

Richmond Fellowship (The) Moor View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Moor View Care Home is a residential care home that was providing personal and nursing care to 11 people with mental health needs on the first day of inspection. When we returned for a second day there were ten people using the service. The service is registered to care for 17 people.

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

Although there was evidence of some improvement in the service, we found some aspects of the running of the service and the person-centred approach were still not meeting regulations. Information about safeguarding concerns was inconsistently managed and there had not been enough progress in improving the approach to care planning and delivery. The provider was still not able to demonstrate how they were providing meaningful rehabilitation and recovery in line with the service aims.

There was some improvement in the assessment and management of risk, however further work was still needed. Staff recruitment practices and the management of medicines were now safe.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were offered choice, however some further improvement was needed to people's care plans in relation to choices they may wish to make.

There had been considerable improvements made to the living environment which was clean and well maintained. People told us they liked this.

Staff had training and support in place to help them be more effective in their roles, however we found not all staff had a clear understanding of the rehabilitation and recovery aims of the service. People's end of life wishes had not been explored, meaning staff would have no guidance to follow if someone became critically ill.

We made a recommendation about the provider continuing to improve the effectiveness of people's care plans.

People had support to maintain their overall health, however there were no plans or training in place to ensure oral care was well managed. People's hydration and nutrition were adequately managed, and people were now able to prepare their own meals if they wished.

The manager was not always open and candid when we asked questions or requested information. Although there were systems in place to monitor quality in the service these had not always been effective drivers for improvement in the overall care provision.

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 Inadequate (Published 13 June 2019) and there were multiple breaches of regulations. The provider completed an action plan to show what they would do and by when to improve. At this inspection insufficient improvement had been made, and the provider was still in breach of regulations.

This service has been in Special Measures since November 2018. During this inspection the provider demonstrated that some improvements have been made, however the service remains rated as inadequate in one key question. Therefore, this service remains in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to providing person-centred care and the overall running of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires Improvement', however Well-Led remains rated as 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective section below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring section below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive section below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led section below.

Inadequate ●

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 Care Act 2014.

Inspection team

On the first day of inspection three inspectors carried out the inspection. Two inspectors returned on the second day.

Service and service type

Moor View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced. At the end of the first day of inspection we told the provider we would return but we did not say when this would be.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before the inspection we reviewed information we held about the service, and asked people such as service commissioners and the safeguarding teams for any updates about their knowledge of the home. We used all of this information to plan our inspection.

During the inspection we spoke with the manager, area manager, a nurse, seven recovery workers, and the

cook. We also spoke with three people who used the service.

We reviewed documents relating to the running of the service, including three people's care plans, audits and quality monitoring, recruitment records, medicines administration records and minutes of meetings.

After the inspection –

We asked the manager to send us information to help support our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection there was a continued failure to adequately manage safeguarding concerns. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although the provider had met this breach, some concerns remained with the management of information.

- There were some inconsistencies in the management of safeguarding concerns. Some incidents had been investigated and reported on appropriately, however there was evidence information was not shared robustly within the service and notifications were not always made in a timely way. We asked for one missed medicines incident to be reported to CQC and the local authority during our inspection as there had been a delay in acting on the information.
- People had 'Herbert Protocols' in place. These contain information about vulnerable people which may be of use if the person goes missing. We raised concerns about the validity of some information in one person's protocol on the first day of our inspection. This had not been updated when we returned.

This evidence contributed to a continued breach of Regulation 17 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection risks were not clearly identified, assessed or mitigated and medicines management was not robust. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had met this breach, although some further improvement was needed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We shared some feedback during the inspection about some staff and the manager wearing acrylic nails whilst delivering care and asked the provider to take action to ensure all people working in the home were complying with provider's policy and good practice.
- The environment had improved since our last inspection. All areas of the home were free from hazards and unpleasant odours. The home was clean throughout.
- Staff had access to and used equipment such as gloves and aprons when needed.
- There was some improvement to the quality of risk assessments in people's care plans, however more work was needed to ensure these were sufficiently robust.

Staffing and recruitment

- Safer recruitment practices were now in place, and feedback from people and staff about staffing levels had improved. People received timely support and staff said they were able to meet people's needs safely.

