

Moore Care Limited

# Moore Care Limited - 4 Manchester Road

## Inspection report

4 Manchester Road  
Buxton  
Derbyshire  
SK17 6SB

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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

Moorecare Limited - 4 Manchester Road is a domiciliary care agency providing a range of care and support services to people with a learning disability who live in their own homes in Buxton. The service provided includes assistance with personal care. Some people have associated conditions that may include, autism, sensory and communication difficulties.

We carried out this inspection at the provider's office on 26 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition, we also carried out visits to people using the service on 26 and 31 May 2016.

The service 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 service was person focused and accounted for personal likes, dislikes, needs and preferences.

People were cared for and supported by staff who had demonstrated their suitability for their role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks. Staff understood their role and responsibilities in keeping people safe and how to report any concerns they may have.

People who were able to were supported by staff to manage their own medicines. Medicines were safely stored, administered and disposed of and in accordance with current guidance.

The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest decisions and capacity assessments had been completed. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

The provider ensured training was arranged and staff felt they were supported to ensure people received care to meet their needs.

Staff were kind, caring and compassionate. Staff promoted people's dignity and privacy and supported people with decision-making.

Effective auditing systems were in place to assess and monitor the quality of the service. People living at the service were sent questionnaires and asked for their opinions and views about the service they received. Staff were invited to voice their opinions about how to improve the service; managers provided feedback to

staff about their suggestions.

People were encouraged to speak up should they have any worries or concerns. People knew the provider and the registered manager and felt able to discuss any concerns they had. People felt the provider supported them to be involved in the service development.

## 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.

People felt safe with the care and support provided by the staff.

Medicines were safe; where possible people were supported to administer their own medicines.

People were supported by staff who were safely recruited, to ensure they were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills, knowledge and understanding to support them.

People were happy with the care being provided by the staff and were supported to make decisions and choices about their life and lifestyle.

People were supported to attend appointments with medical professionals.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and compassionate staff.

People's independence was supported and promoted; people were supported to make choices about the care they received.

Staff promoted and respected people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support from staff who knew them well.

People knew who to speak to should they have any concerns about the service they received.

**Is the service well-led?**

**Good** ●

The service was well-led.

Quality assurance and audits were in place to monitor the service to ensure people received the service they needed.

People were encouraged to give feedback on the quality of the service they received. People were happy with the service provided.

The provider and registered manager were approachable and promoted an open and inclusive culture.

# Moore Care Limited - 4 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 26 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, so we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information we held about the service and this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We spoke with six people who used the service, six care staff, the registered manager and provider. We looked at the care records and associated documents for four people who used the service and reviewed the provider's recruitment processes. We looked at the training information for staff employed by the service, and information on how the service was managed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the support they received from staff. One person told us, "Yes, I'm safe; staff make sure of that." Another person told us, "Staff look after us and make sure we are safe." A staff member told us, "I genuinely believe people are safe; there are risk assessments to guide us so people are safe." Another staff member told us, "Safety of each service user is a priority." They went on to explain, "We have guidelines and risk assessments that we follow to make sure people are safe."

Staff received training in recognising signs of potential abuse and were able to identify how people may be at risk from harm. One staff member told us, "People's safety is a priority." They went on to tell us, "We (staff) work together to safeguard service users from potential abuse or harm." Staff knew how to report any concerns about people and knew how to protect them. The service had a policy and procedure for the staff to follow should they be concerned about a person's welfare and safety. Staff were familiar with the process of contacting outside authorities such as the local authority and the local social care service. The provider and registered manager demonstrated to us they had a good understanding of their responsibilities in safeguarding people; the provider recognised the importance of being open and transparent and ensured professionals were informed of any concerns. A social care professional confirmed the correct procedures were followed.

We saw the service had a positive approach to risk and risk assessment. The registered manager described how the staff worked with people to promote their independence. Staff recognised people had the right to live as independent life as possible and was aware of giving people the opportunity to make everyday choices and decisions. We saw risk assessments had been completed to identify potential risks to individuals and the staff who supported them. The service had an emergency 'grab bag', which contained people's one page profiles for people. This meant the staff had information around what to do and who to contact in the case of an emergency, such as a fire. This showed there was awareness of completing risk assessments and balancing independence.

