

Leonard Cheshire Disability

# The Moorings Supported Living Service

## Inspection report

41a The Office  
The Moorings  
Garstang  
Lancashire  
PR3 1PG

Tel: 01995604635

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

Date of inspection visit:

30 August 2017

07 September 2017

Date of publication:

01 November 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection was carried out on the 30 August and 07 September 2017. As the agency is small we gave 24 hours' notice of our inspection. This was because the registered manager has responsibility for other care services and we needed to ensure they were available to speak with us.

The Moorings Supported Living Service is situated on a private development on the outskirts of Garstang and provides support for twelve people who require assistance due to physical or other disabilities. People who use the service live in independent apartments on the development. Care and support is provided by Leonard Cheshire Domiciliary support services.

People who use the service are facilitated to live independently through the 24 hour on site support service available to them.

There was a registered manager in place. 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.

We last inspected The Moorings Supported Living Service in August 2014. We identified no breaches in the regulations we looked at.

During this inspection visit carried out in August and September 2017 we asked people if they felt safe. People we spoke with told us they did. However, systems were not operated effectively to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if staff were supported in their role. Staff told us they received supervisions to enable them to discuss any concerns. They told us they did not have annual reviews of their performance and they would welcome these. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required to be notified of certain occurrences. We found a notification had not been provided to us in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We looked at the auditing systems used by the service to drive improvement. We found checks on medicines, care records and the environment were carried out. We saw evidence that accidents and incidents were monitored and the registered manager could explain actions taken to minimise reoccurrence. However, the audit system in place had not identified the lack of submission of the required notification to the CQC or that staff required refresher training and competency assessments for supporting

people with their medicines. We have made a recommendation regarding this.

We discussed staffing with people who used the service. They told us staff were busy and at times they had to wait for support. People also said they had noticed a lot of new staff. One person said, "There's a lot of agency here." Relatives we spoke with also told us they felt a lot of agency staff were used. The registered manager told us they were actively recruiting staff and looking at ways of improving staff retention. We have made a recommendation regarding this.

The registered manager provided guidance and advice by visiting the service and providing on- call support. We have made a recommendation regarding this.

We reviewed staff files and found there were processes that ensured staff were suitably recruited.

During the inspection visit we found some documentation required further information regarding people's needs. We raised this with the registered manager. Prior to the inspection concluding we were informed documentation had been updated.

People told us they were involved in their care planning and we saw documentation in care records which confirmed this.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found people's rights were protected and upheld.

People who received support told us they considered staff were caring. One person told us, "The staff really care about me. They give me really good attention." We observed people being supported with kindness and compassion.

People told us they were able to pursue their individual interests and documentation reflected people's preferences.

There was a complaints policy available at the service. People told us they would talk to staff if they had any concerns.

People told us their individual preferences were respected in relation to their meals. We saw documentation which evidenced that if people needed support with nutrition, this was referred to other health professionals.

People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Systems were not operated effectively to ensure medicines were managed safely.

Recruitment processes were in place to ensure staff were suitably recruited.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Assessments of risk were carried out, and action to take to minimise risk was recorded in care documentation.

Staffing levels were sufficient to respond to peoples' needs.

### Is the service effective?

**Requires Improvement** 

The service was not always effective

Staff felt supported but had not been provided with appraisals to review their performance and set objectives for improvement.

People were able to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

**Good** 

The service was caring.

Staff were patient when interacting with people who received support and people told us they felt staff were caring.

Staff were able to describe the likes, dislikes and preferences of people who received support.

People's privacy and dignity were respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported to pursue their individual areas of interest.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Quality systems had not identified shortfalls in the service provided.

Notifications had not been made to the Care Quality Commission without delay.

The service consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the registered manager was approachable and supportive.

# The Moorings Supported Living Service

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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 was carried out on the 30 August and 07 September 2017 and both days were announced. The first day of the inspection was carried out by an adult social care inspector and an expert by experience. An Expert by Experience was a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one adult social inspector.

At the time of the inspection visit the service provided care and support to twelve people.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about The Moorings Supported Living Service. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed this as part of our inspection planning.

As part of the inspection visit we spoke with six people who received support and one relative. We spoke with the registered manager and the deputy manager. We also spoke with four staff.

We viewed a range of documentation. We looked at five care records and also reviewed two staff files, staff

rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records and a sample of accident and incident records.

# Is the service safe?

## Our findings

We asked people if they felt safe. People told us, "Yes, I feel very safe." And, "I do, yes". A relative we spoke with voiced no concerns regarding their family member's safety.

During this inspection visit we checked to see if medicines were managed safely. We checked a sample of Medicine and Administration Records (MAR.) This is a document that records the medicines people receive. We also checked the medicines and the totals of medicines on the MAR matched. We identified no errors. This indicated people had received their medicines as prescribed.

