

Innovation Care Limited

Moor Court

Inspection report

Moor Court Residential Home
Bodenham
Herefordshire
HR1 3HW

Tel: 01568797461

Website: www.innovationcare.com

Date of inspection visit:
02 June 2016

Date of publication:
05 July 2016

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

We carried out an unannounced comprehensive inspection of this service on 23 October 2014. The provider was not meeting their legal requirements in relation to depriving people's liberty and obtaining their consent. They sent us an action plan that told us how they would do this. At this inspection, we found improvements had been made and the provider was meeting legislation.

We undertook this comprehensive inspection to ensure they had now met their legal requirements.

Moor Court is located in Bodenham, Herefordshire. The service provides accommodation and care for up to 14 people with learning disabilities. On the day of our inspection, there were 14 people living at the home.

The inspection took place on 2 June 2016 and was unannounced.

There was a registered manager at this home, but they were not present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People's individual needs were known by staff. Staff knew the support people needed to keep them safe. People were encouraged and supported to maintain their freedom. People were encouraged to take their own medicines where possible. People who needed support with taking their medicines received this from trained and competent staff.

People were offered choices and their independence was promoted. People were supported to eat and drink and to maintain a healthy weight. People were involved in the preparation of their meals and were taught how to prepare meals for themselves. People received specialist input from a range of health professionals to ensure that their health and wellbeing needs were met.

People enjoyed positive relationships with staff. People's privacy was maintained and they were treated with respect. People's communication needs were known and staff communicated with people in ways they could understand.

People's needs were reviewed to ensure they received all the support they needed. People were able to pursue various hobbies and interests, as well as choosing social events and outings for people to enjoy. People knew how to complain as this information was provided to them in a way which was clear to them.

People were involved in the running of their home. The registered manager had an inclusive approach and ensured people received information in different formats. Staff were supported in their roles and were positive about how the home was managed. People enjoyed accessing the local community and led active

and varied lives.

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 is safe.

People's individual risk assessments and care plans were followed to ensure people were cared for safely. Staff knew how to recognise signs of abuse and harm, as well as changes in people's safety needs. People's freedom was encouraged, whilst maintaining their safety. People were supported to take their own medicines, but were supported by staff when necessary.

Is the service effective?

Good ●

The service is effective.

People were given choices and were involved in decisions made about them. Staff and the registered manager understood the principles of the Mental Capacity Act, and they worked in accordance with its principles. People received support and input from health professionals. Staff followed medical guidance to ensure people's health and wellbeing were maintained. People received the individual support they needed with eating and drinking.

Is the service caring?

Good ●

The service is caring.

People were encouraged to be involved about decisions relating to their care and support. Staff communicated with people in ways people could understand. People enjoyed their privacy. People were treated with dignity and respect by staff who understood how to promote this.

Is the service responsive?

Good ●

The service is responsive.

People lived in a positive environment which encouraged them to enjoy hobbies, interests and social events. People's needs were reviewed and staff adapted to meet changes in people's needs. People knew how to complain, and were also encouraged to express their views, opinions and suggestions.

Is the service well-led?

Good 

The service is well led.

People enjoyed being involved in the running of their home and being asked for their views and opinions. Staff felt supported in their roles by the registered manager. Staff's views were listened to and action taken in respect of their suggestions. People benefited from the links with the local community which had been established by the registered manager.

Moor Court

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.

We made an unannounced inspection on 2 June 2016. The inspection team consisted of one inspector.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care people received.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

The registered manager was not on duty the day of our inspection, so the deputy manager was in charge. We observed how staff supported people throughout the day. We spoke with seven people who lived at the home, the deputy manager and four staff. We looked at three records about people's care, including their risk assessments and capacity assessments. We also looked at the quality assurance audits that were completed by the registered manager and the provider, and the complaints and comments the provider had received.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "Nothing bad will happen to me here". Another person told us, "There is always someone when you need them".

Staff and the deputy manager explained how they kept protected people from avoidable harm and abuse. Staff told us they had received training about keeping people safe from harm and abuse and they knew about different types of abuse, and how to report these to the local authority. Staff also told us they would inform management if they had concerns about someone being at risk of harm of abuse, and they were confident the matter would be investigated.

