

# Moore Care (Registered) Limited

# Manchester Road

## Inspection report

4 Manchester Road  
Buxton  
Derbyshire  
SK17 6SB

Tel: 0129824566

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 27 May 2016.

4 Manchester Road is a residential care home situated in Buxton. It is a large house which is divided up into four smaller shared flats, within the larger accommodation, each with its own kitchen, lounge, bedrooms and bathrooms.

The service offers personal and social care to a maximum of thirteen adults with a learning disability. Some people have associated conditions that may include, autism, sensory and communication difficulties. At the time of the inspection there were twelve people using the service.

4 Manchester Road is required to have a registered manager and at the time of our inspection, there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff encouraged people to make day-to-day decisions; staff respected people's decisions whilst ensuring and being aware of people's safety. The service was focused on each person and accounted for personal likes, dislikes, needs and preferences.

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

Medicines were stored, administered and disposed of safely and in accordance with current guidance.

The principles and requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been met. Best interest decisions and capacity assessments had been completed when required and were in people's care plans. People were given support and choices in their daily life from staff who knew them well. Staff received training and support to ensure people received care to meet their needs.

Staff treated people in a kind, compassionate and caring manner. People were supported to maintain relationships with family and friends. Positive and caring relationships had developed between people and staff.

Effective auditing systems were in place to assess and monitor the quality of the service. Meetings took place with the people living at the service to collect their opinions and views. Staff were invited to voice their

opinions about how to improve the service; managers provided feedback to staff about their suggestions.

There was an open door culture. People and relatives were supported to maintain relationships.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe living at the service. Staff understood how to recognise and report possible signs of abuse or unsafe practice.

Medicines were safely stored, administered and disposed of.

Recruitment processes were safe; there were sufficient numbers of staff to meet people's needs and to keep them safe.

### Is the service effective?

Good ●

The service was effective.

The provider and the staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and ensured people's rights were protected. Staff knew how to support people to make decisions and choices in their day-to-day life.

Staff understood their role in assisting people to stay well. People were supported to access healthcare professionals when required.

Staff received an induction for their respective job roles. The provider ensured regular training was provided which enabled staff to apply knowledge to support people effectively.

### Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind, compassionate and caring manner. People were supported to maintain relationships with family and friends.

Positive and caring relationships had developed between people and staff.

People were promoted to remain independent; staff respected people's right to privacy and maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and care was delivered in a very individual manner to each person who received care at the service.

People were supported to achieve their own personal goals and aspirations.

There was a complaints process at the service and people knew how to complain if they needed to and felt comfortable to do so.

### Is the service well-led?

Good ●

The service was well-led.

Staff respected and aligned themselves with the provider's values and beliefs Staff ensured support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek and respond to the views of people who used the service. The provider ensured they used the information to develop the service and drive up improvements.

The provider carried out a number of quality monitoring processes in place to ensure the service maintained its standards.

# Manchester Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 May 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with seven people who used the service. We also spoke with a relative, a social care and a health care professional to obtain their views about the service. We spoke with the provider, four staff, the care manager and registered manager.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included three people's care plans, staff records, training records and records in relation to the safe management of the home, such as audits and environmental checks.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I have to be careful and check when people come." When we asked what the person meant, they pointed to our photograph on our warrant card. The person told us when new people visited they would ask to look at the visitors photograph. A relative told us if they thought their family member was not safe, they would have no problem, "Shouting up." They went on to say, "Staff work very hard with people to ensure their needs are met."

Staff told us they thought people were safe living at the service. One staff member told us, "The service users are safe; we (staff) are here for support." Another member of staff told us, "Safe? I really hope so; if I thought people were not safe, I would not be able to go home and rest."

The service had a registered manager who was supported by a care manager. The care manager told us how the service had a positive approach to risk and risk assessment. They went on to describe how the service worked with people to promote their independence. The care manager told us how they worked with the person to, "Reduce risks, without stopping independence." The care manager told us, "People don't grow without risks." We saw people's care plans contained risk assessments. People were involved in completing risk assessments and how to remain safe. For example, staff encouraged people to remain independent without compromising on personal safety. Staff recognised people's rights to make everyday choices and risks. We saw risk assessments were completed to identify potential risks to the person and staff supporting them. The service had an emergency 'grab bag', which contained people's one page profiles and information for staff around what to do and who to contact in the case of an emergency, such as a fire. This showed the service was aware of risk, risk assessment and emergency procedures.