Using medicines safely

- The management and administration of medicines was now safe. Storage of medicines had improved and record keeping was up to date.
- There were good processes in place to support people with medicines which were only taken when needed, such as those for pain relief.

Learning lessons when things go wrong

- The manager completed an analysis of accidents and incidents to enable them to identify any emerging trends and take action to minimise any repeat occurrences. At the time of our inspection no trends had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection people's consent was not appropriately sought and people were not consulted about matters affecting their lives. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider was now meeting the requirements of this regulation, although further improvement was still needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The manager told us no one using the service when we inspected lacked capacity to make their own decisions, and no one was subject to a DoLS or Court of Protection order.
- There were some further improvements needed to care documentation to ensure staff were not guided to make decisions for people with capacity. For example, in one care plan we saw staff were instructed to remove any over the counter medicines from a person's room if they bought them. The person had capacity to make this choice.
- Although the manager told us people had been consulted in the writing of their support plans, there was a lack of evidence people's preferences and wishes for their support had been adequately explored or understood. The provider put plans in place after the first day of our inspection to help improve support plans to show how people were being supported to make decisions about their care.
- People were able to make choices which were respected by staff. Staff understood their responsibilities under the MCA.

At the last inspection the premises and equipment were not well maintained and in a poor state of repair.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was now meeting the requirements of this regulation

Adapting service, design, decoration to meet people's needs

- People said they were happy with the way their home looked. One person told us, "It's better."
- The home had been recently decorated. Communal areas were comfortable and homely with a range of soft furnishings, pictures and ornaments. Plans were in place to convert an office into a relaxation and therapy room.
- There were no areas of the home which could not be used due to equipment being out of order. Equipment was no longer stored inappropriately in communal areas.

Staff support: induction, training, skills and experience

- There was an effective induction process in place.
- Staff told us they had had training and support which enabled them to remain effective in their roles. There were systems in place to ensure training was kept up to date. There was no evidence staff received training to help support people with their oral hygiene, and we asked the provider to address this as part of our feedback at the end of the inspection.
- Staff had formal support meetings with management at which they could discuss their performance and any training needs. These meetings were also used to help staff understand their roles in supporting people's rehabilitation.

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

- The main kitchen was now accessible to people to enable them to make meals and drinks independently if they wished. At other times staff made meals for people.
- Mealtimes were sociable and relaxed, and people told us they enjoyed the meal that had been prepared for them.
- There was evidence people were more involved in choosing and preparing food. One member of staff told us about the positive impact this had on some people. They said, "[Name of person] has a sense of purpose and (self) worth."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Support plans showed how other professionals were involved in people's care for planned and responsive input, for example when people were ill.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At the last inspection there an absence of respect for people's dignity as their living environment was dirty and badly maintained. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2104. The provider had now met this breach, although further improvement was still needed.

- The provider had improved the standard of décor and cleanliness of living accommodation, and further improvements were planned. Some people we spoke with wanted to tell us about these improvements. One person said, "I love it."
- Staff we spoke with demonstrated a caring approach. They spoke enthusiastically about promoting people's independence and said they had observed positive changes and increased motivation for people living at the home.
- People had started to become involved in more aspects of their daily living, for example one person who had always eaten a limited diet in their room was now socialising more and preparing his favourite meal. They spoke enthusiastically about the recipe they planned to follow.
- We raised concerns about continued shortcomings in the care planning approach to maximising people's independence and recovery during the first day of our inspection. We asked the provider to take action. When we returned, one care plan had been re-written in a new format in consultation with the person and their key worker. The provider told us about further work they planned to do to ensure people were being supported to achieve more independent lifestyles.

Supporting people to express their views and be involved in making decisions about their care

- There were still some shortfalls in the approach to supporting people to make meaningful decisions about their care. The provider was in the process of refreshing their approach to this on the second day of our inspection.
- There were actions in place to improve staff knowledge and confidence in supporting people with recovery and rehabilitation, which some staff said they were still unclear about.

