

The Percy Hedley Foundation

Moor View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Moor View is a residential care home which provides accommodation and personal care to up to 13 people with learning disabilities or autistic spectrum disorder or physical disabilities. At the time of the inspection 10 people were living at the service.

The service incorporates three homes, Moor View, Tyne House and West Cottage across the same site. These homes form the registration of Moor View. The environment had been adapted to meet the needs of people.

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

The service was not always well led. Effective systems were not fully in place to monitor quality across the service. Audits had not been effective in identifying recording issues. This affected the ability of the service to deliver service improvements.

Systems were in place to safeguard people from the risk of abuse. We found one incident had not been reported to the local authority safeguarding team. The home manager responded to our feedback and ensured this incident was reported to the appropriate authorities.

Medicines records were not always accurately completed. Accident and incidents were reviewed to determine whether any action could be taken to reduce these and improve outcomes for people.

There were enough staff deployed to meet the needs of people. However, there was a reliance on the use of agency staff to support the service. The provider was actively trying to recruit staff and were considering ways they could attract staff to work at the organisation. The staff recruitment process occasionally did not follow expected requirements.

Risks people were exposed to had been assessed and measures had been implemented to mitigate any known risks. In addition, environmental checks had been undertaken to monitor the safety of the building.

Systems to mitigate risks in relation to COVID-19 had been considered.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Evidence was available to show how people were involved in decisions about their care and support and staff empowered people to communicate what they wanted. Staff had a good

understanding of how to promote and maintain people's dignity and human rights. Staff were clearly considerate of people's needs and their behaviour and attitudes enabled people to live fulfilling lives.

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 good (published 23 August 2018).

Why we inspected

We undertook this targeted inspection as part of CQC's response to care homes with outbreaks of coronavirus. 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 inspected and found there were some record issues with infection prevention and control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the overall governance at the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Moor View

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.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Moor View 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 did not have a manager registered with the Care Quality Commission. This means the provider is 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.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We contacted the local authority safeguarding and commissioning teams, the local infection prevention and control team and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the home manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care and medication records for six people. We looked at three staff files in relation to the recruitment of staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted 38 staff by email to obtain their feedback about the service and received eight replies. We also emailed nine professionals who visited the service but did not receive any feedback from them.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine administration records [MAR] had not always been accurately maintained. For example, the stock balance counts which showed the quantity of medicines did not always descend correctly to show the correct amount of medicines available.
- MAR charts were not always completed to show when topical medicines had not been administered. Topical medicines are creams and ointments which are applied to the skin.

While we found no evidence people had been harmed the providers failure to ensure medicine records were well maintained contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action in response to our inspection findings and ensured documentation linked to medicines management was improved.

Systems and processes to safeguard people from the risk of abuse

- We identified one incident which had not been reported to the local authority safeguarding team. We brought this to the attention of the home manager. They took action to report this retrospectively to the appropriate authorities.

The providers failure to ensure incident records were audited to ensure appropriate action was always taken contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their responsibilities in relation to safeguarding people. One staff said, "Whistle blowing is part of our induction process, we have policies in place, and it is spoken about openly. I have full confidence that any issues would be actioned appropriately." Relatives confirmed they thought people received safe care.

Staffing and recruitment

- Systems were in place for the safe recruitment of staff. This included gathering references from previous employers to assess the suitability of potential staff members. However, we viewed one staff file where the candidate's full employment history and any gaps in their career had not been checked.

The providers failure to ensure recruitment records were audited to ensure the guidance on employing fit

and proper persons was always adopted contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff deployed to meet the needs of people. We observed positive engagements between people and staff during our inspection. One person told us the best thing about living at the service was the staff.
- Agency staff were used to ensure there were enough staff available to meet people's needs.
- The provider was actively recruiting permanent staff to cover the vacancies and reduce the use of agency staff. The provider was reviewing the employment packages available to staff to help attract appropriately skilled people to apply for vacancies.

Learning lessons when things go wrong

- Systems were in place to review incidents to assess if any action could be taken to improve quality. The manager told us, "The key message of all of these processes is to seek learning and improve the service. We share that learning through organisational and service staff meetings and debriefs."

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place for people. Measures were recorded to mitigate the known risks people were exposed to.
- Premises checks had been completed to help ensure the safety of the building.

Preventing and controlling 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 somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat 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.

We have also signposted the provider to resources to develop their approach.

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 good. At this inspection this key question has now deteriorated 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; 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; Continuous learning and improving care

- The home did not have a manager registered with CQC. This is required for the provider to meet the conditions of their registration.
- A range of audits were completed to monitor quality at the service. They had failed to identify the issues we found during our inspection. For example, we viewed one incident form where appropriate language was not used by staff to describe an event and the actions they had taken. The manager told us in future this would be carefully monitored.
- Audits did not always detail the actions required to deliver improvements. For example, we viewed two kitchen audits which recorded it was unclear if all staff had completed basic food hygiene training. This audit did not record how this would be addressed. We brought this to the attention of the manager who told us staff training records were not accessible to all staff. The format of this documentation was amended in response to this feedback.
- One policy and procedures had not been updated in a timely manner.

The providers failure to ensure effective quality monitoring systems were in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Systems were in place to share information with the staff team.
- Most staff spoke positively about feeling supported at work. One staff said, "There is good teamwork with everyone and if there was a minor problem you could go to someone and they would help you."
- Staff were encouraged to work in an open and transparent way. The manager told us, "We lead by example as managers and encourage staff to reflect honestly and openly when things go wrong."

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

- The manager told us systems were in place to liaise with people, their relatives and visiting professionals. However, one relative told us, "In general communication is an issue that is frustrating. Overall though we are really happy with the care [name of person] receives and there are some really lovely staff who do some lovely things for [name of person] and we really appreciate this."

- People were empowered to share their views about the service. House meetings were held for people to discuss issues which were important to them. People had access to communication systems to support them to make their wishes and needs known.
- Staff had attended specific training to enable them to communicate effectively with people. During the inspection we observed staff to use sign language to support their conversations with people.
- The provider used surveys to gather the views of relevant stakeholders.

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

- The provider had identified core values for the service. These values included people being at the heart of everything, inspiring others, doing the right thing, seeking to improve and teamwork. The manager told us staff were encouraged to give feedback about how they live these values through their work.
- People told us they were happy living at the service. Staff supported people to take part in activities which were important to them.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a) (b) (f)</p>