

# Moore Care (Registered) Limited

## 29 Manchester Road

### Inspection report

Manchester Road  
Buxton  
Derbyshire  
SK17 6ST

Tel: 0129824566

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31 May 2016

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 31 May 2016.

29 Manchester Road is a small residential care home and provides accommodation and support for up to two people who have a learning disability. The accommodation is divided into two small self-contained flats with a central sleep-in room for staff.

29 Manchester Road is required to have a registered manager and at the time of our inspection, there was one in post. 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 effective systems in place to safeguard people and keep them safe. Safe recruitment procedures were followed and pre-employment checks were undertaken to ensure staff were safe and able to work within the care sector.

People were involved in completing their care plans to inform staff of what was important to the individual and how they wanted their needs met. Care plans were focused on the person and contained appropriate risk assessments.

People received care and support from staff who knew people well. People were supported to access health, social and medical care, as required.

There were sufficient staff on duty to meet people's needs. The provider arranged for training and staff told us they had completed training to enable them to meet people's needs. People were supported by staff who were kind and compassionate. People's privacy and dignity was respected by staff.

Medicines were managed safely by staff who had received appropriate training to help ensure safe practice. Medicines were stored, administered and disposed of safely and in accordance with current guidance.

People were supported and included in decisions made in their best interests. The staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). When required, applications for people living at the service to the local authority for assessment and authorisation had been made.

Staff encouraged people to make decisions; staff respected people's decisions whilst ensuring and being aware of balancing people's safety with risk taking. The service was focused on each person and accounted for personal likes, dislikes, needs and preferences.

There was a complaints procedure in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs and ensure they received a safe level of care. People felt safe and protected from potential harm or abuse.

The providers recruitment procedures were followed to ensure staff were suitable to work in caring roles.

Medicines were safely stored and administered to people.

### Is the service effective?

Good ●

The service was effective.

Staff were trained in a manner that enabled them to meet people's needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a balanced and nutritional diet. People were supported to attend appointments with health and social care services.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff and thought they were kind, caring and understanding.

Staff spent time with people treated them with dignity and respect.

Staff worked with people to promote independence. People were encouraged to be involved in decision-making about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People were included in identifying their individual support needs and staff respected their choices. Staff had a good understanding of people's individual care and support needs.

The service had a complaints procedure in place and people told us they felt able to speak about any concerns or issues.

People were supported to follow their own individual activities and interests.

**Is the service well-led?**

The service was well-led.

There was an effective system for monitoring the quality of the service being provided to people. People were encouraged to share their views about the service

Staff and the management team understood their roles and responsibilities to the people they supported. Staff felt valued and supported by the management team and the provider.

Staff were aware of the provider's values and vision in relation to providing people with a quality care service. There was a positive, open and inclusive culture at the service.

**Good** ●

# 29 Manchester Road

## **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.

This inspection took place on 31 May 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with two people who used the service. We also spoke with a social care and a health care professional to obtain their views about the service. We spoke with the provider, two staff and the manager.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included one person's care plan and associated documents, two staff recruitment records, training records and information in relation to the safe management of the home, such as audits and environmental checks.

# Is the service safe?

## Our findings

The people who lived at the service told us they felt safe. One person told us having the staff to support them meant they were safe. They went on to tell us, "I like it being here; I'm safe and having the staff around means there's always someone to help." People told us the staff helped them to stay safe when in their flat and when going out. One person described how staff supported them in a safe manner to remain as independent as possible.

Staff told us they had received training in respect of safeguarding and how to support people to remain safe. Staff were able to demonstrate how they kept people safe and knew how to report any concerns they had about people's safety. Staff were aware of their responsibilities in respect of protecting the people they supported and knew how and who to report concerns to. We saw the registered manager and provider ensured they reported any incidents of concern to the relevant local authority and the Care Quality Commission. This meant people were protected from avoidable harm.

We saw there were enough staff available to support people in a safe manner and at a time when it was needed. Staff told us there were enough staff for them to meet people's needs safely. We looked at staff recruitment files and saw the required checks had taken place prior to staff working at the service. We found staff files contained evidence that all the required pre-employment checks had been carried out. This included two written references, evidence of the applicant's identity and Disclosure and Barring Service (DBS) checks. Staff confirmed their DBS was carried out before they started working with people. These checks helped the provider to ensure staff were of good character and suitable to work with vulnerable people.

We saw the service had a positive approach to risk and risk assessment. The staff recognised how important it was to work with people to promote their independence. We saw people's care plans contained risk assessments which reflected individual needs and were regularly reviewed. People were involved in completing the risk assessments and were kept informed of how to remain safe. Care and support plans included individual and environmental risk assessments to assist staff to support people in a safe manner. Staff recognised people's rights to make everyday choices whilst balancing risks. For example, the lay out of the building meant people were able to have time alone in their flats, secure in the knowledge that staff were available when required. Staffing numbers and their deployment met people's needs and kept them safe. This individual approach to people's care balanced safety and independence in a positive manner.

