

Moorview Care Limited

# Moorview Care (East Yorkshire and Hull)

## Inspection report

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Date of inspection visit:  
06 October 2022

Date of publication:  
15 December 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Moorview Care (East Yorkshire and Hull) domiciliary care agency providing personal care to people within their own homes, in a supported living setting. The service provides support to older and younger people, people who may be living with dementia, people with a learning disability and/or autistic spectrum disorder or people with mental health support needs. At the time of our inspection there were 11 people using the service.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There was a lack of knowledge and understanding about the Mental Capacity Act 2005 and how this legislation was applied in practice.

There was not always enough staff to meet people's needs. Staff shortages meant that people were not receiving the level of support they needed and were funded for. Relatives and staff told us this affected people's opportunities to engage in the local community. Some staff felt that a shortage of staff had affected staff morale.

Care plans and risk assessments did not always provide sufficient guidance for staff or were not understood/followed.

Processes were in place to ensure the safe administration of medicines.

We found systems and processes used to ensure the service was running safely were not effective. We identified a lack of oversight and knowledge of what was happening within the service.

The provider's quality assurance systems had failed to identify gaps in records, knowledge and practices to ensure people were safe and receiving effective care.

Recruitment practices were safe and robust. Staff demonstrated an understanding about safeguarding procedures. Staff had good knowledge about people and their daily routines. Some staff demonstrated a passion and commitment to providing quality care to people.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 February 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 and will take further action if needed.

We have identified breaches in relation to staffing levels, understanding and application of the Mental Capacity Act, person-centred care and a lack of oversight regarding these matters.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

### 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 

# Moorview Care (East Yorkshire and Hull)

## **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

The inspection was carried out by 1 inspector over 3 days, who was joined by a second inspector for 1 of those days. An Expert by Experience made phone calls to family and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 6 October 2022 and ended on 14 October 2022. We visited the location's office and people using the service on 6, 10 and 11 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 3 people about their experiences of the care provided and met with a further 2 people in their own home. We spoke with 5 relatives of people. We met with 10 members of staff including the provider, registered manager, team leaders/managers and support workers. We emailed all care staff to ask for their feedback about the service. We received a response from 9 care staff.

We reviewed a range of records. This included 5 people's care records and 3 people's medication records. We looked at 3 staff files in relation to recruitment 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- There were not enough staff to consistently meet people's needs. Staff and relatives expressed concern about the amount of times people were not supported by appropriate numbers of staff. Staff told us this impacted people's opportunity to leave their home and engage in the community.
- The registered manager was aware of staff shortages impacting on the ability to meet people's needs. Contingency plans were in place, which included the minimum number of staff required to keep people safe. These were implemented several times in the weeks prior to our inspection.
- Staff told us, "A lot of staff are calling in sick due to burnout from covering too many hours or mental health issues such as work-related stress or anxiety." A relative told us "Staff are trying their best, a lot of staff have left. There is no core team anymore. They are stretched to their limit."
- Staff shortages put people and staff at risk because gender allocation of staff could not be facilitated. Staff and external professionals told us this lack of choice could be a trigger for an escalation in behaviour for some people.

The provider failed to have sufficient staff to meet people's needs, this is a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was safe, appropriate checks were completed to ensure staff were of a suitable character to work with vulnerable people.

### Assessing risk, safety monitoring and management;

- Key information about people's behaviours and triggers were not always included within the care plans. This meant people, new staff or agency staff were put at risk, as they would not know how best to work with people and respond to their needs.
- Risk assessments were in place. We identified one risk assessment for choking which was not being followed. When we discussed this with senior staff members, they were not sure whether this should be in place or not. Following the inspection, the provider told us this person was no longer at risk of choking.
  - Where people's behaviours and their environment increased the risk of harm, this was not adequately risk assessed and there was a lack of guidance for staff to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse. Staff demonstrated an awareness of safeguarding procedures however; some people were placed at risk of abuse and restrictive practices due to staffing levels and unmet needs. These had not been raised and addressed as we would expect. Staff raised

these safeguarding concerns during the inspection. We made referrals to the local authority safeguarding team as part of this inspection.

