Moorview Care Limited

Moorview Care (Derby)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**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
Moorview Care (Derby) is a supported living service. The service supports younger adults living with learning disabilities, autism and mental health support needs. At the time of our inspection Moorview Care (Derby) were supporting three people at one supported living setting in their own flats. The supported living setting can support up to four people.

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

Right Support
People did not always receive consistent support to meet their needs and pursue their interests. The support people received was not always interactive and inclusive. People did not always get support to receive their medicines safely and to be protected from the risk of financial abuse. However, people received support to maintain clean, safe environments, and people were able to personalise their living environments in line with their preferences.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did support this practice.

Right Care
People did not always receive consistent support to meet their needs and pursue their interests.
The support people received was not always interactive and inclusive. People did not always get support to receive their medicines safely and to be protected from the risk of financial abuse. However, people received support to maintain clean, safe environments, and people were able to personalise their living environments in line with their preferences.

Right Culture
People did not always experience a person-centred culture. Improvements were needed to ensure people could lead inclusive and empowered lives. However, staff and the provider did share information openly with people's relatives and other professionals involved in people's care to promote improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 24 July 2022).

Why we inspected
We received concerns in relation to care planning, safety and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider took action to mitigate risks to some of our concerns during the inspection, however several concerns remained in other areas.

Enforcement and Recommendations
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 people's safety, safeguarding, person centred care, consenting to care and treatment, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Moorview Care (Derby)

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
This inspection was carried out by two inspectors.

Service and service type
This service provides care and support to people living in a '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 not a registered manager in post.

Notice of inspection
We gave the service less than 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection
We spoke with one person who used the service. We observed how staff interacted with people. We spoke with two relatives about their experience of the care provided.

We spoke with 10 staff including support workers, a team coordinator, the assistant manager, the service manager, the compliance manager, the HR manager and two regional directors.

We reviewed two people's care records. We looked at three staff files in relation to recruitment practices. We reviewed various records relating to the management of the service including training records, safety checks and incidents and accidents.

Requires Improvement

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 could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were at increased risk of financial abuse. Finance records showed several financial discrepancies had occurred. Where staff had found financial discrepancies there was not always evidence they reported this to the provider. As a result, it was not clear if these discrepancies had been fully investigated or what had been done to mitigate risks to people. There was no evidence this was reported to the local authority safeguarding adults team for independent review. Furthermore, this was not in line with the providers policy to investigate and respond to all safeguarding concerns.

Systems and processes were not used effectively to protect people from the risk of financial abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence the provider had investigated other safeguarding concerns and taken appropriate action, such as taking disciplinary action with staff.
- Information was available in communal areas on whistle blowing and reporting concerns.
- Staff had received safeguarding training and could tell us how they would report safeguarding concerns.

Using medicines safely

- People did not always receive their medicines safely.
- We found one person did not receive medicine prescribed for their mood and mental health for five days. This was because the pharmacy did not have the medicine in stock when it was due to be delivered. Action had not been taken to obtain the medicine from another pharmacy. The service manager and regional director did not know this had been the case before our inspection. In response, the provider arranged for the medicine to be obtained so the person could then continue taking it.
- Protocols for medicines given to people on an 'as-required' basis were not always completed correctly. We found key details missing from documents, such as the name of the prescriber and how people would communicate when they needed these medicines. This meant people might not receive medicines when they needed them.
- We found gaps in medicines administration records and storage temperatures. In addition, we found one person had medicines in stock that were not listed on the person's records. This increased the risk of people not receiving their medicines safely.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- People's health related risks were not monitored consistently. One person's care plan stated a skin monitoring tool should be completed daily due to health risks. In addition, local authority professionals had

raised related concerns. However, records we reviewed showed multiple gaps in daily recording. This meant lessons had not been learnt and risks were not mitigated which increased health related risks to the person.
● People's risk assessments were not always being followed. Staff told us they did not wear facemasks when supporting a person as they did not tolerate this. However, this was not in line with the person's risk assessment, which stated this should only be the case when they were anxious or in distress.

Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's medicines and health. This placed people at risk of receiving unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Lessons were not always learnt following adverse incidents. Staff had reported a significant amount of medicines errors, but we found the provider could not always evidence they had taken action to ensure people received their medicines safely. This is covered more in the well led section of this report.
● Staff received training where it had been identified people may need to be restrained to promote their safety. The training complied with Restraint Reduction Network Training standards.
● People's living environments were managed and well-maintained. The provider had arrangements for safety checks to be carried out in areas such as fire safety and legionella.
● Staff recorded incidents and accidents appropriately. There was evidence staff reflected on what had happened and what could be done differently to prevent future incidents. Lessons learnt from these incidents helped to shape care plans and risk assessments.

Staffing and recruitment
● The provider could not provide evidence that all agency staff who worked at the service had received an induction. However, the provider had carried out risk assessments and relevant checks such as reviewing training agency staff had completed. Where possible the same agency staff were scheduled. This helped to ensure agency staff were suitable to support people.
● Staff were recruited safely. A consistent approach to recruitment ensured pre-employment documentation such as interview notes, references, right to work documentation and Disclosure and Barring Service (DBS) checks were contained on staff files. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● People were supported to keep their environments clean. Where people could not manage cleaning independently, there were plans to ensure they had support. This included staff cleaning when the person was out to reduce people's anxiety around this task.
● The provider's infection control policy was up to date.
● Staff had completed training in infection prevention and control and food hygiene.

Requires Improvement

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 changed to 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.

● Mental capacity assessments were not always completed for decisions relating to people's care or treatment. This meant decisions had been made on behalf of people, such as restricting takeaway food, access to fizzy drinks and how they should be supported when they refused care. This had been done without confirming the person's understanding of information relating to these decisions, ensuring they were least restrictive and in their best interests.
● Mental capacity assessments were not completed promptly when people started using the service. We found mental capacity assessments had only recently been completed for one person who had been receiving support from the service since 2021.
● Guidance and the law were not fully adhered to in relation to the MCA. There was no evidence in mental capacity assessments of how people were supported as much as possible to make their own decisions. This posed a risk that people's rights were not being upheld.

The provider failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Authorisations from the court of protection were in place where people did not have the mental capacity to consent to their care and treatment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and preferences were not always met.
● People did not always receive consistent support to be part of their community in line with their care plans. Professionals from the local authority and relatives shared concerns a person did not have regular support to go out. The person's records showed they had been out three times in 25 days, despite care plans indicating they liked regular opportunities to go out.
● We observed staff having minimal interaction with one person. The person spent time in their living room, and two staff members observed them from the kitchen behind a closed door. Staff told us this was so the person did not become agitated. The person's positive behaviour support plans and care plans did not state staff should support the person in this way and they enjoyed spending time with staff.

The provider did not ensure people received person centred care which met their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to these concerns, the provider told us that a newly employed positive behavioural support practitioner would work alongside people and the staff team. This was to improve how staff interacted with people and increase opportunities for people to receive consistent support to pursue outdoor interests. We will follow this up for improvement at our next inspection.

Staff support: induction, training, skills and experience
● Not all staff had completed learning disabilities and autism training. This is a legal requirement of the Health and Care Act 2022. This increased the risk of staff not having the skills and training to support people effectively.
● Staff did not always receive supervision. This meant staff may not have received appropriate support to demonstrate an understanding of meeting the needs of people using the service, reflecting on their practice and continued professional development.

The provider did not ensure all staff had completed training in line with requirements. Not all staff had received regular supervision. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had received and completed training in other areas relevant to their roles, such as fire safety and first aid. Two staff who had not worked in adult social care before told us the training was informative and useful. Staff told us they had completed training online and via interactive web conferences.
● Staff felt supported by the provider. For example, staff told us they had received debriefs after incidents so they could discuss what they could have done differently and any additional support they needed.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support
● The provider sent weekly reports to local authority professionals; this contained information on how people were supported and behavioural monitoring. Local authority professionals fed back on this to promote people's care improving.
● People were supported to access health care services. Records were kept when people had accessed health care services. For example, staff had recorded appointments where people had attended hospital appointments.

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

● People were supported to eat and drink enough. Care plans contained information about the support people needed with their nutritional needs. For example, one care plan stated how a person should be supported to be as independent as possible with preparing their own meals. Staff were able to tell us how they supported people to meet their nutritional needs in line with their care plans.