We looked at staff recruitment files and saw the required checks had taken place prior to staff working at the home. We found staff files contained evidence of all of the required pre-employment checks being carried out. This included two written references, evidence of the applicants 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 carry out work with vulnerable people.

People told us there were enough staff available to support them and at a time when it was needed. One person told us about their 1:1 hours and how they were used. The person told us the provider and the registered manager ensured staff were available to provide their support as it had been agreed. The person went on to tell us there were times when staff were shared with other people they lived with. The person told us this gave them opportunity to have time on their own, with the knowledge there was staff available if they needed support.

People were assisted to manage their medicines. One person told us, "I have a safe to keep my tablets in." The person told us they were being supported by staff to be able to administer their own medicines. The person told us this was a, "Big step," and the, "Staff are very helpful and supportive of me doing my own tablets." We saw included in the person's care plan was a detailed risk assessment of what the person could and could not do with regards to their medicines, for example, the person required help to put in eye drops. This showed, where possible, people were supported to administer their own medicines.

We looked at the medicines administration records (MAR) and found people were given their medicines in a timely manner. Staff responsible for the administration of medicines told us they 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. This meant, there were appropriate measures were in place to ensure medicines were safe.



## Is the service effective?

### Our findings

People were supported by staff who knew them well. One person told us, "The staff look after me." During conversations, it was evident staff knew people and their individual needs. One staff member told us how they had supported a person prior to their move to the service; they told us this was to ensure a smooth and effective transition. The staff member described how positive it was for the person to be able to build up a relationship with the staff member prior to them moving in. The staff member told us this gave the person the opportunity for success and an effective transition between services.

People received care and support from staff who had the skills and training to meet their needs. The provider supported staff's personal development; people were also included in the training and development of the staff. One person told us they knew the staff participated in training and they thought, "Training is good." Staff told us the provider encouraged and provided training. One staff member told us they were working towards their Level 5 Diploma in Leadership for Health and Social Care. Another newer member of staff told us they were working towards completing the Care Certificate. 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 service recognised the importance of staff being trained and ensured staff had the necessary skills and knowledge to meet people's needs.

The staff engaged each person in meaningful activities of their choosing. Staff told us how they ensured each person was involved in day-to-day decision-making. People were encouraged to tell the staff what was expected of them each day. For example, we heard staff ask people, "What are we doing next?" "Is there anything in particular you would like to do?" One person told us, "I like going to the cinema and bike-riding." They went on to tell us, "I prefer to use the self-service when I go shopping." Staff told us they supported people to live as independent life as possible and carrying out such activities was an important everyday task.

We saw, when required, capacity assessments had been completed; people's views and beliefs had been sought and taken into account in relation to best interest decisions. There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA). 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.

We asked staff to tell us what they understood about the MCA. One staff member told us they received training about the MCA and told us, "We (staff) need to make sure the person is included in decision-making." They went on to say, "I make sure I give [person] as much information as possible; to be able to make an informed decision." Another member of staff told us, "Service users need information so they can make a decision and we (staff) need to make sure it is in a format that is easily understood." This meant the service was working within the principles of the MCA.

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 MCA requires providers to be aware of restrictions in people's care and to take appropriate action. Evidence showed us people's care was being provided in the least restrictive manner by the staff and where appropriate restrictions were lawfully authorised by the court of protection.

Some of the people had complex health conditions, which required monitoring by the person and staff. People told us staff assisted them to attend appointments with health care professionals. One person told us they were visiting the hospital on the day of our inspection. The person told us, "The staff support me with going to the hospital for my check-up; staff help me with my health." They went on to tell us how their medical condition meant they had to have regular check-ups with a specialist and staff ensured they kept their appointments. We saw the person wore a medical alert wristband. When we asked them about this, they told us they chose to wear the wristband, as it was a means of making other people aware of their health needs. Another person told us, "Staff support me when I go to the dentist, doctor's and opticians."

A health professional told us staff supported people to attend any appointments and follow any recommendations. A social care professional told us they thought the provider and the staff, "Provide excellent care for people with complex health conditions." They went on to tell us the staff contacted and followed advice when it was needed. We saw documentation which indicated people had given their permission for staff to speak with medical professionals on their behalf should the person become ill. This meant people's health needs were met and staff supported people to attend healthcare appointments.