#### Using medicines safely; Learning lessons when things go wrong

- There were records in place to support the safe administration of medicines. The provider told us when one person did not receive their medicine due to staff not being trained to administer these. Staff told us this had happened on more occasions. Relatives provided mixed feedback about the administration of medicines. One relative told us, "They do get their medication, when they need it. Their medication is reviewed a couple of times a year." Another relative told us about medication errors and medication not being given as prescribed.
- Regular checks were in place to monitor the administration of medicines. These checks identified regular errors such as administration errors and incorrect stock levels. Lessons learnt were being considered following the errors, However, this did not result in a reduction of errors.
- Peoples' psychotropic medicines had been reviewed and reduced. The service worked closely with professionals regarding this.

#### Preventing and controlling infection

- Effective infection prevention and control measures were not always in place. We found one person's flat to be unclean. Staff raised concerns about the cleaning routines for other people. A relative told us, "Sometimes it is clean and sometimes not. I have had to clean."
- Some staff were not wearing masks when supporting people as per current government guidance which put people at risk. This was not care planned or risk assessed, and for some people, was a contradiction to what was written in their care plan. We gave this feedback to the provider and asked for them to address this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The use of restraint for one person was not in line with the MCA. Restraint was being used without consideration for a less restrictive option or whether this was being used as a last resort.
- People's rights were not fully protected as records did not always evidence that best practice was being followed. For example, there was no evidence of capacity assessments undertaken, and best interests' decisions were not always recorded or clearly communicated and did not involve the person.
- Information about who was able to consent to care was not available within people's care plans. Consent for some elements of care had been provided by people who either lacked the capacity to consent, or who did not have the legal authorisation to do so. There was a lack of knowledge and understanding within the management and care staff team around consent to care.

The provider failed to ensure that care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Records showed that staff received an induction, training and had attended some supervision meetings to support them within their role.
- Although staff received a range of training, management demonstrated a lack of knowledge regarding the

Mental Capacity Act and understanding of this, resulting in lack of clarity and guidance for staff. Professionals told us, for a specialist placement, the management lacked knowledge around the legislation and laws which directly affected the people they supported.

- Professionals and relatives felt the experience of the staff team had been impacted by the high staff turnover.
- Feedback from staff about training and support was mixed. Some staff told us supervisions, debriefs and competency checks were rarely completed. Other staff told us their induction, training and support was good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs, and choices had not always been fully assessed and recorded. The records in place in relation to capacity, communication and meaningful engagement needed expanding to include more detail and guidance for staff to fully understand and provide effective care.
- Relatives were involved in people's care. Comments included, "Yes, I am involved. We have regular reviews, regular meetings. We have a close relationship with the staff."
- Staff told us they supported people to plan their meals. However, we did not always see evidence of this. Some professionals raised concerns about the standards of meals being prepared for people and how they had been offered a choice. Relatives were happy with the meals prepared for people. One relative told us, "Yes, staff offer support with meals. They have choices and a varied diet. Staff involve them all the time."
- Where people could communicate verbally with staff, they informed staff of their preferences. However, more work was needed to ensure that people with communication difficulties were fully aware and supported to make choices. For example, more use of picture cards and photographs to support decision making around activities and meals.
- Some people were supported to access a range of health and social care services. People reported being supported to access the GP when they needed this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Some people were supported by staff who were caring and passionate about the people that they support. Staff knew people and their day to day routine well. One person said, "Staff are kind, I like working with all the staff." A relative told us, "Yes, staff are kind, caring and listen."
- The service was not consistently providing person-centred care or fully respecting people's equality and diversity. Whilst staff demonstrated knowledge of people's personalities and what was important to them, not all staff were providing effective care, to ensure meaningful engagement.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Some people were involved in decisions about their care. However, improvements were needed where people could not communicate, to ensure decisions were being made in their best interests. For example, changes made to one person's environment after moving in, were not person-centred or in line with best practice guidance. Their access to, and view of outside space, was restricted with the agreement of the provider. This was in contrast to this person's interests and preferences.
- Most people were treated with dignity and respect. We observed one person with practices in place which did not support this.
- Systems were in place to maintain confidentiality. Care records and other private and confidential information were stored securely.
- Staff and relative's spoke about ways in which staff supported people to be independent, where they could.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People did not receive personalised care that focused on their interests and wellbeing. There was little evidence of people being supported by staff to follow their goals and aspirations.
- People's weekly activity plans were out of date and did not reflect people's current situations and support needs. For example, one person's planner still said they went swimming, but they were not doing this at the time of the inspection.
- Records demonstrated that some people were not engaged in meaningful activity with staff despite there being large packages of support in place. Records suggested that engagement with people could at times be minimal and staff often sat in office areas.
- People's access to the community was hindered by staffing numbers and lack of staff who were able to drive. The provider acknowledged the issues around staff who could drive and had an incentive in place to try and address this.
- There was a lack of information in care plans and risk assessments for staff to effectively support people in a changing or adapted environment. Not all people lived in an environment which met their needs.