Adapting service, design, decoration to meet people's needs
● People were able to personalise their environments in line with their preferences. For example, one person decorated their living areas with their completed arts and crafts.
● The provider had considered the design of people's living areas to promote their safety, including toughened furniture such as fixed dining tables and tv cabinets.

Requires Improvement

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 Continuous learning and improving care

- Systems and processes to audit medicines were not used effectively to assess, monitor and improve safety. Medication audits identified issues such as gaps in records and lack of stock. However, action was not taken by the provider to improve safety. This was due to the provider not being aware of concerns documented on the audits.
- Systems and processes to ensure actions were always taken to mitigate risks from medicines-related incidents were ineffective. Records showed staff had reported a significant number of medicines-related concerns. Although these had been reviewed by senior staff and managers, it could not be confirmed all actions stated by managers to mitigate risks were completed. This increased the risk of service users not receiving their medication safely and of further medicines incidents.
- Accurate, complete and up to date records were not always maintained. We found concerns in relation to records of people's health related conditions and medicines. This increased health related risks to people and the risk of delayed access to support from healthcare professionals.
- Effective systems were not in place to safeguard people from the risk of financial abuse. People's finance risk assessments were not followed in relation to people's finances being checked daily. A recent finance audit indicated a financial discrepancy had been reported to managers, but at the time of our inspection, this had not been addressed. This also meant the provider did not always submit statutory notifications to CQC when required to do so as we were not made aware of allegations of financial abuse. We will continue to monitor this.
- Effective systems to monitor staff practices and identify issues were not implemented. During the inspection, we found people did not always receive person centred care that met their needs. We found people were not always receiving support to regularly go out and concerns around staff interaction with people. Systems had failed to identify and address PPE practice issues which were not in line with a person's risk assessment. This meant the provider had failed to address practices not consistent with people's care plans and risk assessments.
- Systems to ensure legal requirements relating to staff training were met were not effective. Although the provider had made autism and learning disability training available to staff, they had not ensured all staff had completed this. This posed a risk that staff may not be sufficiently competent to support service users.

The provider failed to ensure systems and processes operated effectively to ensure compliance with legal requirements and maintain accurate and up to date records to promote the safety of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

● The service did not have a registered manager in post. However, the provider arranged for regional directors to provide additional support to the service and appointed an interim service manager while recruitment was ongoing. The provider told us they were committed to finding the right candidate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was not always a person-centred culture in the service. Before our inspection, we received concerns that staff ordered takeaway meals for themselves and consumed them in people's flats without including people being supported. We were informed the provider had addressed this. However, a relative had visited between our visits and told us staff had ordered themselves food which was seen in the person's flat. This food was a preferred option for the person and could have made the person anxious.

The provider did not ensure people received person centred care which met their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff felt comfortable raising concerns with managers. A staff member told us they felt the provider always responded to their concerns.

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 provider understood their responsibilities to act on the duty of candour and had policies to promote them meeting their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others
● The provider had sought feedback from relatives, staff and advocates and showed us the results of a recent survey completed. Surveys were completed annually to help inform the development of the service.
● Staff had opportunities to attend team meetings. The most recent meeting minutes showed staff had discussed care plans and record keeping.
● The provider had recognised that a shortage of staff employed who could drive was impacting people's experience of the care they received. As a result, they introduced a scheme to contribute to staff's driving lessons and a bonus when the staff member passed their test.
● Relatives told us staff contacted them to seek their advice and input on the best ways to support people. This included talking about activities people could enjoy.
● The provider was open and honest. Throughout the inspection, the provider shared information with CQC openly, acknowledged shortfalls and communicated their intentions to address areas of concern.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure people received person centred care which met their needs and preferences.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure systems and processes operated effectively to protected people from the risk of financial abuse.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure all staff had completed training in line with requirements. Not all staff had received regular supervision.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they acted in accordance with the Mental Capacity Act 2005.

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's medicines and health. This placed people at risk of receiving unsafe care.

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes operated effectively to ensure compliance with legal requirements and maintain accurate and up to date records to promote the safety of people using the service.

The enforcement action we took:

We served a Warning Notice.