Moore Care (Registered) Limited

Woodsmoore

Inspection report

31 Manchester Road
Buxton
Derbyshire
SK17 6TD

Date of inspection visit:
21 January 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected the service on 21 January 2019. The inspection was unannounced. Woodsmoore is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates six people.

On the day of our inspection six people were using the service.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall but there had been a deterioration in safe which was rated as 'requires improvement.' This was predominantly in regard to infection, prevention and control. However, there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was rated 'requires improvement' for 'safe' at this inspection. The management of infection control was not always effective because the service was not kept clean or well-maintained to be able to be effectively cleaned. People received their prescribed medicines, however, we identified some minor issues that were addressed by the registered manager.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity

and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

There was a registered manager and they promoted an open and transparent and person-centred culture with adequate leadership. People were asked to share their feedback about the action was taken in response.

Further information is in the detailed findings below

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 has deteriorated to requires improvement because there were ineffective infection, prevention and control measures in place.	**Requires Improvement**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Woodsmoore

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 comprehensive inspection took place on 21 January 2019 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with five people who used the service for their views about the service they received. We spoke with the registered manager, the service manager, director of systems and compliance, four care staff and the administrator.

We looked at the care records of three people who used the service, the management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

Requires Improvement

Is the service safe?

Our findings

We found the service was not kept clean. Areas of the home were dirty and not well maintained to be able to be effectively cleaned. For example, kitchen cupboards were damaged and worn, the seal at the back of the sink was damaged and black with dirt, the microwave and ovens were encrusted in food debris and floor coverings dirty. We discussed this with the registered manager and the service manager who arranged some cleaning to be completed during our inspection and ensured us the required repairs would be carried out and the lack of effective cleaning would be addressed with staff. Following our inspection, the house manager confirmed that they had put together a cleaning tasks guidance sheet for staff to follow alongside daily, weekly and monthly charts already in place. They said, "This will ensure individual staff take responsibility for specific tasks. I will be monitoring this alongside the Unit Leaders as outlined in the guidance sheet. In addition, we have added an individual bedroom cleaning checklist which again will be monitored by myself and Unit Leaders."

People received their prescribed medicines safely. People told us staff supported them with their medicines. One person said, "The staff give me my tablets, that is my choice." We saw that staff gave people their medicine in a safe way. People had their medicines reviewed by the doctor. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. These audits had identified staff were not always checking that fridge and room temperatures were within safe limits, that medicine pots were not being effectively cleaned between use and that the controlled drug book was not being completed properly. However, we found no action had been taken about this. The registered manager confirmed they would take robust action to ensure this was prevented from happening again.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. We saw that staff were available when people wanted them and they responded to people's requests quickly. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place. However, the provider did not ask for dates of employment from previous employers just length of service, which meant any gaps in employment could not be easily identified. Following our inspection, we received confirmation this had been changed.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they felt safe. One person said, "I am safe here." Staff had received training in relation to safeguarding of vulnerable people. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. For example, staff understood how they could support people to maintain their independence but still maintain their safety.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, for some people, risk assessments were in place to help support them when out in the community

participating in activities and supporting them with their behaviour. Where risk was identified staff knew what action they should take. For example, they could describe the positive behaviour plans that were in place for different people.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do and each person had a personal emergency evacuation plan.

Good

Is the service effective?

Our findings

Consent was sought before care and support was provided. 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. However, we found relevant up to date information hard to find as there was out of date information in care files. The registered manager told us this would be rectified and the old information archived. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. We did however, identify one person had a monitor that was in the communal area so did not respect their privacy. The person had capacity and had agreed to the use of the monitor due to their medical condition so staff could monitor them when they were in their room alone. The registered manager agreed to review this and ensure it was not on in communal areas for anyone to hear and that it was only accessible to staff.

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met.

Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff had an induction period and were supported to understand each person's needs, and new staff were able to study for the Care Certificate. Additional training had been arranged about people's specific needs, for example, the management of epilepsy and physical intervention. Staff told us the training was good and they received regular updates.

People were supported to eat and drink enough and maintain a balanced diet. We saw there was plenty of choice available and that people helped themselves to drinks and snacks throughout our visit. Risks to nutrition and hydration were assessed and people were offered the support they required. There was also fresh fruit available throughout the day for people to eat as they wished.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the

advice given. There was good communication between staff and healthcare professionals. Evidence of this was recorded in people's care files.

The premises and environment met the needs of people who used the service and were accessible. There were communal areas, including two lounge areas, a kitchen diner and all bedrooms had en-suite facilities. There were also secure gardens which all people had access to.

Good

Is the service caring?

Our findings

Staff were kind and caring, which meant people were treated with kindness and compassion. We observed interactions between staff and the people they were supporting, Staff knew about the people and things that were important to them. They knew about people's preferences and supported them to make decisions. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. They knew when people wanted to be on their own and when they required support. People we spoke with told us the staff were very good. One person said, "They support me, I like it here the staff are nice."

Staff told us that people's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. We saw evidence of this in people's care plans. Staff understood people's communication needs. People were given information in accessible formats. When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Staff told us they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. People we spoke with were able to tell us who their key worker was and how they helped support them.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. However, we identified that staff were recording personal information in a communication book. This did not respect people's privacy. We discussed this with the registered manager who immediately changed the process to ensure staff did not record this information in the communication book.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, people's likes and dislikes were recorded and staff were knowledgeable about these. However, care plans were very large and contained out of date information so it was difficult to locate relevant information. Staff knew people well but the registered manager was recruiting new staff so acknowledged they could be better organised to ensure relevant information was easy to locate. They confirmed in writing following our inspection that this work was underway.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. We saw people regularly accessed the community. There was use of vehicles so people could easily access many varied activities. People we spoke with told us they enjoyed the activities they took part in. Some people went out together, others preferred to go out on their own. People's choices were respected. People who wanted also had holidays and some were planning these at the time of our inspection. Other people did not want a holiday and their choice of days out were facilitated. Staff told us, "Not all people can cope with a night away, We work with each individual to ensure they are able to do what they want." The activities were person-centred and met people's needs.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Staff were aware of how to present information to people for them to understand. People used phones and tablet computers to access information.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

Staff said they had asked people's preferences and choices for their end of life care, however, not everyone had wanted to discuss this subject. We saw some information was recorded in their care plan.

Good

Is the service well-led?

Our findings

There was a registered manager. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that auditing had identified the issues we had seen and although it had not been addressed prior to our inspection, we received confirmation from the registered manger following the visit that they were being addressed.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and the house manager.

Staff told us they worked well as a team and supported each other. Staff spoke positively about the management team. There were regular staff meetings, staff were asked for their feedback and if appropriate, this was acted upon. Staff told us they received regular supervision and felt listened to.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete, these were reviewed and where required action taken.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.