Staff were trained in recognising signs of potential abuse and were able to identify how people may be at risk from harm. Staff knew how to report any concerns about people and knew how to protect them. The service had a policy for the staff to follow should they be concerned about a person's welfare. Staff were familiar with the process of contacting outside authorities such as the local authority and the local social care service. The provider and registered manager demonstrated to us they had a good understanding of their responsibilities in safeguarding people; the provider recognised the importance of being open and transparent.

We looked at staff recruitment files and saw the required checks had taken place prior to staff working at the home. We found that staff files contained evidence of all of the required pre-employment checks being carried out. This included two written references, evidence of the applicants identity and Disclosure and Barring Service (DBS) checks. Staff confirmed their DBS was carried out before they started working with people. These checks helped the provider to ensure staff were of good character and suitable to carry out work with vulnerable people.

We saw from the provider information there had been a number of changes to the staff team. A relative told us, "Experienced staff are brilliant, but I do worry when there are new staff." The relative went on to tell us,

"Staff are superb, but one can't help but worry." Staff told us there were enough staff for them to meet people's needs in a safe manner. Comments from staff included, "There is enough staff," and, "Staffing rota's and numbers are good." We spoke with the provider and the registered manager about the turnover of staff. The provider told us some staff had left the service due to retirement, personal development or changes to personal circumstance. The provider assured us and we saw from rota's, there were sufficient staff available to meet the needs of people. There were systems in place, to ensure staffing levels were maintained in line with people's specific needs. Staffing levels were sufficient to meet people's needs.

We found at this inspection, people received their medicines as prescribed and at the time when they were required. We looked at the medicines administration record (MAR) and found people were given their medicines in a timely manner. Medicines were stored suitably and securely. Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff told us they did not give anyone any medicines until they had completed the training. We saw one member of staff checking people's MAR charts. We asked the staff member what they were checking, they told us, "I always check to make sure I have not missed anything." This meant, medicines were given to people as prescribed and they were managed and stored in a safe way.



## Is the service effective?

### Our findings

People received care and support from staff who knew them well. One person told us, "The staff are good." Staff were able to provide detailed information about the people they supported.

People received care and support from staff who had the skills and training to meet their needs. There was a strong emphasis on training and continued development of the staff's knowledge; people were also included in the training and development of the staff. One person supported the care manager with training in relation to autism awareness. Being able to participate in training gave the person the opportunity to share personal experiences and relate training to real life examples. This showed the service recognised the importance of involving and valuing people to develop the service and staff training.

Staff told us how they ensured each person was involved in day-to-day decision making. For example, people were offered choice regarding what activities they wanted to do, what clothes they wore and what they ate at mealtimes. We saw, when required, capacity assessments had been completed and people's views and beliefs were included and taken into account when making any best interest decisions.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 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 asked the care manager and staff to tell us what they understood about the MCA and DoLS. One staff member told us they received training about the MCA and DoLS and recognised the importance of balancing people's choice with risk and protecting people from avoidable harm. Another member of staff told us how they involved people in decisions about their care and support. Staff and the unit manager told us they had received training on the MCA and DoLS and training records confirmed this. We checked whether the service was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty had been made. We saw the unit manager had made appropriate applications for people living at the service to the local authority for assessment and authorisation.

People's care plans included information regarding mental capacity assessments and whether decisions made were in the person's best interests. This indicated people's consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

People were supported to eat a varied and balanced diet. Although some people had limited ability to undertake in the preparation of a full meal, staff still involved and included people as much as possible. One person told us, "We take turns cooking; it is [person's name] today. We are having homemade soup." One person had to follow a specialist diet; a staff member told us, and we saw the person was fully aware of the need for the special diet. We saw special food was available for the person to ensure they still had choice around their menu. We saw information was available and followed from speech and language therapist for specific consistency of foods. A staff member told us, "We promote and encourage homely mealtimes."

We saw people had been involved in the development of their own health care needs. One person had a complex health condition and they were encouraged to be involved in the management of it. We discussed the person's health condition with staff and one staff member told us, "I have done my own research into [person's name] condition." They went on to tell us how they worked with the person and offered support and guidance to ensure their health and wellbeing was maintained.

A health professional told us staff made timely referrals to them for advice and guidance when people's needs changed. We saw referrals were made when necessary for people to health professionals for specialist support and guidance. For example the dentist, dietician and speech and language therapist. Staff understood the need to respond to the change to people's health needs.