People we spoke with told us they were happy with the way in which their medicines were managed. However, one person told us they had become unwell and there was no staff member available to administer their required medicine. As a result of this, emergency health support had been obtained. We discussed this with the team leader. They told us specific training was required before staff could administer the medicine. They also told us rotas were arranged to ensure a trained staff member was available if the medicine was required to be given. They explained the member of staff trained in this particular medicine administration was unavailable as they had left the service to support a person on an external activity. They told us no other staff on duty had received the required training. This meant the person was unable to receive their medicine from staff as prescribed. We reviewed the medicines policy. We saw that this recorded that where staff had responsibility for providing medicines support to an individual who used the service, this would be provided in a punctual manner.

We discussed our concerns with the registered manager and deputy manager. The registered manager explained training was arranged to take place the next day and all staff would receive the required training. Prior to the inspection concluding we saw this training had taken place.

We asked if staff had received refresher training in medicines, and if their competency was assessed between training to ensure they were able to administer medicines safely. We were informed that one staff member had had their competency assessed, but other staff had not. This was confirmed by speaking with staff. We looked at the training matrix provided and saw recorded that one staff member had last received training in medicines in 2012. We saw the matrix recorded a further staff member had received training in medicines in 2013. We reviewed the medicines policy. This recorded that staff refresher training was reviewed and updated annually. In addition that from April 2015 a competency passport to assess and record staff competencies was anticipated to be in place.

The lack of refresher training and competency assessments meant people were placed at risk of unsafe medicine administration. This placed people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not operated effectively to ensure medicines were managed safely.

We discussed our concerns with the registered manager and the deputy manager. They informed us that



training was currently being arranged and competency assessments were being planned.

We viewed care records to ensure risks were identified and risk controls were documented. In two care records we noted further information was required to ensure risks were clearly documented. We spoke with staff who were able to explain the risk controls in place. We discussed this with the registered manager who told us they would address this. Prior to the inspection concluding we received documentation which confirmed the risks had been recorded. Other care records we viewed contained sufficient information to enable staff to maintain people's safety. We saw plans were in place if people became distressed or unwell and staff we spoke with were able to explain what they would do in the event of these occurring.

We spoke with staff to ensure suitable recruitment processes were in place. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. A valid DBS check is a statutory requirement for staff providing a personal care service supporting vulnerable people. We also reviewed documentation which showed appropriate recruitment checks were carried out. The checks in place helped ensure suitable staff were employed to work at the service.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the owner or the registered manager if this was required. Staff also told us they would report concerns to Lancashire safeguarding authorities to enable further investigations to take place. One staff member told us, "I'd make a report to the [registered manager.] I'd use on call if they weren't here."

We asked people who received support from the service if they were happy with the staffing provision. People we spoke with told us they had noticed some staff started at the service but did not stay long. People explained that agency staff were used to fill any shortfalls. Both the relatives we spoke with told us they had noticed staff did not stay long at the service. They also said agency were used to fill any gaps in the rota. People we spoke with told us that overall, they received support when they required it and they did not have to wait for help. One person told us that on occasion they had to wait for help. We discussed this with the team leader. They told us that if people requested help outside their funded care hours, this was provided. They explained there may sometimes be a short delay but they aimed to respond as quickly as possible.

We discussed staffing with the registered manager. The registered manager told us they were currently recruiting staff and had noted the service had difficulty in retaining staff. They explained they were currently exploring why this was the case and were committed to improving this. The registered manager further explained that they had recently recruited three new employees and booked agency staff to cover any gaps in the rota. We asked the registered manager how they ensured a consistency of staff for people who used the service. The registered manager said they booked agency in advance and requested the same staff to attend. They said this helped ensure people were supported by people who were known to them.

We viewed the current rota and saw any gaps were covered, in addition staff told us that agency staff were provided. We saw documentation which confirmed recruitment was taking place and staff also told us new staff had been employed by the service.

We recommend the service seeks and implements best practice guidance in relation to the retention of staff.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would

require in the event of a fire. Staff explained each person had a risk assessment and we saw documentation which confirmed this. We saw documents which gave specific instruction in the support people require to evacuate safely. This helped ensure people could be supported safely in the event of a fire.

We saw documentation which demonstrated accidents and incidents were monitored and action taken to minimise the risk of reoccurrence. For example, we saw one person had fallen. We noted the person's care plan had been amended to ensure they received additional support. We discussed this with the person who confirmed this had been agreed by them. This demonstrated people were involved in the management of risks relevant to them.

