

Leonard Cheshire Disability

The Moorings Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Moorings Supported Living Service is a supported living service providing personal care to people with a physical disability, older people, younger adults, and people who may have learning disability and/or autism. At the time of the inspection 9 people were receiving personal care and lived in their own accommodation at the one location.

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

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. Staff supported people to make decisions following best practice in decision-making. Most people were able to make decisions for themselves and staff were seen to respect people's choices.

Right Support:

People's medicines records were not always accurate this meant we were not fully assured their medicines were managed safely. Staff supported some people to manage their own medicines independently. Staff enabled people to access routine and specialist health and social care appointments to ensure their health and wellbeing.

Some staff employed had not had all the required checks completed for working with vulnerable people before they began their employment. There were enough staff available to provide care and support to people as they needed it and in the event of an emergency.

We have made a recommendation the recruitment process used includes all of the required checks of suitability to work with vulnerable people.

People told us they were supported to be independent. People were supported by staff to pursue their hobbies and interests in their homes and in the community. People told us they enjoyed a variety of activities in the local community. One person told us, "I go out most days to do a variety of things. Today I'm going out for lunch with my relative." Staff supported people to identify and achieve their aspirations and goals.

People had a choice about their living environment. The service gave people care and support in managing their own home, support with cleaning and choosing appropriate furnishings. One person told us they had

been supported by staff to choose a new bed more suitable for their physical needs.

Right Care:

Some people's care and support plans were not always reflective of their current health needs and risks associated with their health. This meant those people were put at risk of not receiving the appropriate care, treatment, and support for their health condition. Staff had carefully identified and assessed other health conditions and risks associated with people's health and lifestyles.

People received kind and compassionate care. One person told us, "The staff I have are so helpful." Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People were safe and protected from abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. One person told us, "I definitely feel safe I can call a member of staff at anytime and they always come to check on me."

People liked the staff who supported them. One person said, "[Staff member] is nice, they have helped me sort out my new bed." People could communicate with staff and understand information given to them because a team of regular staff supported them consistently and understood their individual communication needs.

One person who had individual ways of communicating, using body language, sounds and their own sign language. Staff had worked with them to develop this and to understand and devise their new signs.

Right Culture:

People's concerns and complaints had not been managed in line with the company's policies and procedures. We saw some complaints had been informally responded to by the registered manager. However, we did not see how they had been investigated and/or responded to and what if any actions had been taken. This meant we could not be sure people and those important to them had their complaints fully investigated and resolved.

Governance processes in place were not used effectively. This meant there was no meaningful oversight of the safety and quality of care and support. We could not be sure there was a clear understanding of the performance of the service and where improvements were needed to be made had been recognised.

Staff did not always receive regular support in the form of continual supervision, appraisal, and recognition of good practice. Staff could describe how their training related to the people they supported.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. Staff knew people well and placed their wishes, needs and rights at the heart of everything they did.

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 16 November 2018).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about managing specific medical health needs. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the records used to manage specific health needs, so we widened the scope of the inspection to become a comprehensive inspection which included all of the key questions.

The inspection was prompted in part by notification of a medical incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of specific health needs. This inspection examined those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to the records for identifying and managing health risks, the safe management of medicines, dealing with complaints and the oversight of the safety and quality of the service at this inspection.

During and immediately following the inspection the provider ensured any risks identified were addressed.

We have made a recommendation about ensuring all of the required checks of suitability are made during the recruitment of staff.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Moorings Supported Living Service

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 12 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 March 2023 and ended on 23 March 2023. We visited the location's office/service on 16, 22 and 23 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and with 4 members of care staff and the registered manager, the regional quality & compliance manager and the divisional director representing the registered provider. We reviewed a range of records. This included 6 people's care records and medication records. We looked at 6 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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 may have come to harm.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place for managing some specific health needs and those that were, were not always accurate or current.
- Where people's health conditions may have been impacted by risks in the environment these had not been recognised or recorded for some people.
- Where health incidents had occurred information available had not been used to inform or review the risk assessments in place.
- People were at risk of not receiving the right level of care and treatment to keep them as safe as practically possible.

We found no evidence that people had been harmed however, the assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust. This placed people at risk of harm. This was a breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and immediately following the inspection visits the provider ensured any risks identified were addressed.

- Staff had carefully identified and assessed other health conditions and risks associated with people's health and lifestyles.

Using medicines safely

- People were at risk of not receiving their medicines safely or as they had been as prescribed.
- People's medicines used for emergency situations were not always recorded accurately.
- Information available to staff for administering 'as and when' medicines (PRN) did not always contain information about their risks when used with other medicines.
- Records used for the administration of medicines did not consistently identify the actual time of the administration.
- Staff had hand written instructions for administering medicines without using best practice of ensuring the instructions were accurate.

We found no evidence that people had been harmed however, the management of medicines was not always safe. This placed people at the risk of harm. This was a breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and immediately following the inspection visits the provider ensured any risks identified were addressed.

- Staff supported some people to manage their own medicines independently. One person told us, "When I go out the staff help me to make sure I have all my medicines I might need while I'm out."

Staffing and recruitment

- Recruitment processes used were not always consistent to ensure all of the required checks of suitability to be employed with vulnerable people had been completed.