We recommended the provider continue to work with people and staff to improve the effectiveness of care plans.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service appeared more relaxed and engaged with aspects of daily living than at our previous inspection. No one told us about any experiences when staff had treated them differently to other people because of their individual needs.
- Staff we spoke with demonstrated a caring approach. They spoke enthusiastically about promoting people's independence and said they had observed positive changes and increased motivation for people living at the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection care was not person centred and people were not supported properly to work towards any goals or aspirations. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. At this inspection insufficient progress had been made to address this.

- On the first day of inspection we found there had been very limited progress towards improving people's care plans. Plans did not always contain meaningful, person-centred goals linked to people's recovery and rehabilitation in line with the provider's stated aims for the service. One care plan contained information about someone's close family, however when we asked the manager about this they were unaware of these relationships and whether the person was supported to maintain them.
- Some work had been done to explore people's interests, however there were few plans in place to show how people were supported to maintain existing interests or develop new ones. Where people were not accessing the community independently activity plans appeared limited in scope and repetitive.
- On the second day of inspection we saw a new care plan format had been devised in response to our initial feedback. One care plan had been re-written, although there were still areas which had been overlooked. For example, information about the person's interests had not been used to produce a meaningful plan of activities for them. Information about the support the person needed which had been provided by the commissioners of the service had not been incorporated into the care plan.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Care plans still lacked information about people's wishes and preferences for care at the end of their lives, however the provider told us this would be addressed as part of the new approach to care planning.

This is a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The manager told us there was no one using the service who needed or who had requested information in an adapted format.
- Care information was kept in an office which was locked when staff were not present. This reduced the opportunities for people to read their care plans.
- The area manager told us on the second day of our inspection they intended to reduce the use of computers when storing care information as this was an additional barrier to people accessing their care information independently if they wished to do so.

Improving care quality in response to complaints or concerns

- Complaints received formally were well managed, and there were processes in place to ensure people knew how to share their concerns. People we spoke with did not express concerns about making complaints.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At the last inspection there were multiple, repeated failings in the management and quality of the service despite changes in the management team. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- There had been a further change of management team since our last inspection. The new team had been in place for four months, however there were still vacancies which the provider was working to fill. The manager was not yet registered with the CQC.
- We had concerns about the openness and accuracy of responses to some of our enquiries during the inspection. For example, the manager told us there had been no incidents in the home after our first day of inspection, however this was not the case. We were told there were no records relating to this incident, however they were then given to us later that day. We discussed these concerns with the area manager during the inspection.
- The provider was still failing to adequately demonstrate they were working towards meaningful recovery and rehabilitation outcomes for people. The approach to planning to support people lacked rigour and evidence of an empowering approach. It was still failing to achieve the stated aims and values of the service.
- Care plans had been reviewed, however when we began the inspection this review had still not addressed the lack of person-centred content and goal setting remained weak. Further work commenced on the approach to care planning in response to our initial feedback on the first day of inspection.
- Staff had a variable understanding of the concept of recovery and rehabilitation. The provider had begun to address this shortfall before our inspection. Staff needed further support to understand the recovery model and how to work with people to set and work towards meaningful goals.
- Staff feedback about the experience of working in the home was variable. Some staff felt there was positive and supportive atmosphere, whereas others told us the experience was poor.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor quality in the service, however these still needed improvement as shortfalls identified during our inspection had not been picked up. However, the provider did act on some of our feedback on the first day of the inspection.
- Checks on individual staff members' competency to administer medicines had been carried out on different dates, however the detailed reports accompanying them were identical. This meant the processes to assure and check competency had not been robust. We raised this concern on the first day of our inspection and the provider took action to repeat these checks.
- Surveys had been completed by the 11 people who used the service. However, the manager had not reviewed the results to gain any understanding of people's feedback and plan any necessary action. They told us these had been sent off to the provider's head office for collation and analysis, although copies remained in the office in the service. These copies had people's initials on them, meaning the promised confidentiality had not been respected.

This evidence represents a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Working in partnership with others

- The service was working with the Clinical Commissioning Group to help make the required improvements in 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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care still lacked some person centred focus and there was insufficient evidence the provider was meeting its stated rehabilitation and recovery aims.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a lack of candour during the inspection and the work to improve the service had produced inconsistent results.