as they did not have

enough time to occupy people individually. The provider had not accounted for the reduction in staffing levels and at times this impacted upon the people who used the service because they couldn’t do the activities which they wanted.

The provider told us in the PIR that they followed robust recruitment procedures. We looked at the recruitment record for a carer employed during 2014. We found that some background checks had been obtained before the applicant had started work. However, no confirmation had been obtained from two employers about the reason the applicant had left these jobs in care setting. This meant the provider had not fully assured themselves that the applicant was suitable to support the people living at Moor Court. The registered manager told us a system would be put in place quickly to ensure all background checks would be obtained for applicant in the future.

We looked at the arrangements for supporting people with their medicines. People told us that staff looked after their tablets for them. We saw that there were suitable storage and the administration records showed that people had been given their medicines correctly. Staff told us that they had attended medication training and had shadowed senior staff to learn the correct procedures. We saw two staff work together to administer medicines carefully to people in line with the home’s procedure.

Staff told us that a record was made of all significant incidents and accidents and the registered manager saw these reports. He then informed them if there was to be any change in how they supported the person to reduce the risk of the same thing reoccurring. Staff said that regular safety checks were carried out such as fire alarm tests and hot water temperature checks to help ensure people’s safety. They said they had attended annual fire safety training and regular fire drills. In the PIR the provider told us that an external company was used for advice on risk assessments for the environment and safe staff working practices. This meant that the provider was taking appropriate steps to help ensure people and staffs’ health and safety.

Is the service effective?

Our findings

The Mental Capacity Act 2005 is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent for their care and treatment. Deprivation of Liberty Safeguards (DoLS) aims to make sure people in care homes, who lack mental capacity, are looked after in a way that does not inappropriately restrict their freedom. We found that the service was not operating within this legal guidance.

The registered manager told us that they had assessed which areas of people's lives they needed help with making decisions due to their lack of capacity. Staff had participated in best interest meetings with professionals and relatives about decisions in areas such as dental surgery and admission to Moor Court.

We found recent examples when we would have expected to see that the mental capacity of two people had been formally assessed around their ability to make a decision about their medical treatment. The registered manager told us that they had not completed a specific assessment about their capacity in this area or arranged best interest meetings as the lead decision makers were the doctors involved. They also said they did not want to delay medical investigations. They acknowledged that in future best interest discussions with health professionals needed to be recorded clearly to demonstrate that they were ensuring the rights of people in the home were being protected. The registered manager told us following the inspection that an Independent Mental Capacity Advocate had been appointed for one of the people who had no informal advocate or relative to help them make important decisions. This would ensure their rights were upheld.

We found that some people's whereabouts were closely monitored for various reasons. Other people's care arrangements involved restrictions such as only accessing the kitchen or leaving the home without staff support. The registered manager had not made DoLS referrals about these restrictions. He told us the restrictions had been in place for some years and he had not considered that DoLS would be applicable. One person's relative told us they would welcome the chance to be involved in a review about the restrictions in place for their family member, as

this had not previously been offered. This meant that people were not protected against the risk of excessive controls. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

People's relatives felt the staff had the attitude and skills they needed. Comments included, "They communicate well, and are very polite" and "They go to endless lengths to help". Visiting professionals told us that the staff were positive and worked consistently to meet people's needs.

Staff told us that they had the training which they needed to understand and meet people's needs. Training topics reflected this, covering areas such as autism, positive approaches to behaviour and epilepsy. They were able to tell us how they had put this training into practice, for example, they respected the routines that some people with autism wanted to follow. The registered manager told us that new staff completed the nationally approved skills sector Common Induction Standards unless they had a background in social care work. Staff told us that their development and training needs were discussed at annual appraisals and that they were able to give ideas for training topics.

Staff told us that communication within the team was good and people's needs were regularly discussed at each shift handover. They had supervision with a line manager every four to eight weeks which they found helpful. This gave them time to talk about any concern or to get guidance about the best way to support people. One senior carer told us how they had used supervision to help a new member of staff gain confidence when supporting one person. This meant that people were supported by staff who were confident.

We saw that people were supported to stay healthy and staff were kind to them when they were unwell. One person said, "I say if I feel rough and they (staff) ask if they can come into my room to see me". People's relatives told us that staff kept them informed about health issues. One relative told us that staff tried hard to support their family member with personal care even though the person could be uncooperative. We saw in care records that health concerns had been followed up and staff could tell us about recent guidance from the person's GP. We were given examples of health specialists being involved and how this had led to positive outcomes for people.

Is the service effective?