We saw people were accompanied to attend health appointments when required, as well as being supported to be included in discussions with other professionals. People's health needs had been recorded within a 'hospital passport', which is designed to be used should a person be admitted to hospital. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were kept up-to-date and available in case of admission. This showed people's health needs were recognised and information was available in emergencies.

# Is the service caring?

## Our findings

One person told us, "I've settled in really well; I chose to move here and I like it." Another person told us, "The staff are nice; they help me." The person went on to tell us, "Staff are caring." A relative told us staff were caring; they told us, "This really is the best place [person's name] has lived." A staff member told us, "We (staff) are exceptionally caring." They went on to tell us, "We (staff) have to judge what we do and question, would we be happy with that care. If the answer is no, then we should make changes." Another staff member told us, "I love my job." A third staff member said, "I love it; the people are great."

The service had a strong focus on the needs, choice and preferences of each person. People were at the centre of the service; staff were focused on people rather than tasks. One staff member told us, "We (staff) have to reflect the needs of the people we are supporting."

We looked at how staff interacted with the people; staff were seen and heard to offer people choices. We saw and heard staff support individuals in a caring and compassionate manner. An example of this was when we saw a small group of people and staff participating in a cake baking activity. The staff engaged each person in the activity and were mindful of giving lots of positive praise and feedback. We saw evidence of positive and mutually respectful relationships between people and the staff. We saw and heard lots of familiar conversation and laughter. The staff took time to ensure people understood what was happening in a reassuring and friendly manner.

Staff were knowledgeable about the people they supported; the staff understood how to support each person to express their views and preferences. Staff knew how to give people information in a way that encouraged them to make their own decisions. We heard staff giving people clear and jargon free information about care being offered and heard staff give people time to respond. We saw evidence of staff promoting and respecting people's individuality. For example, one person told us they were attending a local community based project, another person was attending a music group and others were off to a local art group and preparing for their art exhibition. The care manager and staff were very aware of promoting person centred working. People were involved in discussions and decisions about their care and records we viewed reflected this.

We spoke with staff about how they promoted people's dignity and privacy. One staff member told us, "We ensure we treat people with dignity and respect; we are respectful of people's rights." They went on to say, "We are respectful of people and listen to what people say and do something to help and support them." We saw the Derbyshire Dignity Award had previously been awarded to the provider and staff. The provider and a social care professional told us they were in the process of gathering evidence to support the revalidation of the award. This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity.

Staff knew people very well and spoke passionately about the people they supported. Staff understood people's individual needs and the smaller details about how to ensure people were happy and comfortable. Staff knew how important it was to work with people and at a pace they understood. An example was, one

person found going out particularly difficult and the staff were all very aware of this. On the occasion the person said they would like to go out, we were told by a staff member, "We drop everything and make the most of the opportunity and fulfil the persons wish to go out." This showed us how the service adapted and changed to the needs and preferences of each individual.

People were supported in relation to loss and bereavement. One person had suffered family bereavements and a staff member told us how they, "Provide [person's name] with lots of emotional support. We (staff) help [person's name] when saying a prayer." They went on to tell us how important it had been to involve the person in decisions about whether or not to attend relatives funerals. The staff member told us the staff and the person were working together to develop a memorial garden at the service, so everyone had a place to go for time to remember people important to them. This showed the staff and the service had an empathy and supported people around bereavement.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well. During our inspection visit we saw and heard lots of interaction between the staff and people. One person told us, "I'm going to music today; [staff name] is taking me." We heard a member of staff discussing an article in the local paper with one person. The article related to some people who lived at another service. The staff were heard to ask, "Can you remember [people's names], they are in the paper."

People at the service had individual timetables and activity plans. For example, when we arrived at the service, we saw a small group of people and staff who were going out for the day. Another group of people were preparing for a local community art exhibition. One person showed us a portfolio of them carrying out their artwork and some of the finished products. The person had great pride at their work and staff recognised this.

One person told us, "I do the post; I like doing the post." When we asked a staff member to clarify this, they told us the person liked to go to all the other locations of the provider and see if they had any post to take to the main office. A relative told us their family member had a, "Very active and varied activity program." They went on to tell us how the staff knew what activities their family member preferred.

Staff said they were aware of the importance of keeping up-to-date and familiar with people's care plans. Staff we spoke with were knowledgeable about people and could tell us how they supported each person individually. We were told, and could see, how care was centred on each person's individual needs. Staff clearly understood people and their individual way of expressing themselves.

