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The Moorings

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

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
The Moorings is a residential care home providing personal care for up to three people with learning disabilities. At the time of the inspection one person was living there. The service is an extended and adapted bungalow in a residential area. People lived on the ground floor which provided level access to all communal areas including an outdoor garden.

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

Right Support
People were supported to have choice and to be as independent as possible. Staff knew people well and focussed on helping people achieve the daily activities that they enjoyed. This included regular trips out and taking part in activities. People could choose where to spend their time, either in their bedrooms, the communal area of the service or an outdoor garden area. We saw people's bedrooms which had personal items including photographs, pictures, music and televisions all of which meant people felt comfortable and able to do what they wanted in their rooms. People were supported to make daily choices about what jewellery to wear, what clothes they wanted to wear and what food and drink to have. Risk assessments were in place to safeguard people as they did the activities that they enjoyed.

Right Care
People's equality and diversity were celebrated at the service by staff. Staff understood people's cultural needs and supported people for example, arranging contact with local faith and support groups in the local community. Staff knew the best way to communicate with people. Usually communication was either verbal or through observing people's reactions to suggestions or actions. People and staff used Makaton, a form of sign language, to communicate some things for example, emotions, whether people were happy or sad. Staff then responded appropriately. We spent time observing interactions between people and staff and these were caring and supportive, providing people with enough time to make their feelings or thoughts known.

Right culture
The provider sought advice from professionals and specialists to help support people and to meet their health and social care needs. Staff had been trained in safeguarding, diabetes, epilepsy and autism. Staff responded to people's daily needs and to their wishes to be involved in activities away from the service. People were supported to spend time with their families and loved ones either on trips out for the day and

sometimes for weekend visits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a focussed inspection, we looked at our safe, effective and well-led domains. This was in response to information received about the management of risks at the service, the levels of training provided to staff and the management of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was unannounced.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Moorings

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
The Moorings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 was managed by the registered provider, who are also referred to as '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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spent time observing people and interactions between people and staff. We spoke with four members of staff including the provider, the deputy manager and two care staff. We reviewed a range of documents including two care plans, risk assessments and medicine records. We looked at five staff files which included details of recruitment, induction and supervision. We looked at audits, quality assurance documents and accident and incident reports.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies relating to safeguarding and medicines. We spoke with two professionals who regularly visit the service. We spoke with four relatives.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.
Assessing risk, safety monitoring and management
● The service had a small staff team that knew people well. Risk assessments were in place specific to people's individual needs. For example, potential risks were documented relating to travel, mental health, epilepsy and nutrition and hydration. Each document described the risk and what action to take if needed.
● Risk assessments described some signs for staff to be aware of, for example, if a person was becoming anxious or agitated it might be a sign that they were progressing toward an epilepsy episode. Staff were aware of these signs and knew what steps to take to make people safe and support them.
● Risk assessments were reviewed regularly or in the event of a specific incident or issue. For example, a person's mobility had been affected following a recent stay in hospital. This had been reviewed with steps in place to manage the person's reduced mobility. People's oral hygiene was documented in a separate risk assessment which clearly instructed staff of the need to support people with brushing teeth and maintaining oral hygiene.
● Environmental risks were well managed. Fire safety checks had been regularly completed and a fire inspection had been carried out, with no identified issues. Personal emergency evacuation plans (PEEPs) were in place for people providing clear guidance about the support people would need in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse
● We saw people being supported throughout our inspection, staff were gentle with people and people's safety was important. Relatives told us they were confident that their loved ones lived in a safe environment and that staff cared for them in a safe way. Comments from relatives included, "Definitely safe," "I feel (person) is the safest they have ever been" and "Absolutely kept safe."
● Staff understood safeguarding and were able to tell us they action they would take if they saw something they were concerned about. A member of staff said, "I wouldn't stand by and do nothing, I know how important it is to take action." Another added, "I would intervene and make safe. Raise to managers and record. Reassure the person and offer emotional support." Training records confirmed staff had received safeguarding training.
● The service had a whistleblowing policy which provided staff opportunities to report concerns anonymously. All staff told us they knew about the policy and would use it if needed.

Staffing and recruitment
● People living at the service needed one to one support whilst at home and two to one support on trips out. There were enough trained staff on duty each shift to support this and we saw staff rotas that confirmed there were enough staff on duty every shift.

● Staff had been recruited safely. Staff files confirmed that checks had been completed including references, photographic identification and details of past employment history. Disclosure and Baring Service (DBS) checks had been completed for all staff. DBS checks ensure that staff have no previous cautions or convictions that would prevent them from working with vulnerable people.