We looked at how individual risks were managed. We saw that there were risk assessments in place in relation to areas such as road safety, epilepsy and choking. We saw that one person's risk assessment included information about signs staff should be vigilant of which may demonstrate the person was about to have a seizure, and information about different types of seizures. Staff we spoke with were able to explain these signs to us, and how they supported people with epilepsy. We saw that risk assessments were completed with people where possible. For example, we saw that one person enjoyed going out, but it was unsafe for them to go out alone as they were at risk of harm when crossing roads. Therefore, it was agreed with this person that a staff member would accompany them when they wanted to go out. The person told us that staff supported them when they wanted to go out and helped them to cross the road safely.

We saw that consideration was given to protecting people, whilst maintaining their freedom and independence. One person was asked what their favourite thing about living at the home was and they told us, "My freedom". We looked at how this person was supported and saw that they enjoyed using public transport to access the town centre. Staff told us there was an agreement with the person that they would call staff when they had arrived into town safely. We saw that this person caught the bus into town and back on the day of our inspection, and that they called staff to let them know they were safe.

We looked at whether there were sufficient staff to support people safely. On the day of our inspection, there were four members of staff and this meant that there were enough staff to support people. For example, there were enough staff to take people to church at their request. We spoke with the deputy manager about how they ensured there were sufficient staff to keep people safe and accompany people who needed staff support when in the community. We saw that staffing levels were determined according to the needs of people living in the home. All shifts were covered by staff and the registered and deputy manager; no agency staff were used. This was to ensure consistency in people's care, particularly for people who would be anxious about unfamiliar staff supporting them. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people received their medicines. People's medicines were kept securely in their own

rooms and were given to people by two staff members. This was to ensure that there was second person present to ensure that the correct medicines were given and to witness that medicines had been given. Only staff trained in medicines could give people these, and their on-going competency in this area was checked by the registered manager. We saw that staff supported people to take their medicines. For example, one person had difficulty with swallowing, so staff ensured the person took their medicine with plenty of fluids. People were encouraged to be responsible for their own medicines where possible. For example, two people kept creams in their rooms and applied these themselves.

Is the service effective?

Our findings

At our last inspection on 23 October 2014, we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation was Regulation 11, need for consent. At this inspection, we found that improvements had been made and the provider was no longer in breach of regulations.

At our last inspection, we had concerns regarding how people's liberty was deprived without the necessary legal authorisation in place. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The deputy manager and staff had a good understanding of the Act, and we saw that where people lacked capacity to make certain decisions, meetings were held with the person, relatives and health professionals to ensure staff acted in that person's best interests. One member of staff told us, "It's all about encouraging people to make their own decisions where possible and giving them in choices in everything". Where people lacked capacity to make specific decisions, the registered manager had ensured they had access to an Independent Mental Capacity Advocate (IMCA). An IMCA is someone who helps people with communication difficulties make their views known and represents people when decisions are being made about them.

At the time of our inspection, every person living at Moor Court had a DoLS application in place. We reviewed these applications and saw that each application was specific to individuals' requirements. For example, one DoLS application was about a person and their medication, and another application was about a person's money being held and administered by staff. People were involved in this process as much as possible and it was explained to them why the applications had been made. Staff we spoke with knew why DoLS applications had been made for people and were able to explain to us the individual reasons for the applications.

People told us staff knew how to support them. One person told us, "I need special drinks and they give me those". Another person told us they sometimes felt anxious and staff knew how to support them with their anxiety. Staff we spoke with told us they received an induction into the role before working with people, and on-going training which helped them support people effectively. One member of staff told us, "Three days' after my epilepsy training when I started, someone had a seizure. I wouldn't have felt confident in that situation before the training". Staff told us they could request additional training if they felt this would

benefit the people they supported. For example, one member of staff told us they had requested training regarding blood pressure, and this had been arranged. Staff told us they had received an induction into the role and they had found this beneficial. Staff told us they had time to read people's care plans and risk assessments, and then worked alongside existing staff to see how people were supported. One member of staff told us, "The inductions are done on an individual basis. Some people feel confident to be on duty after two weeks, some people feel they need longer". The deputy manager told us that staff were not put on duty until both they and the registered manager felt the person was competent in the role.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. Where people had difficulties with eating, drinking, and swallowing, people had been referred to Speech and Language Therapy (SaLT). Staff knew the SaLT recommendations for individuals and we saw that this information was in people's care plans and was followed. The deputy manager told us where people needed a soft food diet due to a risk of choking, staff followed SaLT guidance and softened their food with liquid, such as gravy, rather than give the person a different meal to the one of their choice. We observed the lunchtime meal and saw this guidance was followed by staff. Where necessary, people had specially adapted cutlery to support them with eating. We sat with people and staff during the lunchtime meal and saw that people were supported to eat and drink. For example, staff sat next to people who had difficulties with swallowing and encouraged them to slow down their eating and keep their head raised. There was a relaxed and homely atmosphere during the meal and people chatted to staff about how they had spent their mornings. We saw that people had a choice of food and drink during the meal and a choice of fresh fruits for dessert. People told us they enjoyed the food. One person told us after the meal, "I am full up now. I am always nice and full afterwards". Where people's weight was above or below a healthy range, medical attention was sought and medical advice followed. For example, one person's weight gain had affected their mobility and general health. The person had seen their GP and was now following a lower calorie diet with the support from staff.