People told us that they liked the food and had a choice of what they ate. One person told us, “I just say, I don’t like that” and “I like the takeaway night”. One relative told us, “They have kept (person’s name) weight stable and given the right diet for their medical condition”. Staff said that most people chose and made their own breakfast and then they took turns in helping to make their other meals. A five week menu was agreed and then reviewed with people. Photographs of meals were used to help people understand the choices. Staff knew about people’s dietary needs and we saw that these were being met. A fluid chart

was being kept for a person following professional advice about the person being at risk of dehydration. This meant staff were ensuring that people’s nutritional needs were met.

We saw people in small groups involved in meal preparation. They chatted with staff and each other as they worked and there was a pleasant communal atmosphere. During the meals people and staff sat together and talked informally. Staff told us why they sat at a particular table because some people needed support, this help was given respectfully and discreetly.

Is the service caring?

Our findings

People were very positive about the staff and how they supported them. Comments included, “They are all nice” and “They help me when I need it”. People’s relatives were positive about the staff and said they were always made welcome and could visit any time. Comments included, “Staff genuinely care and go out of their way to help” and “Staff are absolutely lovely and so good with people”.

Visiting professionals told us that staff were helpful and caring. One said that staff had helped a new person feel at home which had led to them settling in quickly and doing well.

People felt staff treated them with respect and were kind to them. We saw that people were confident when approaching staff for support and staff were interested in what they were saying. People smiled and laughed when engaging with staff and appeared to be comfortable and relaxed in their home.

We saw that staff talked with people about their day and discussed what was happening next. They were mindful of people’s preferred ways of communicating, for example, they used clear language or repeated information when necessary. Visual information was used to help people make decisions. For example some people had a weekly timetable in their bedroom with symbols and photographs were used to show meals which people had made. People were consulted about the activities they wanted to do and other areas such as menu and holidays plans.

One relative told us the staff stayed with their family member at all times during a recent hospital stay. One person told us that they had fallen that morning. We saw that staff had helped them to raise their feet on a foot stool to prevent swelling. Staff told us they were checking to see if any bruising developed. Handover records showed that staff had been prompted to continue monitoring the person over the next 48 hours to see if the GP was needed.

There was a nice atmosphere in the home. When staff provided care and support to people, they did so with kindness and sensitivity. For example, staff supported people with mobility difficulties in an unhurried way and reassured them as they moved. Staff encouraged people to take part in a jewellery making session and complimented them on what they made.

Relatives told us they always found their family member well cared for and happy. We saw that staff helped people to look nice to maintain their dignity. For example, one person was encouraged to put a clean top on after lunch. People told us that they shopped for their own clothes and chose what to wear each day. Staff kept a record to help make sure people had the toiletries they needed and had been supported in all person care areas. This meant that people had the support they required to maintain their dignity and self-respect.

Is the service responsive?

Our findings

People and their relatives felt involved in the care planning process. People had key workers (named lead staff) whose role was to keep their care arrangement and care plans under review. This included meeting with the person to ask their opinions about their support and helping to make future plans. For example, places they would like to visit or things they wanted to buy. Relatives told us they were invited to meetings and felt that they could give their views. Staff were able to tell us what people's preferences were and how they liked to be supported. People's wishes were respected, for example one person did not want some staff to come into their bedroom so they communicated from the doorway.

The systems to assess, plan and review people's support needs were not always fully effective. One of the care plans seen did not contain all the information we would expect about how staff should meet their needs. For example, it did not include details about how the person communicated their needs. The staff and the registered manager told us differing information about how the person should be supported when their behaviour impacted on others living at Moor Court. There was no written guidance to clarify what the correct approach was. We saw that an arrangement set up to help motivate one person involved staff being untruthful to them. The registered manager stopped this practice as soon as we raised concerns about it. This meant that people had not always received appropriate support.

Staff told us that they involved people in reviewing how effective their support arrangements were. This was done at their lead carer meeting with them every few weeks. The meetings covered how the person was and if they had any ideas of what they wanted or needed. Staff told us that the recent staff shortages had meant that the team were behind with care planning and with reviewing.

We saw that people were supported to keep their relationships with family and friends. One person had been helped to use an electronic tablet to keep in contact with a relative. Social events had been arranged to develop links with the wider community. People went to religious services of their choice.

One person's health records showed that an occupational therapist (OT) had recommended a mobility aid because of

their poor walking gait. Although staff at Moor Court had requested the OT assessment there had been a three month delay between the assessment and the aid being ordered. This meant people's assessed needs were not always responded to quickly enough.