Using medicines safely

● Medicines were stored correctly in temperature checked cupboards in people's bedrooms. These cupboards were locked and people were supported by staff to take their medicines.
● Medicine administration records (MAR) had been correctly completed showing the date, time, quantity of medicines administered and name of the staff member involved. MAR charts were regularly checked and reviewed by the provider. Staff had all received training in the administration of medicines. The provider carried out regular observations on staff administering medicines.
● The provider told us that a medicine review took place for people and this had resulted in fewer medicines now being required. This action was in line with the STOMP project, (stopping the over medication of people with a learning disability, autism or both.)
● As and when required (PRN) medicines were subject to a separate protocol and staff were aware of this. A staff member told us, "Sometimes they will ask for pain relief but then change their minds. I'll always ask and record if unsure." Another said, "We can tell if people are in pain, we know them so well. I would still always ask first."

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

The service had complied throughout the pandemic with safe visiting arrangements for families, loved ones and visiting professionals.

Learning lessons when things go wrong

● The service is small and few accidents and incidents had taken place, not enough to identify any patterns or trends. However, each incident had been reported and reviewed by the provider to ensure any learning had been identified and shared with staff.
● We saw from accident and incident records that relatives and loved ones had been kept informed of when things had gone wrong. A relative told us, "Always let us know what is going on, keep us informed." Another said, "I'm told about incidents and outcomes." Where appropriate, professionals had also been consulted following incidents.
● One incident had involved staff not recording a health issue that arose with a person. After making sure the person was safe, the provider ensured the staff member repeated key training areas and the person's care plan and risk assessment were updated with details shared with all staff.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some people had lived at the service for several years and some had moved recently. A comprehensive pre-assessment process took place to ensure that people's care and support needs could be met and that the staff had the required training and skills to look after them. Visits were arranged for people to come and spend time at the service before moving in. this would then advance to an overnight stay before everyone agreed that people could safely move into the service.
- Relatives told us they were involved in the pre-assessment process. One relative told us, "Social services were involved too, we visited as well, which was very helpful."
- Information collected about people during the pre-assessment process then formed the core of people's care plans. Care plans detailed people's needs, their routines and the levels of support needed throughout the day and night. Professionals contributed to care planning, for example, advice had been sought from the speech and language team (SALT), occupational therapists and learning disability specialists.
- Care plans and risk assessments were regularly reviewed throughout the year and following any incident or change in people's support needs.

Staff support: induction, training, skills and experience

- Staff told us about their induction process and how it had given them the knowledge and confidence to work at the service. A staff member said, "I had a tour of the building, was shown all the fire assembly points and other safety issues. Spent time looking at care plans and then getting to know people." Another member of staff added, "I started doing shadow shifts until signed off to work independently."
- The staffing team was small and the provider was on site for most of the time. There were opportunities for staff to speak to the provider and ask for support if needed. There was also a regular cycle of one to one supervision meetings. Staff told us that these meetings gave them chance to speak about any issues relating to work or any other support they may need.
- All staff were up to date with their training. Courses and refreshers included safeguarding, manual handling, autism and mental capacity awareness. Staff told us they could request additional training if they had an interest or felt a particular area would be useful to them.

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

- People's nutrition and hydration needs were met. A relative told us, "(person) needs regular fluids. They (staff) encourage them with drinks and with food." The provider told us, "People are diabetic and staff are fully trained in this." We saw training records that confirmed this. Records were kept of what people

consumed.
● People were offered a choice of meals each day and were given appropriate snacks and extra drinks during the day. We saw staff supporting people to eat and drink and this was done in a dignified way with people given as much time as they needed.
● People's care plans contained weight and BMI charts. People had been referred to the speech and language team (SALT) and food advice sheets were seen in care plans, which showed foods and consistencies of foods that were safe for people.
● A care professional told us that their advice was not consistently acted on. This was in relation to people's eating and drinking. The provider told us that they would ask the views of all professionals before deciding the best support to give people.

Adapting service, design, decoration to meet people's needs
● The service was a private house in a residential area. There were three bedrooms and a large communal area extending out to a large outside area and garden. The kitchen was open plan and next to a communal lounge, both easily accessible to people.
● Wet rooms on the ground floor were equipped with handrails and were all level with the rest of the downstairs rooms. Similarly, the outside area was accessible at one level providing easy access for people using wheelchairs.
● We were shown people's bedrooms. They were full of personal effects, family photographs, pictures and collections of films and other activities that people wanted to use in their rooms.