People told us they had access to healthcare professionals and were supported to maintain good health. One person told us, "I see the dentist and the optician. I don't like seeing the dentist, I get scared and so staff help me". We saw that people were supported to access a range of health professionals, including podiatrists, psychologists and hydrotherapy. We saw that one person had experienced an increase in seizures and that staff had ensured the person had obtained help from the relevant healthcare professional.

Is the service caring?

Our findings

People told us, and we saw that, they enjoyed positive relationships with staff. One person told us, "I am very happy here, [the staff] are great". Another person told us, "They are my friends". We saw that staff knew people well, including their likes and dislikes, and that there was a relaxed and happy atmosphere in the home.

People told us they were involved in decisions about their care and support. Two people showed us their bedrooms, which were both personalised and decorated the way the people had chosen. One person told us, "I love my room!" We asked people whether they were supported to make decisions about their care. One person told us they had a strong preference about the gender of any doctor they saw, and that staff understood this and made sure the person only saw doctors they felt comfortable with. We spoke with staff who told us how important this was to the person, and that people were encouraged to express their views and preferences. We also saw that people were given the choice as to whether they would prefer to receive personal care from male or female staff. Staff told us how they tailored their communication to the needs of people. One member of staff told us, "We don't talk over people, we use language they will understand, we ask their opinions and we give explanations". We observed that staff knew the best ways to communicate with people. For example, a pictorial weekly staff rota was displayed for people so that everyone were able to see which staff were on duty.

Staff told us they promoted people's independence as much as possible. One member of staff told us, "We advise and encourage people, but we don't tell them what to do. We always encourage their independence". We saw that people were involved in both the preparation of the lunchtime meal and tidying up afterwards. Two people showed us their kitchen and the menus and told us how they were involved in choosing the meals, and in preparing them. One person told us, "I peeled the potatoes yesterday". Another person told us, "It is my job today to clear the tables". People and staff told us that cookery classes were provided in the home so that people could learn how to make meals for themselves and be involved in preparing meals. We saw that people were involved in their care plans and these recorded information about how people wanted their independence to be maintained. For example, care plans recorded things people could or preferred to do themselves, and things people needed staff support with.

People told us their privacy was respected. One person told us, "I can go into my bedroom and say 'keep out!', and they do". Staff and the deputy manager told us that people's medicines were now kept securely in their rooms and were given to people in there so that people felt comfortable and that their dignity and privacy were respected; we saw that people received their medicines in the privacy of their own rooms. We observed staff maintained people's dignity. For example, where people's food had to be mashed or cut up, this was done discreetly in the kitchen and not in front of other people. Two members of staff were the appointed dignity champions for the home. Their role included educating and informing staff about dignity and respect, and acting as a point of contact for people or staff if they had any concerns about people not being treated with dignity and respect.

Is the service responsive?

Our findings

We saw that people's changing needs were responded to. One member of staff told us, "People's needs change so quickly, sometimes within the course of a day. So we are always reviewing people's risk assessments and care plans". We saw that these reviews took place and that where possible, people were involved in the process. For example, we saw that people had signed their care plans and had been asked questions about their preferences and needs as part of the care planning and review process. Staff we spoke with had an understanding of people's individual needs and how to tailor their support to meet these needs. One member of staff told us, "[Person's] routine is really important to them and we are all aware of that. We do stick to their routine but at the same time, we also try to offer them other options so that we broaden their horizons".

We observed a staff handover to look at how staff communicated changes in people's needs. A handover is a short meeting between the end of one shift and the start of the next. People's health and wellbeing needs were discussed, and staff communicated information about changes in people's behaviour. For example, one member of staff told the afternoon staff that one person had displayed signs of a possible seizure in the morning, and asked them to be vigilant to this.