## Is the service effective?

### Our findings

We spoke with people who lived at The Moorings Supported Living Service to gain their views on the care provided. One person told us, "The care is very good. Excellent." A second person said, "They look after me properly." A relative we spoke with voiced no concerns with the care provided.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, and moving and handling. We reviewed the training matrix which indicated this had occurred. A training matrix is a document that records the training staff have completed and the training staff are required to complete.

Staff we spoke with told us they received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with their line manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We asked staff if they received appraisals. These are meetings where staff review their performance with their line manager and plan objectives for the coming year. Staff we spoke with told us they had not received an appraisal. One staff member commented, "I could do with one to set my goals." They explained their appraisal had not taken place due to the changes in management over the last two years. A further staff member said, "I'd like an appraisal. It'd be good to plan the next year here." We discussed this with the registered manager. They confirmed that appraisals had not taken place and they were planning to address this. They told us they had been managing the service for three months and were planning to start appraisals. We saw an email which evidenced that appraisals were being planned. We looked at the policy and procedure in place for appraisals and supervision. This instructed that appraisals should be carried out annually.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not operated effectively to ensure staff were suitably qualified, competent and skilled.

Care files we viewed contained contact details of people who were important to those who received support. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would discuss this with the person and health professionals as required.

People who lived at the service were supported to access external healthcare professionals in order to maintain their wellbeing. Documentation we viewed evidenced people had access to doctors and individual consultations took place if the need arose. This showed people were able to access further medical advice if this was required. During the inspection we spoke with a person who received support. They told us they were helped to arrange any appointments required by staff.

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. 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.

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 were being met. We saw documentation which evidenced that where restrictions were in place, these were made in the person's best interest and were as least restrictive as possible. The documentation we viewed showed that the correct processes were followed in ensure people's rights were protected.

People we spoke with told us if they needed help with meals, this was provided. One person told us they had been involved in the planning of their care in this area. They explained they preferred to eat sandwiches and staff ensured their wishes were respected. They commented that staff encouraged them to try other foods but they were given their choice of food. We viewed the person's care record and saw the person's preferences had been recorded.

Staff we spoke with told us they encouraged people to maintain their independence and supported them with meal planning and preparation if this was appropriate. During the inspection visit we visited a person in their flat. We saw staff asked the person if they would like to help to prepare their lunch. This demonstrated people were offered the opportunity to maintain their independence.

We saw documentation which evidenced people were referred to other health professionals if there were concerns with their nutritional needs. For example, we saw one person required a specific diet to minimise the risk of choking. Staff we spoke with were knowledgeable of the person's specific needs. This demonstrated the service took people's nutritional needs into account when planning their care.

## Is the service caring?

### Our findings

People who lived at the service told us staff were caring. We were told, "They go above and beyond for me." And, "The staff really care about me. They give me really good attention." A relative we spoke with voiced no concerns with the staff approach at The Moorings Supported Living Service.

We saw staff were caring. We observed staff helping a person who received support. They were chatting and laughing with them as they carried out an activity together. The person and the staff member were seen to be equal contributors to the conversation. This demonstrated staff considered their approach to people and people were comfortable in the presence of staff.

Staff were courteous when they supported people. We visited people in their private flats when staff were present. Staff asked people if they could sit down and conversations were held at a pace appropriate to the person. This demonstrated staff were respectful of people and their private apartments and ensured they were engaging with people in a considerate way.

Staff spoke respectfully about people they supported. Staff told us they wanted to enable people to live as independently as they wished. We were told, "I want help achieve a good quality of life for people." And, "I like to help people achieve their goals, that's my job. It's about their goals not mine" Also, "I love coming here. Every day is about helping them." This demonstrated staff had a caring attitude.

Documentation contained information about people's social histories, back grounds and people who were meaningful to them. From discussions with staff we learnt staff were aware of these details. Staff were able to explain what was important to people and how they wanted to be supported. Staff spoke of the importance of this. One staff member said, "We need to know about them as people, not just what they need." A further staff member commented, "The care plans help me learn about them. That leads to conversations and then we can start building relationships."

During this inspection visit we observed a staff member talking with a person about their family. The staff member had a good knowledge of the person and their relatives. This demonstrated staff knew the social histories of people and used these to encourage conversation which was meaningful to the person.

We asked people if they felt their privacy and dignity was upheld. People told us, "They help me bathe and I'm not embarrassed." And, "Everyone's really good. They knock before they come in, ask me if I want them to leave when my phone rings." We noted that when staff visited a person in their private flat, they knocked on people's doors and waited for a response before entering.

Care records were written in a respectful way. We saw entries were factual and written with consideration for people's dignity. We saw one entry which read "[Person] would like to be supported to see the GP." This demonstrated staff respected people's individual abilities.

We discussed the provision of advocacy services with the registered manager. The registered manager

informed us advocacy support would be arranged at people's request.