Professionals we spoke with told us there was scope to increase people's independence. For example, people who used the service were not supported to do their own banking, store their own medicine or money, or shop for and cook for their own meals. The registered manager did everyone's banking for them. When we asked why they told us there was not the staff to support people to do this individually.

Staff told us that they helped people develop their daily living skills by involving them in personal tasks such as doing their own laundry. We saw staff ask people who wanted to come with them to feed the hens. Each person had allocated weekly time when staff would support them to clean their bedroom and do personal shopping. There was one kitchen so staff said people took turns to help prepare meals on a rota of three people each day. This meant that the layout of the building limited how often people could experience being independent. Some people told us they would like to help more often. Within these limits people's preferences were respected, for example one person liked to wash up rather than to cook.

People told us about the activities and hobbies they enjoyed. One person said that they travelled alone into town and they enjoyed this very much. Another said they really liked their weekly voluntary work in a local store. Some people told us that they would like to go out more often. Two people told us that they had no plans for the day. We saw that when people were at home which, could be five days a week, group activities were arranged rather than personalised plans. Staff told us that group activities such as walks or craft sessions were usually arranged on the day depending on the staffing and other commitments. This meant that personalised activities were limited because of staff availability.

People told us that they were able to raise any concerns and they that felt listened to. One person said, "I can say if someone upsets me". A copy of the easy read complaints procedure was in each person's bedroom. People's relatives said they felt able to approach the registered

Is the service responsive?

manager to talk about any issues. One relative said, “I find the manager very approachable and he tells me everything”. The registered manager told us that no complaints had been received since our last inspection.

House meetings were held to help people give their views on the service. The deputy manager told us after the inspection that house meetings had not been held as often as expected during 2014. They said meetings had been booked for every two months for 2015. Staff told us that one person had asked to go to an activity they liked more

often and this had been arranged. People had given feedback in the last survey indicating that they would like there to be an increase in opportunities for activities. This was still an issue which meant the provider had not responded effectively to this feedback. The registered manager told us that changes were being made and educational sessions had been started through a local authority scheme. They had plans to increase opportunities in gardening and animal care in 2015.

Is the service well-led?

Our findings

We found that people had confidence in how the home was managed. People liked the management team and felt able to speak openly with them. One person said, “I like him [the manager] he always talks to us” and “I like [the deputy manager] she is a sweetie”. People’s relatives were all complimentary about the service given to their family member and felt they were settled and happy at Moor Court. One said, “Honestly they run such a tidy ship” and “They are very open, they tell you everything”. Visiting professionals told us the team cooperated with them and worked hard to help people feel at home.

The service has had a stable management team for four years. People’s relatives told us that the management arrangement worked effectively. One relative said, “[Registered manager] is very good and always available”. Staff said they could always get support when needed. One told us, “They are always available if you have a dilemma or there is an incident”.

The registered manager worked with other agencies to help meet people’s needs. He had not always reported safeguarding incidents directly to us. These had been sent to the local authority who had in turn shared the information with us. The PIR information was quite brief and was not always consistent with what we found at the inspection. For example, the PIR stated the recruitment procedures were robust but we found this was not always the case.

We found that there were systems to seek feedback about the service. These included an annual survey. The survey for 2014 had recently been given out to people, to their

relatives and to staff. Surveys for professionals were going to be sent out in the next few weeks. To enable staff to give their views there were supervision sessions and team meetings, although there had been only two staff meetings in 2014. We found that there were areas where the service could be provided in a more empowering and personalised way with greater involvement from people in the home. Staff told us that they had not felt listened to about how reduced staff availability impacted on people in the home and prevented the service from being fully personalised. The registered manager told us that they were trying to recruit to the vacant posts but even when the usual staffing levels were provided these did not allow a fully personalised service.

People and staff told us that the provider visited regularly and they were approachable. The provider did not keep records to support these visits or to demonstrate the improvement to the service that they identified. Staff carried out audits in some areas such as medication and health and safety. The quality monitoring arrangements had not identified the areas we found during the inspection where improvements were needed. For example the implementation of the requirements of the Deprivation of Liberty Safeguards. This meant that the assurance arrangements did not ensure high quality service was delivered at all times.

The PIR included some service improvement aims for 2015 but staff told us that they were not aware of any action plan so these were not shared aims that everyone was working towards. The provider told us that he was due to hold meetings to develop a plan and that all stakeholders would be consulted on this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The provider had not applied for Deprivation of Liberty Safeguards (DoLS) authorisations from the supervisory body to ensure the care practices in place for individuals were the least restrictive and lawful.</p> <p>Regulation 11(2) (a) (b)</p>