We recommend the provider ensures the recruitment processes used includes all of the required checks of suitability to work with vulnerable people.

- The service had enough staff, to support, when needed, people to take part in social activities and visits or medical emergency events.
- The numbers and skills of staff matched the needs of people using the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff told us they were confident in reporting any concerns. One staff member said, "No way would we tolerate people being abused. We have a whistleblowing process and I'm happy to use it."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider has systems in place to record accidents and incidents. We saw evidence that action had been taken by the registered manager to appropriately deal with them. However, they were not consistently monitored to identify lessons learned, themes or trends.
- Staff raised concerns and recorded accidents and incidents this helped keep people safe.
- The service recorded any use of restrictions on people's freedom, and these were regularly reviewed to look for ways to reduce them.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People had care and support plans that were personalised, holistic, focusing on people's strengths, reflecting their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. People, those important to them and staff reviewed plans regularly together.
- The registered manager and staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff did not always receive regular support in the form of continual supervision, appraisal, and recognition of good practice. However, staff we spoke with were confident they had right competencies to support the people they cared for. One person said, "I've had a lot of training and feel confident in what I am doing. I can ask [registered manager] for advice and she has been great."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We do some training online and when I started, I shadowed another carer and was taught how to manage the different needs people have."
- Most people told us they were happy with the care they received. One person told us, "The staff know what there are doing." However, one person was not so confident about the training staff had received to manage their specific condition. We fed this back to the provider.

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

- Staff provided the required level of support people needed with preparing their meals and drinks of their own choosing.
- People with more complex needs received support to eat and drink in a way that met their personal preferences.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed
- People played an active role in maintaining their own health and wellbeing and were supported to attend

annual health checks, screening, and primary care services

- Multi- disciplinary team professionals were involved in/made aware of support plans to improve as person's care

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support
- For people that the service assessed as lacking mental capacity for certain decisions staff clearly recorded assessments and any best interest decisions including those made by the Court of Protection.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 members showed warmth and respect when interacting with people.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "Staff are very respectful of what I choose to do."
- People were very complimentary about the staff who supported them. One person said of the staff, "The staff are brilliant."

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

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and promoted their dignity and independence. One person told us, "They are very respectful." A relative said, "The staff treat my relative with dignity." Another relative said, "The staff encourage my relative to do what they can."
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People's concerns and complaints had not been managed in line with the company's policies and procedures.
- The registered manager had informally responded to some concerns and complaints. We did not see how they had been investigated and/or responded to and what if any actions had been taken. This meant we could not be sure people and those important to them had their complaints fully investigated and resolved.

Processes and systems had not been used for people to be able to raise concerns and complaints in manner to ensure they were investigated and where necessary appropriate actions taken. This was a breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used person-centred approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. One person told us how staff had spent time with them in supporting to buy a specific new piece of furniture that would promote their mobility.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. One person who had individual ways of communicating had developed their own sign language because staff had worked with them to understand and develop their own new vocabulary signs.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and

family and supported to make regular visits to them.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life. No one was at end of life at the time of this inspection.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider's governance processes were not being used effectively in the oversight and monitoring of the safety and quality of the service. We could not be sure there was a clear understanding of the performance of the service and where improvements were needed to be made had been recognised.
- The registered manager had not been fully supported to develop the skills, knowledge and experience to perform their role in having a clear understanding of the oversight of the service they managed.
- The audit processes used for monitoring the safety and quality of the service did not identify any of the concerns we found during the inspection. For example, audits carried out to check on the details in people's care plans did not identify records relating to risks and medicines were inaccurate and not current.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(2)(a)(b)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed actions they had taken to address the risks found during the inspection and how they would be supporting and developing the skills and knowledge of the registered manager.

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

- Staff were not always effectively supported by using regular supervisions and appraisals.
- The feedback from people and those important to them had been gathered informally and was always used to develop the service.
- The registered manager and staff encouraged people to be involved in the development of the service. One person told us the registered manager had arranged one to one meetings, with them to discuss how the service could improve for them.

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

- The registered manager was approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by the registered manager which supported a positive and

improvement-driven culture. One staff member told us, Things have improved since [registered manager] took over the service." Another said of the registered manager, "We can definitely ask her about anything." Staff gave honest information and suitable support and applied duty of candour where appropriate.

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 registered manager reviewed accidents and incidents and took appropriate actions to rectify and keep people safe. However, no local audits were in place to establish if trends or themes were happening that needed to be addressed or lessons to be learned. The manager acted during the inspection to ensure records were established to capture this information.
- The provider and manager understood their responsibilities under the duty of candour. Peoples relatives and or relevant others including local authority safeguarding and commissioners had been informed of significant events.
- The provider had a clear vision of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.
- Local commissioners gave us positive feedback about the outcomes for people using the service.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust. This placed people at risk of harm. This was a breach of regulation 12(1)(2)(a)(b) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Processes and systems had not been used for people to be able to raise concerns and complaints in manner to ensure they were investigated and where necessary appropriate actions taken. This was a breach of regulation 16(1) reviewing and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(2)(a)(b)(c)(e) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