People were protected from potential risks posed by the environment as the provider had ensured safety checks were carried out. For example, checks to fire prevention equipment. Staff received training and knew what to do in the event of an emergency. We saw information was available to support and guide staff in case of an emergency, such as a fire. This showed there was awareness of balancing risk with promoting people's safety and independence.

We found people received their medicines at the time when they were required. One person told us, "Staff

look after my tablets and I'm happy they do." We looked at the medicines administration record (MAR) and found these to have been correctly completed. Medicines were suitably and securely stored. Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff told us they did not give anyone any medicines until they had completed the training. One staff member told us, "A manager sometimes observes us giving medication to make sure we do it right." Medicines were given to people as prescribed by their doctor and were managed and stored in a safe way.

# Is the service effective?

## Our findings

People told us they were supported by the staff at the service. One person told us, "Staff know me well and know what they are doing." A healthcare professional said they felt the staff had a good knowledge and understanding of the people's needs. A member of staff told us the people they cared for were, "At the centre of everything we do." Staff told us they were always striving to make people's lives better and interesting. An example was staff supporting one person to learn how to use their hand held tablet to safely and effectively access the internet.

The provider training was arranged for staff to ensure the care and support needs of people were met by staff who were able to meet their needs effectively. Staff were provided with the training felt necessary by the provider and the commissioners of the service to meet the needs of the people. Staff told us they received a period of induction and shadowing of experienced staff before working on their own with people. Staff told us the period of shadowing and induction prepared them for their role at the service. The provider expected new staff to undertake the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

Staff told us they received supervision and support from the management team. Staff told us they felt able to discuss any worries, concerns and successes. Staff told us their supervision was a two-way process which enabled them to discuss any training needs, the general morale of the team and any concerns or success they wanted to raise in relation to people's care.

Staff understood the need to promote choice and to involve people as much as possible. Staff told us they ensured people were involved in day-to-day decision making. During our inspection visit we saw and heard people being involved in decisions. For example, one person had a discussion with the provider about having their flat re-decorated. The provider took time to listen to the person's suggestions for colour schemes.

We saw people's consent to their care was sought. We saw, when required, capacity assessments had been completed and people's views and beliefs were included and taken into account when making any best interest decisions.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked the staff to tell us what they understood about the MCA and DoLS. Staff told us and records confirmed, they had received training about the MCA and DoLS. Staff told us they recognised the importance of balancing people's choice with risk and protecting people from avoidable harm. Staff were aware of the need to involve people in decisions about their care and support. We checked whether the service was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty had been made. We saw the provider and manager had applied to the local authority for people living at the service. The provider was aware of people's right to challenge their DoLS authorisation and supported people with this process.

People were encouraged to take an active role in ensuring they ate a varied and nutritional diet. Information was available in people's care plans with regards to people's nutritional and dietary needs. People were supported to participate in shopping and completing their own menu. Because people had their own flat, they also had their own kitchen. This meant people were supported on a one-to-one basis to prepare their meals. Meal planning was based on people's own preferences and dietary needs. During our inspection visit we saw people had unrestricted access to fresh fruit, drinks or snacks.

People were supported to maintain their health and well-being. One person told us the staff supported them with promoting their health. For example, they told us, "I weighed myself when I went to town; the staff helped me." The person went on to tell us they liked to keep a check on their weight and it was important to them. People told us the staff supported them to attend appointments with health care professionals, such as the doctor, dentist, chiropodist and opticians. People's care plans identified any health issues and risk assessments to support them maintain their personal health. Staff monitored people's health and well-being and took action when required.

## Is the service caring?

### Our findings

People told us they felt supported by staff who were kind and caring; our observations and discussions with staff supported this. One person told us, "It's alright living here; I get everything I need." The feedback and conversation between people and staff was positive and showed a mutual respect. One person told us their relatives visited them at the service. They also said they were supported to visit and meet their relatives when they wished. Staff demonstrated their understanding of the providers values, which included providing a person-focused approach to people's care. Staff were committed to supporting people in a manner which promoted their right to a personal and private life.

Staff spoke in a positive manner about the people they supported. The atmosphere of the service was warm, calm and welcoming. Staff told us they had time to get to know people's likes, dislikes, preferences and wishes. We heard staff chatting and laughing with people. One staff member told us, "We (staff) have to reflect the needs of the people we are supporting." We looked at how staff interacted with the people; staff were seen and heard to be person rather than task focused. We saw and heard staff supporting individuals in a caring and compassionate manner.

