

The Percy Hedley Foundation

Moor View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Moor View is a residential care home providing personal care to up to 13 people. The service provides support to people with learning or physical disabilities or autistic spectrum disorder. At the time of our inspection there were 12 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People were supported to make choices in their daily lives and were supported to do things they enjoyed. People were engaged in varied activities of their interest, including activities to enhance their skills and learning.

People were supported to maintain family links and helped to grow friendships. People were encouraged to be part of the community. Staff had a good understanding of people's individual needs and encouraged them to reach their goals.

There were enough staff to support people in a person-centred way. Each person had a key worker dedicated to their care and support. The national shortage in suitable applicants to fill vacant posts had impacted on the services ability to fill shifts. However, agency staff had been used to do this in the interim as they continued to recruit.

Risk was monitored and assessed. People received medicines safely and staff ensured this continued when away from the home. The provider updated records during inspection to further enhance procedures. The provider followed infection control guidance, including when visitors attended the home. A small number of staff needed to be reminded about mask wearing procedures.

Right care:

Personalised support plans were in place to help staff support people's needs in the way they chose. Personal care was provided in a thoughtful and dignified manner. After feedback some records were enhanced.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

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

Right culture:

The service operated with openness. When something went wrong, they worked with other professionals and families to put things right. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The needs and safety of people form the basis of the culture at the service. Staff understand their role in making sure that people are always put first. Staff talked positively about the role they undertook and consistently strived to deliver person centred care. People were empowered to live their best lives possible and were valued as individuals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve quality assurance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

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

For the key question of Effective, Caring and Responsive which were not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moor View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moor View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moor View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moor View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period of notice for this inspection because some people needed to be prepared for our visit. We also wanted to gain consent from relatives to call them prior to our

visit to gain feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used feedback from the local authority safeguarding and commissioning teams. We contacted the local fire authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and observed 10 people and spoke with 3. We spoke with 6 relatives about their experiences of the care and support provided.

We received feedback from 15 staff. This included, the registered manager, regional head of operations, quality assurance manager, deputy manager, senior support staff and support staff.

We contacted 9 social workers or care managers, 2 occupational therapists, a community nurse with the positive behaviour support team, a nurse practitioner, and a GP practice to gain feedback. We received 7 responses.

We reviewed a range of records. This included 3 people's care records and multiple medicine records and monitoring charts. We looked at 3 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection we continued to seek clarification to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to maintain medicines records. This contributed to a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely. People received their medicines as prescribed. After feedback, the registered manager made some updates to medicines records to enhance procedures.
- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- Staff ensured people's behaviours were not controlled by excessive or inappropriate use of medicines. Staff followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff had their competencies checked regularly after initial training, to ensure they continued to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure incident records were audited to ensure appropriate action was always taken. This contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were in place to safeguard people.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had received safeguarding adults training. One healthcare professional said, "Staff are wonderful with the residents. They [people] appear very happy living there. Always look happy when interacting with staff."
- People felt safe. A small number of relatives told us of incidents which had occurred. These had all been reported to appropriate authorities, including CQC and actions were taken to mitigate a reoccurrence wherever possible.

- Lessons were learned when things went wrong. Accidents and incidents were recorded, monitored and reported to appropriate authorities.

Staffing and recruitment

At our last inspection the provider failed to ensure recruitment records were audited to ensure the guidance on employing fit and proper persons was adopted. This contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were enough staff on duty to meet people's needs. Each person received individual support, including to help them access activities they wanted to do.
- Due to sickness or holidays, agency or bank staff had to be used at times. The provider had a robust recruitment drive in place and a range of incentives to attract potential staff to fill vacant posts. This had been challenging due to the national shortage of suitable applicants, but new staff had been taken on recently and this continued.
- Robust recruitment checks were in place. This included requesting references from previous employers and completing Disclosure and Barring Service (DBS) vetting checks to ensure staff were suitable to work with vulnerable people.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff sometimes touched masks without washing or gelling their hands. One staff member had crossed the straps on their mask. The registered manager was asked to address this with staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home had an outbreak which was the first since the pandemic began.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was taking place in line with government guidance. Visitors to the home were welcomed.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out for people. These included risks associated with falls prevention, behaviour and eating and drinking. Detailed assessments outlined guidance for staff on how to keep people safe from harm.
- The staff team knew people's recorded preferences and routines. They identified situations where people may be at risk and acted to minimise those risks.
- Special mattresses to support people's skin care, were not recorded in care plans or fully monitored to ensure they remained at the correct setting. The registered manager addressed this immediately.

- Maintenance checks were completed within the service to ensure the building and equipment was safe to use. This included those in connection with fire safety and various utilities.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider was in the process of reviewing capacity and best interest decision making records.
- One healthcare professional said, "Staff worked closely with all to facilitate change and considered the person and advocated for their choices. Focused on best interests and worked not only with the patient and the family but also the college."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection the provider failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were clear about their roles. Each day support staff were allocated to specific tasks. Each person had a 'key' support worker to oversee their individual care and support, including updating care plans.
- The management team and staff carried out a variety of audits and quality checks to ensure the service was safe and monitored effectively. There was also a service development plan which showed planned future improvements to the service. Some issues identified had not always been signed off once completed. The management team were reviewing quality assurance processes and had started to address this shortfall.
- The provider had further developed their overall management team to include a deputy, a new quality assurance manager and a new regional head of operations. These management posts provided additional support to the registered manager and staff team, whilst overseeing the quality of the service.
- The provider had a vision for the direction of the service which demonstrated their ambition and desire for people to achieve the best outcomes possible.
- The registered manager was aware of the need to be open and honest when things go wrong. They had recently notified us of a safety concern. This was reported to the local authority and the family involved. The registered manager had taken appropriate steps and the investigation was ongoing.

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

- People did not directly comment if the service was well-led. Their positive, relaxed body language towards management and the staff team demonstrated the service had a positive culture for people to thrive. One person said, "I choose what I do every day and staff help me." One relative said, "[Registered manager] has

some great ideas and is doing her utmost." Another relative said, "I am happy with the staff, they do their best. It's home, we [family] have weekly visits, they are very settled, and they have routines."

- The majority of staff communicated they felt part of a dedicated team and said they loved working at the service. We did receive a comment indicating some staff felt undervalued and lacked support at times. We brought this to the attention of the registered manager who had already taken action to address this.
- Communication was mentioned by staff, relatives and healthcare professionals as an area to enhance. The management team listened to our feedback and said they would focus on this as an area to further improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to help develop the service. Some feedback received had been less positive. The registered manager was working with healthcare professionals to address this.
- One healthcare professional said, "Key worker joins meetings to support the discussion around [person]. Staff work hard and are doing a good job."

Working in partnership with others

- The staff team worked in partnership with health and social care professionals. One healthcare professional said, "Will ring straight away if there is an issue and it's done appropriately."
- Care records showed evidence of these partnerships. For example, one care plan contained a positive behaviour plan which had been developed with input from a specialist team, this enabled staff to use effective and detailed guidance when engaging with the person.