Supporting people to live healthier lives, access healthcare services and support
●There were sections within people's care plans called 'health action plan.' This document had clear information about people's allergies, medicines, family medical history and specific help people needed each day for example, using hearing aids and the use of SALT guidance.
● People were supported to make decisions about their health and social care support and to be as involved as possible with appointments and meetings. Some more complex issues were discussed together with relatives, staff and professionals at best interest meetings.
● Everyone had an appointment calendar and it was important to people that they knew when appointments were happening so they could fit in with daily routines and schedules. Professionals told us they had regular communication with the service and that appointments were timely and appropriate. A professional told us, "We are in regular contact but they also call us whenever needed."

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 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.

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 , and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had been trained in the application of the mental capacity act and demonstrated an understanding of the important issues. A staff member said, "I'll always ask, 'Can I help you?' or 'Do you want to,' for example, go to the bathroom." The staff member continued, "Providing choices and letting people make decisions is important."
● Staff understood the importance of gaining consent from people and what actions to take if consent was not given. A staff member said, "I explain everything we are going to do and wait for signs that it is understood. Sometimes they refuse, say no, but if I leave that task and come back a few minutes later this usually works." People were supported to make daily choices for example, what food and drink they would like and what clothes and jewellery to wear.
● Care plans contained decision specific mental capacity assessments which determined people's ability to decide and make choices. Complex decisions were discussed at best interest meetings with support from relatives and sometimes professionals.
● The deprivation of liberty safeguards (DoLS) mean that people can only be deprived of their liberty or have restrictions on their lives with the appropriate legal authority. These legal obligations had been met and the provider and staff demonstrated understanding of this process and its practical application.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider knew people well and we observed interactions during the inspection between the provider and people and they responded positively, smiling and it was clear they were comfortable. Relatives confirmed our observations one told us, "(provider) is great. Very centred around (person) and their needs."
- Staff spoke of a positive relationship with the provider. Comments included, "Totally dedicated to their (people's) needs," "Very good, very supportive of staff," "Very knowledgeable, helps me to look after people well" and "It's a joy to come to work here, can't fault anything."
- The provider promoted a positive atmosphere at the home which had been maintained throughout the challenges presented by the recent pandemic. Staff were kept up to date with changes to government guidelines. Each person had a daily diary which was completed by staff. This made sure that no changes to people's health and wellbeing were missed and that details were shared with the whole staff team.

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 was open and honest with us throughout the inspection process and fully understood their responsibilities under the duty of candour. Services have a legal obligation to inform CQC about certain events that happen at their service and this had been complied with. Details of the last CQC inspection were displayed in a prominent place at the service and on their website.
- Relatives told us they were kept informed and up to date about events at the service and with details of events, incidents and activities involving their loved ones. Comments included, "They sometimes call two or three times a day to let me know what's going on," "always let us know what's going on" and "I'm told about incidents and outcomes. They seem very on it, no complacency."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider told us that they employed a private company to audit all of the services systems and processes yearly. We were shown the most recent audit which showed a comprehensive overview highlighting compliance and some areas where recommendations were made. For example, completing daily medicine stock checks rather than weekly. Recommendations had been acted on by the provider.
- The provider carried out their own audits for training, medicines, infection control and building safety

checks. Any issues, themes or trends were identified and learning shared with all staff.
● Staff understood their responsibilities and roles at the service. Staff were responsible for people's diary management, weekly food choices and their own training updates. This was all overseen by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought feedback from people, relatives and staff. A relative said, "(person) is absolutely supported to make their views known." The staff team was small and there were daily opportunities for staff to talk with the provider or deputy manager. Regular staff meetings were held and documented. Staff were encouraged to feedback about the service and discuss any issues. Staff had further opportunities at supervision meetings to discuss issues. A staff member told us, "(provider) very approachable and gives us chance to speak up."
● The provider documented meetings with people. Minutes showed that people were given the opportunity to feedback about how they felt, what they had enjoyed doing recently and what events were planned.
● The provider was in regular contact with relatives and asks for their feedback and ideas about the service. Comments from relatives included, "They give us all of the information new need and they ask for our views," and "I'm asked and I'm very confident to suggest improvements and raise concerns."
● People's equality characteristics were recognised and celebrated. A staff member said, "all differences are respected." Another added, "Everything is considered and families are involved. We do everything together including taking our meals."

Continuous learning and improving care; Working in partnership with others
● The provider supported staff personal development providing opportunities for training in areas of interest and to increase their knowledge. During their employment at the service most staff had progressed and advanced their qualifications with The Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● The provider had established positive relationships with statutory partners for example, the local authority. They kept themselves up to date with changes in government guidelines and advice and referred to regular bulletins from the local authority and the CQC. Key information was cascaded to all staff.
● The provider had developed working relationships with statutory partners and professionals. A professional told us, "I always get a good reception and (provider) is on the ball. They contact us yearly and in-between if needed."