The staff we spoke with recognised the individual needs and personalities of each person. We saw how each person's bedroom reflected personal choice and personality. One person showed us their bedroom. They told us how their bedroom was their own personal space. They went on to show us framed photographs of special events and people in their life. Another person also wanted to show us their bedroom and told us how much they liked it. This showed people received personalised care, which was responsive and reflective of their personal preferences and choices.

The care manager was a trainer and passionate about ensuring person centred working was evident at the service. The care manager told us how important it was the service reflected the needs of the people it supported. A member of staff told us, "[The provider name] embodies the whole ethos of person centred working; Moorecare is the most person centred organisation I have ever worked."

Due to individual health needs, some people were not always able to communicate easily with staff or express how they felt. We saw people's care plans contained information for staff, to help them understand how people indicated if they were happy, sad, angry or in pain. We saw, when staff were talking with people, their language was jargon free and easy to understand. Staff took time with each person and did not rush them for decisions or answers. This helped to ensure individuals choices and preferences were respected and positive outcomes for people were encouraged.

People told us they were encouraged to speak up if they were unhappy with any aspect of their care. All the people we spoke with told us they were happy with the care they received and did not have any complaints. When asked, one person told us if they ever had a complaint they would, "Tell [registered manager] or [care manager]." We saw the complaints procedure was on display. We asked about complaints the service had received and none had been recorded since we last inspected. The provider and registered manager assured us any formal complaints would be dealt with and any actions recorded.

## Is the service well-led?

### Our findings

We saw people who lived at the service were asked for their views about the services being provided to them. There was a bi-annual questionnaire for people and their relatives. People had regular opportunities to be involved in decisions being made about the service and their care. One person showed us a copy of the questionnaire along with feedback information from the provider. The person told us they were happy to be asked for their thoughts about the service and were happy the provider sent a response to them.

A member of staff told us they had, "Aspirations to develop my knowledge and role further." They went on to say they thought this would be encouraged by the provider and the management team. A second staff member said, "I have huge respect for [providers name]; she is very supportive and listens to service users and staff." A third staff member told us the registered manager and care manager "Take time to listen and talk to us." They went on to tell us, "[Manager] is a lovely chap; [manager] always makes time to speak with people and staff." They said, "[Name] knows the service users very well." The staff member also said the provider and the management team were, "Inclusive, visible and approachable." This showed the service promoted an open and inclusive management style.

The provider and the registered manager recognised there had recently been a number of staff changes across the service. We asked the provider about this and they told us there had been some changes across the whole service. They recognised this could be unsettling, however they felt it important to point out some staff chose to leave due to uncertainty of budget cuts in adult social care, yet others had decided the time was right to leave due to retirement, personal circumstance or lifestyle changes. The provider was able to demonstrate to us there was still consistency within the staff team, as there were still familiar and experienced staff.

The provider and registered manager had taken appropriate and timely action to protect people and ensured they received necessary care, support or treatment. We saw records and documentation were in place to review and monitor any accidents and incidents. This helped identify any patterns or trends and ensured any necessary action was taken to reduce the risk of it happening again. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the service had also informed other relevant agencies of incidents and events when required. The service had effective links with health and social care agencies and worked in partnership with other professionals to ensure people received the appropriate care and support they needed.

There were clear arrangements in place for the day-to-day running and management of the service. The registered manager told us they were supported by a network of staff who worked together and enabled them to provide a good service to people. The registered manager understood their responsibilities and knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, we received notifications of a safeguarding concern or significant event at the service.

Staff were aware of their roles and responsibilities to the people they supported and cared for. Staff talked

to us about the open and inclusive culture which the provider supported. Staff told us the provider encouraged an open and honest dialogue with the staff. The staff told us the provider arranged informal staff evenings periodically through the year. Staff told us the evenings were known as the 'directors meal' and were an opportunity to share thoughts about how the service should progress and develop. Staff felt the provider, registered manager and management team were approachable and supportive. Staff received supervision and support to ensure they were able and confident in carrying out their roles. Supervision is a important part of reflective practice and an integral part of social care work. Staff saw the process of supervision as positive and gave them the opportunity to share any worries as well as achievements. Staff told us they were confident in raising any issues or concerns they had to the provider, registered manager or care manager.

We saw care plans and risk assessments were reviewed and updated on a regular basis. The provider had a system of quality monitoring and auditing in place, which was used to identify areas for the improvement of the service. Accident and incident documentation was completed and used to learn from and to identify any trends. A number of environmental checks took place to ensure people were provided with a safe environment to live. There were effective quality monitoring systems in place to drive up improvements across the service.