People were supported with food preparation and choice. One person told us, "We take turns to help with cooking; the staff help us." Another person told us, "I like the food and there's always plenty." We saw people were included in meal preparation and during our visit, we saw people were being supported by staff. One person told us, "Tonight we're having curry, but if we want we can have something different." Another person told us they were going out with staff for a meal that evening. We saw people had access to hot and cold drinks throughout the day. People's care plans contained information about individual likes and dislikes. Staff told us they worked with people and supported them to have a nutritional and balanced diet, although no one had any specialist guidance in place. Staff assured us should people's needs change, a referral for specialist support would be sought. People were supported to manage their individual nutritional needs.

# Is the service caring?

## Our findings

It was evident the people and staff had developed kind and caring relationships. One person told us, "Out of 10, I'd give staff a nine and half." They followed this up by saying, "Well, no-one is perfect." They told us, "Staff are amazing; they help me and give me support." Another person told us, "Staff look after me; they help me to save up for my holiday." The person went on to tell us how having a holiday was important to them and how staff knew and supported this.

People told us their life was very much driven by them and staff were there for support when needed. One person told us about their daily life and routine and how they had 1:1 staff support for specified amount of time per week. The person went on to tell us the staff encouraged their independence and gave them, "Time and space to spend with my friends."

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 support individuals in a caring and compassionate manner. For example, one of the people we spoke with wanted to speak with us, although they found it difficult to speak to new people. The staff supporting the person was aware of this and during our conversation with the person, the staff member gave lots of verbal and supportive encouragement. After our chat, the staff member also requested we did not shake the person's hand, but offered a "fist bump." This showed us the staff understood this person's personal preferences.

People had been included in the development of their own care and care planning. We saw people had provided information about themselves and what was important to them. Where possible, people had signed to say they had been part of the development of their care plans. This showed the service was aware of respecting and including people in the development of their care.

It was evident the staff and management team were knowledgeable 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 was encouraged to write down anything that worried them. The person then met with the staff and social care professionals to review their worries together. This allowed the person time to reflect on any worries and work them through together with support of staff and professionals.

As part of this inspection, one person invited us to visit their house and showed us around their bedroom. We saw the person's bedroom reflected personal choice and personality. They told us how their bedroom was their own personal space and told us the staff respected this. We saw there was a keypad on their bedroom door; the person told us the keypad was there so they could ensure their personal belongings were kept private and safe. They went on to tell us they were happy to have a keypad rather than a key. The person's bedroom also contained framed pictures, photographs and memorabilia which were important to the person. This showed people received personalised care, which was responsive and reflective of their personal preferences and choices

We spoke with staff about how they promoted people's dignity and privacy. One staff member told us, "My priority is the service users; we need to make sure we listen and support people how they want to be supported." Another staff member told us, "I treat people how I would want to be treated; I always knock and wait before entering people's bedrooms." We saw the Derbyshire Dignity Award had previously been awarded to the provider and staff. The provider and a social care professional told us they were in the process of gathering evidence to support the revalidation of the award. This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well. Staff we spoke with confirmed their knowledge of the people they supported; they understood people's likes, dislikes and preferences. People told us their needs were being met by staff who knew them. This was evident during our inspection visit; we saw and heard lots of interaction between the staff and people which indicated a mutual understanding. One person told us, "Staff are good; they don't take anything away." We asked the person if they minded explaining this further and they told us, "Where I lived before staff would take things from me." A staff member explained the person had previously lived in a hospital setting, where personal items were restricted. It was evident the staff member was conscious of the person becoming anxious and provided them with lots of praise, distraction and support. The staff member gave the person reassurance that they would not remove anything from them. This showed the staff member knew the person well and knew how to safely support the person's needs and potential anxieties.

People told us they received personalised support which reflected their lifestyle choices. One person told us, "I'm going on holiday; [staff name] is going with me." We saw people had varied social lives and staff encouraged and supported them to participate in activities of their choosing. One person gave an example of attending a local community group, where they met up with friends and peers. Another person told us, "I'm hoping to do voluntary work; I will stay and have my lunch with other volunteers." They went on to tell us they had chosen to volunteer at a local attraction as they had a particular interest and hobby in this area. A third person told us they shared a house with two other people and, "We help each other; we help each other with the cooking, cleaning and the ironing." Staff recognised their role was one of being supportive of people's abilities; they told us they encouraged people to be and remain as independent as possible.