People's dignity and privacy was respected. Staff recognised people living at the service were individuals, with their own personalities, which were respected. One person told us, "I like to live on my own; I really don't like to share." They went on to tell us living at the service gave them the opportunity to have their own personal space. Staff respected and recognised they were visitors in people's homes and must never assume it was okay to walk in without being invited first. Before entering each person's flat we saw staff knocked and waited to be invited in. This showed the staff respected each person's right to privacy and their own personal space.

We saw the provider and staff had previously been awarded the Derbyshire Dignity Award. A social care professional told us the provider was in the process of gathering evidence to support the revalidation of the award. This showed us the provider promoted the importance and awareness of upholding and respecting people's dignity.

It was evident the staff and management team had a good level of knowledge and understanding about the people they supported. The staff understood how to support each person individually and knew how each person expressed their views and preferences. For example, one person told us they met with the care manager on a weekly basis. The person told us they found the meeting very helpful and gave them the opportunity to discuss any worries they had. The manager acknowledged this was a useful process for the person and was reflective of their individual needs.

## Is the service responsive?

### Our findings

It was evident the staff were aware of and understood people's individual needs. People's care was personalised and reflective of their lifestyle choices. We saw staff interacted with people in a manner which they understood and was free from jargon. Staff took time to speak with people in a calm and friendly manner and ensured people knew what was happening.

The service had a strong focus on the needs, choice and preferences of people. People were at the centre of the service; staff were focused on people rather than tasks. The provider explained to us how the vision and design of the service was specifically geared around the needs of the people. The internal design of the building was built around special requests of each person. For example, the lay out of the building meant the people had their own flats which were centrally joined by the staff sleep-in room. The design meant people had their own personal space and independence, yet were safe in the knowledge that staff were available for support when required.

People's needs had been assessed and their care plans had been completed with them at the centre. We saw care plans included personal information which reflected people's needs and wishes. Care plans were written in a format which demonstrated people had been included. For example, we saw information from the person was in blue type and information from others was in red type. This format showed the person had been included in the completion of the care plan and ensured information that was important to the person was not lost or overlooked.

Staff we spoke with were knowledgeable about the people they supported. Staff knew people's care needs and knew what was significant to them. We saw staff responded to people's needs and requests for assistance in a timely manner.

Staff told us they encouraged and supported people to live a full life. People were encouraged and supported to take part in activities of their choosing. One person told us, "I go out and about when I want; I go bowling, I visit my family." They went on to tell us the provider arranged get-together's for people and although they often chose not to attend, they knew they could if they wanted to. One person told us they had Wi-Fi and staff helped them to access the internet. This meant people had access to the internet and were being supported to develop their knowledge.

The provider had a complaints procedure in place. We reviewed the provider's arrangements for managing complaints. We saw information about how to complain was available and was in a format that people understood. People knew who they should talk to if they were worried or unhappy about anything. One person told us they did not have any complaints or concerns and knew they could speak to any of the staff if anything was worrying them. They told us they felt confident if they had any issues or concerns, they would be listened to and would be acted upon appropriately.

# Is the service well-led?

## Our findings

People who lived at the service had been asked for their views and opinions about the services being provided to them. There was a bi-annual questionnaire for people and their relatives. We looked at recent survey results which had been collated and saw that any comments were addressed in the feedback people were provided with. We saw the questionnaire and feedback were provided in both written and easy read picture format to ensure all the people had access to the results. The provider recognised the importance of providing people with feedback and any areas for improvement were actioned.

Staff understood their roles and responsibilities to the people they supported. Staff spoke to us about the provider promoting an open and inclusive culture within the service. Staff told us they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the provider and the management team. Staff described members of the management team as, "Approachable," and, "Supportive." We saw evidence of staff having received regular formal supervision, observation of practice and annual appraisals.

A staff member told us the provider and the management team were, "Very approachable, to both staff and service users." The staff member went on to tell us, "[Manager] gets things done." The manager told us, "We all work together as a team to ensure we provide good care for the service users." A staff member told us, "[Manager] works alongside the staff and this helps with team working." This showed the service promoted an open and inclusive management style.

The provider and manager took timely and appropriate action to ensure people received necessary care, support or treatment. The registered manager notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the manager and provider ensured other relevant agencies were informed of incidents and events when required. We saw effective links with health and social care agencies had been established. The management team worked in partnership with other professionals to ensure people received the care and support they needed.

We reviewed the provider's accident and incident reporting policy. We saw there were records and processes that were in place to review and monitor any accidents and incidents. This helped the provider to recognise any patterns or trends. They then used this information to analyse incidents and ensure improvements were made to reduce potential risks to people.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. Specialist external contractors were used to monitor the safety of fire equipment and electrical systems, to help ensure people were protected from harm. We checked a sample of records relating to the quality and safety of the service and found them to be up to date.

Effective quality assurance systems were in place to monitor and review the quality of the service. We saw regular audits of all aspects of the service including care planning, medicines and health and safety to make sure any shortfalls were identified and improvements were made when needed.