People told us, and we saw that, they were encouraged to maintain their individual hobbies and interests, as well as develop new interests. On the morning of our inspection, people were not at home and were involved in individual leisure activities. These included voluntary work, visiting the library and taking part in a local farm project. People told us about their individual interests and how they participated in these. One person told us, "I go swimming and I go to church". Another person showed us their golf clubs and told us they went with staff to a local driving range, which they enjoyed. Another person showed us the garden and told us they enjoyed feeding and cleaning out the chickens and helping to build the new fish pond. One person showed us the shared 'games room' in the garden. We saw that people used this room to watch films and television, play snooker and to play other games. People chose food and drink to keep in this room. People were supported by staff with individual and group interests on the day of our inspection. For example, one member of staff supported two people with a jigsaw puzzle at their request. There was also a 'memory joggers' quiz, which we saw people take part in and enjoy.

We saw that people had monthly meetings in which they were asked for their ideas about holidays, outings, leisure activities and the general running of the home. We saw that where people had made suggestions, these had been acted on. For example, we saw that people had recently requested a barbeque instead of a Sunday roast, and this had been arranged.

People knew who the registered manager was and how to raise a complaint, if necessary. The deputy manager told us that every person had a pictorial complaints procedure in their rooms so they knew how to complain; we saw this was in the rooms people showed us. Although no complaints had been received in the last 12 months, people were confident that they would be listened to if they complained. One person told us, "They listen to what we say and they want us to be happy".

Is the service well-led?

Our findings

People we spoke with knew the registered manager and provider and told us that they were involved in the running of the home. One person told us, "I help [registered manager] run the place. I make suggestions and he always says 'leave it with me', then he sorts it. I also help write the policies". Staff we spoke with told us how much this person enjoyed being in the office with the registered manager and that, "They really look up to [registered manager] and [deputy manager]". People told us that the provider was involved in the home and often attended their social events, such as a recent party.

Staff told us the provider, registered manager and deputy manager promoted a positive and open culture by being approachable and by encouraging communication. One member of staff told us, "We are encouraged to be open with each other and raise any concerns face to face. That is so important because we have to work so closely together". Staff told us that the registered manager was a visible presence for staff and for people. One member of staff told us, "The managers cover shifts and you can ask them for advice. They are hands-on and don't just sit in the office all day". Staff told us they received regular one to one meetings with the managers and that they also had staff meetings. One member of staff told us, "I think it would be better if we had more staff meetings. But the registered manager keep us informed anyway and we can talk to them at any point".

Staff told us that the registered manager included staff in the running of the home and that they felt supported in their roles. One member of staff told us that some staff members had concerns about a person's wheelchair and how it was no longer suitable for the person's needs. This was raised with the registered manager, and the person was re-assessed within a week and a more suitable wheelchair was provided. The member of staff told us that this had made the staff feel valued and listened to. Staff told us they and people were asked to contribute ideas and suggestions for 'themed nights' for people. We saw recent suggestions had included a rock 'n' roll evening and a 'Mexican night'. People and staff told us about recent suggestions they had made and how the registered manager had acted on these. For example, people told us they had asked for an Easter party and a sports day, and these had both been arranged. We also saw that people had been involved in the designing of their garden. People had drawn their own plans of how they thought the garden should look, and then people voted to choose their favourite. The garden was being developed in the way people had chosen.

The deputy manager told us that the values of the service were to "provide person-centred care". We spoke with staff who were aware of the values of the service and told us all staff were worked together to achieve this aim. We saw recent feedback from a relative which said, "I feel the ethos of Moor Court every time I visit and I can see how your approach to the residents and all you give of yourselves makes it the marvellous place it is".

We looked at how the registered manager and provider monitored the quality of care provided to people, and how they ensured that people's safety, wellbeing and health were maintained. We saw that the registered manager and deputy manager carried out monthly audits in areas such as medicines and people's monies. The audits were used to identify any concerns, such as any shortfalls in monies kept safely

for people. Where concerns were identified, we saw that these were addressed. For example, a recent audit had identified that not all staff were ensuring there was another staff present to witness people's monies being given and counted. The registered manager had reminded staff of the importance of this. The registered manager and provider also sought the feedback of people, staff and relatives through annual questionnaires. These were provided in an 'easy read' format for people so that they were not excluded from the process. Where suggestions and comments were made, these were acted upon.

The registered manager had established links with the local community, and these were used to benefit people. For example, people told us how much they enjoyed weekly music workshops with a local organisation. People also told us they were looking forward to a disco which had been arranged by a community organisation.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the registered manager or provider. This meant that there was a forum for staff to report any matters of concern.