We saw staff promoted and respected people's individuality. For example, one person told us they had recently been in a local newspaper as they were hoping to develop a local support group for people with epilepsy. They told us the staff, registered manager and provider fully supported them. They also told us they hoped to carry out some training for the staff and, "Managers have said they will help me with this." The provider confirmed they encouraged people to be involved in the staff training.

Staff knew how to give people information in a way that encouraged them to make their own decisions. Staff were heard to give people information in a way which was easy to understand and free from jargon. People were involved in discussions and decisions about their care and records we looked at reflected this.

People confirmed if they had any complaints, they knew how to report them. People told us they felt confident the provider would deal with their concerns quickly. We saw the complaints procedure was available to people and was in a format they understood. People told us they knew how and who to complain to if they had any worries or concerns. One person told us, "I would tell [registered manager] if I have a problem; but I don't." The person was aware they could contact the Care Quality Commission (CQC) or local authority, should they wish to. The provider ensured monthly meetings took place with people to ensure any worries or concerns were addressed. People told us they would directly approach either the provider or the registered manager if they were unhappy about anything and were confident they would

resolve it. We asked the provider about complaints the service had received and were told no formal complaints had been recorded since we last inspected. The provider and registered manager assured us any formal complaints would be dealt with and any actions recorded.

## Is the service well-led?

### Our findings

We saw and people told us they were asked for their views about the services they received. There was a bi-annual questionnaire for people to complete; one person told us, "I like doing the surveys and questionnaires." We saw results of the survey for 2015 and saw 100% of those returned stated they felt very safe. Overall, the survey showed people thought the care and support they received was, "Really great," or, "Mostly great." People's overall feedback was very positive with 100% recorded as, 'positive about their home.' This provider looked for feedback from the people who were provided support and used the information to make improvements to the service.

We saw there were systems in place to monitor the quality and safety of the service and these were used effectively. These included monitoring of care plans, risk assessments and medicine recording which were reviewed and updated on a regular basis. The provider had a system of quality monitoring and auditing in place, which was used to identify areas for the improvement of the service. Staff were included in monitoring the service and were sent out a questionnaire (staff report form) each quarter. There was an expectation that the staff would return the staff report, even if it was not completed. We saw the information from the staff reports were recorded and analysed with actions and how any issues were resolved. This showed the provider had effective and inclusive monitoring systems in place to drive up improvements across the service.

Staff were familiar with the provider's beliefs and principles; staff spoke with enthusiasm and confidence about the people they supported and the provider's core values. Staff consistently highlighted the provider's focus was to provide a good and quality service for the people; staff told us the needs of the people were paramount and came first. A staff member told us the provider was, "Supportive and approachable." Another staff member told us about the, "Directors meal." They told us this was where a group of staff would informally meet with the provider and share their thoughts and vision for the service. The staff member said, "It is really effective; I feel listened to and it is a really good team building approach." This meant the staff felt supported and listened to by the provider.

We saw records of supervision of staff's work performance took place. Staff told us they received regular supervision and they valued it. One staff member told us, "[Provider] does my supervision; it's great, a real ego boost." The staff member went on to explain they looked at supervision as being two-way process, where their practice and understanding was explored, along with them having the opportunity to raise any concerns or worries. Another member of staff told us they had supervision in a variety of ways. They went on to explain, their supervisions rotated between one month observation to the next month being a formal discussion. This meant and demonstrated staff were supported in their roles.

The provider and registered manager understood the need to take appropriate and timely action to protect people and ensured they received necessary care, support or treatment. We saw records and documentation were in place to review and monitor any accidents and incidents. This helped identify any patterns or trends and ensured any necessary action was taken to reduce the risk of it happening again. The registered manager had notified the Care Quality Commission (CQC) of any significant events at the service,

as they are legally required to do. We saw the service had also informed other relevant agencies of incidents and events when required. The service had effective links with health and social care agencies and worked in partnership with other professionals to ensure people received the appropriate care and support they needed.

There were clear arrangements in place for the day-to-day running and management of the service. The registered manager told us they felt supported by the provider and a network of staff who worked together. The registered manager felt the support of the team enabled them to provide people with a quality service.