## Is the service responsive?

### Our findings

We asked people if they were involved in the planning of their care. Not all the people we spoke with could recall if this took place, however two people confirmed they had been involved in their care planning. One person explained how they had been consulted regarding a move to another care provision. They told us they were involved in the process and had visited to see if they liked it. A further person told us they currently required extra support and this had been agreed with them.

We found care records documented the help people needed and their preferences. For example, we saw one care record which instructed staff in the support a person required to maintain their safety. In a further care record we saw a person had requested specific support with personal care. We spoke with them and they confirmed the care provided was as documented in the care record and agreed by them. We noted two care records required further information to ensure staff that were unfamiliar with the needs of people, could support them appropriately. Prior to the inspection concluding we were informed this had been carried out.

People were supported to pursue their own individual areas of interest. We saw one person being helped to fix garden furniture. They were laughing and joking with staff as they did so. Staff told us this activity was important to them. A further person told us they had always wanted to go on holiday and they had achieved this with the help of the staff. We saw photographs of the person on holiday and saw they were smiling. They told us, "I loved it."

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit people told us they had no complaints and would address any complaints to the deputy manager. One person told us, "I could complain if I wanted to." Staff we spoke with told us they would refer any complaints to the registered manager or deputy manager. They explained this would enable them to be investigated. This demonstrated there was a complaints procedure in place, of which staff were aware, to enable complaints to be addressed.

We discussed complaints with the registered manager. We were told one complaint had been raised with head office by a member of the public. We were told this was currently being investigated. The registered manager told us that when the investigation was complete, the service would identify if there were any learning points for The Moorings Supported Living Service and these would be actioned as required. This showed us the registered manager sought to improve the service through the effective management of complaints.

## Is the service well-led?

### Our findings

There was a manager who was registered with the Care Quality Commission (CQC) employed at the service. People we spoke with told us they knew the registered manager and told us they found them approachable. One person said, "[Registered manager] just started. She seems very nice."

During the inspection we discussed a notification with the deputy manager. The CQC is required to be notified of specific events which occur without delay. We saw there had been a delay of over three weeks between the event and the CQC being informed of the incident. We discussed this with the deputy manager. They told us they had been instructed to send this by the registered manager while the registered manager was at another service. We discussed this with the registered manager who told us they had not submitted the notification and this was an oversight on their part. The delay in the submission of the required notification to the CQC was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which confirmed this.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks took place. Staff explained if improvements were required, they were informed of these as changes occurred. However, the audit system in place had not identified the lack of submission of the required notification to the CQC.

We recommend the service seeks and implements best practice in the development and monitoring of audits to ensure all regulatory requirements are considered and met.

We asked the registered manager if surveys were provided for people to complete. The registered manager said a survey had been provided by head office and the service was currently waiting for analysis of the information. They said this would be provided to people who received support, together with any planned actions. We asked the registered manager if people were able to voice their opinions in other ways. The deputy manager explained they did not hold group meetings with people at present, but they were exploring ways this could be facilitated. They explained they visited people in their private apartments and asked for their feedback. People who received support confirmed they were asked their views. People we spoke with told us the deputy manager visited them and asked how they were, if they were happy with the support provided or if they wished to discuss anything with them. One person told us they had recently discussed the retention of staff with the deputy manager. They said the deputy manager had apologised for this and explained they were looking into this.

Staff told us they felt supported by the registered manager. Staff told us they had confidence in the registered manager and were hopeful the service would improve under their leadership. One staff member



commented, "Registered manager is very supportive."

We asked the registered manager how frequently they visited the service. The registered manager said they aimed to visit the service once a week, or more if this was required. They explained they were available to give advice and guidance via the on-call system when they were not at The Moorings Supported Living Service. Staff we spoke with confirmed this.

Although systems were in place to manage the oversight at the service when the registered manager was not there, we found systems were not fully effective. For example, the delegation of completing the CQC notification which led to a delay and breach of Regulation 18 of the of the Care Quality Commission (Registration) Regulations 2009. We recommend the service seeks and implements best practice guidance in relation to the oversight and day to day management of The Moorings Supported Living Service.

We saw the service had a business continuity plan in place. This is a plan which documents the action to take in the event of significant events. For example, flood or utility failure. The registered manager and deputy manager told us there was on call support from senior management in the event of such events occurring. This demonstrated the service had a plan in place to ensure disruption to people who used the service was minimised.

It is a statutory requirement that registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in 2015 was displayed on the registered provider's website and within the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Required notifications were not always provided without delay. Regulation 18 (1) (2) (f)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not operated effectively to ensure medicines were managed safely. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Systems were not operated effectively to ensure staff were suitably qualified, competent and skilled.  Regulation 18 (1) (2) (a)