Failure to provide person-centred care was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had been supported to maintain contact with their families where they wanted this.

End of life care and support

- People's end of life wishes were not explored and recorded. This was an area we would expect providers to approach with people and their families and/or representatives and develop a plan. The provider told us they were in the process of developing an end of life document in consultation with some people who use the service.

Improving care quality in response to complaints or concerns; 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.

- People had communication care plans in place. This included information of alternative methods people displayed to communicate their needs, however, these were not always used. Despite this being in place,

staff did not always recognise communication cues as described within the care plan.

- There were procedures in place for making compliments and complaints about the service.
- Relatives told us they knew how to complain.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 ; Continuous learning and improving care

- During the inspection, we found multiple breaches of regulation. These failings demonstrated the providers systems to monitor the quality and safety of the service were not robust. This led to breaches of regulation in relation to person-centred care, staffing, need for consent and good governance.
- There was a lack of knowledge about the care that was being provided to some people. Some managers were new in post or only recently taken over responsibility around people's care. This left gaps in people's knowledge about the care that was currently or had previously been provided. A lack information contained in some people's care plans meant clarification was sometimes hard to obtain.
- Records failed to reflect care was being delivered as directed within people's care plans. This included large packages of care. We could not be assured that people's care was being delivered in line with the care plan, as this was not reflected within care records.

There failed to be effective systems in place to monitor and improve the service. Records were not clear or consistent. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were given opportunities to be engaged within the running of the service. Staff gave examples where their suggestions were considered and implemented. Staff were invited to regular meetings with directors to give feedback and put forward ideas and suggestions of ways to continuously improve.
- We received mixed feedback from staff about the support and encouragement they got from the management team. One staff member said, "I think there are problems with support when we get to management above the Registered Manager." Another told us, "I am absolutely supported, I know I can always go to anyone and will always be given time to talk or to be listened to."
- Most staff reported that team morale was mixed. Some teams were reported as being happy and others having low morale. One staff member said, "The team's morale has taken a massive hit. I personally feel like our team's morale has been low for a while, possibly 6 months or longer."

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 understood requirements in relation to the duty of candour.
- The provider was aware of their legal responsibility to notify the CQC about incidents that affected people's safety and welfare.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure that people received person-centred care in line with their likes and preferences.</p> <p>Regulation 9 (1) (b) (c) (2) (a) (b)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure that care was being provided with the consent of the relevant person.</p> <p>Regulation 11 (1) (3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they had sufficient systems in place to provide oversight and continuous improvement. Records failed to reflect the care and support provided to people.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure there was</p>

sufficient staff numbers to meet the needs of people.

Regulation 18 (1)