

# Moore Care (Registered) Limited

# Woodsmoore

## Inspection report

31 Manchester Road  
Buxton  
Derbyshire  
SK17 6TD

Date of inspection visit:  
31 May 2016

Date of publication:  
22 September 2016

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on the 31 May 2016 and was unannounced.

Woodsmoore is a small residential care home and provides accommodation and support for up to six people who have a learning disability. On the day of our inspection six people were using the service.

Woodsmoore is required to have a registered manager; the provider was the registered manager for the service. 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.

People using the service and the staff supporting them knew who to report any concerns to if they felt it was necessary.

People were supported by staff who had the knowledge and skills to provide them with safe care and support. Staff received supervision and support from the management team. There were enough staff with the right skills and experience to meet people's needs.

People were supported and involved in decisions made in their best interests. The staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). When required, applications had been made to the local authority for assessment and authorisation.

There were effective systems in place to safeguard people and keep them safe. Safe staff recruitment procedures were in place and followed. Pre-employment checks were undertaken to ensure staff were able to work within the care sector.

Medicines were stored, administered and managed safely. Staff received appropriate training and were observed by a member of the management team, to ensure their practice was safe when administering people's medicines.

People were supported by staff who were kind and caring. Staff treated people with dignity and respect. Staff had information available to assist them in supporting people who had signs of anxiety or distress. People were supported to remain as independent as possible. There were no restrictions on family and friends visiting people at the service. The atmosphere within the service was calm and welcoming.

The provider had auditing systems and checks in place to ensure the service was safe and of good quality. There was a positive, open and inclusive culture at the service. People were involved in giving their views on how the service was run.

## 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 and protected from potential harm or abuse. There were enough staff to meet people's needs and ensure care was safe. Medicines were safely stored and administered to people. The provider's recruitment procedures were followed to ensure staff were suitable to work with people at the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training which enabled them to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to eat a balanced and nutritional diet. Staff supported people to attend appointments with health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff and thought they were kind, caring and understanding. People were treated with dignity and respect. Staff promoted individuality and independence. People were supported and encouraged to be involved in decision-making about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Staff respected people's choices and encouraged them to be involved in their care planning. Staff demonstrated a good understanding of people's individual care and support needs. There was a complaints procedure in place at the service and people told us they felt able to speak to staff about any concerns or issues. People were encouraged and supported to follow their own individual activities and interests.

## Is the service well-led?

Good 

The service was well-led.

People were encouraged to share their views about the service. The provider had an effective system for reviewing the quality of the service people received. Staff and the management team understood their roles and responsibilities to the people they supported. Staff felt the provider and the management team were supportive and approachable. Staff felt the provider had a clear vision in relation to providing people with a quality care service. The provider had developed a positive, open and inclusive culture at the service.

# Woodsmoore

## **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 31 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 three people who used the service. We also spoke with two social care and one health care professional to obtain their views about the service. We spoke with the provider and four staff, including the manager.

We reviewed a range of records about the people at the service, along with documents in relation to how the service was managed. These included two people's care plans, two staff recruitment 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 who lived at Woodsmoore told us they felt safe and supported living at the service. One person told us, "I am safe; the staff make sure of that." People told us there were staff around to help them if and when they needed help. People told us they felt safe and were confident the staff helped them to stay safe. People knew they could speak with any member of staff if they had any worries or concerns.

Staff told us the provider ensured they had access to training in respect of safeguarding people. We asked staff about the provider's procedures in relation to safeguarding the people at the service. Staff were confident the provider would not accept poor practice or inappropriate behaviour from any of the staff. Staff we spoke with were clear about their responsibilities in relation to keeping people safe and free from harm or abuse. Staff knew how and who they could report any concerns to.

At our inspection visit we saw a new member of staff participating in their induction with the manager. We heard them discussing the provider's and the local authorities' policy and procedure in relation to safeguarding procedures. The manager gave the staff member the contact details of the 'Safer Derbyshire' call centre as well as the contact details for the Care Quality Commission (CQC). This showed the provider took safeguarding people seriously and ensured staff were aware of their responsibilities in keeping people safe from avoidable harm.

People told us there were enough staff available to support them and at the time when it was needed. We saw there was sufficient staff available to meet people's needs. Staff told us there were enough staff for them to meet people's needs safely. We saw there were enough staff to safely support people to participate in activities of their choosing. We reviewed staff recruitment files and saw the required checks had taken place prior to staff working at the service. We found staff files contained evidence that the required pre-employment checks had been carried out. This included two written references, evidence of the applicant's 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 work with vulnerable people.

People were involved in completing risk assessments and how to remain safe. For example, we saw one person was working towards increased independence in the local community. The person had worked with the staff and professionals to develop a plan in relation to visiting friends at another of the providers services. We saw risk assessments had been completed to identify and reduce potential risks to the person. This showed the service was aware of positive risk taking, risk assessment and promoting people's independence.

We looked at records relating to fire safety, to see whether people were protected from the associated risks. We found the testing of fire equipment had been carried out. We saw there was detailed information in an emergency 'grab bag' for staff to follow should they need to assist and support people in emergency situations, such as fire evacuation. This meant staff had information in how to safely support each person in an emergency situation.

We found, people received their medicines as prescribed and at the time when they were required. People told us staff managed their medicines for them. 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. One member of staff told us they took the role of medicines management and administration seriously. The member of staff told us they were sometimes observed giving people their medicines, to make sure their practice was safe. People were given their medicines as prescribed and medicines were managed and stored in a safe way.

## Is the service effective?

### Our findings

People received support and care from staff who knew them well. One person told us, "The staff know what they are doing." Another person told us, "The staff look after us well." Staff were able to give us detailed information about the people they supported.

The provider arranged for staff to attend training to ensure they had the skills and knowledge to meet people's needs. The provider placed strong emphasis on ensuring training was offered and attended by staff. One staff member told us, "Yes, we get enough training; the most useful I have attended was the autism training." The staff member told us a person who received support at another of the provider's services participated in the autism awareness training. The staff member felt this inclusive approach to training enabled the staff to learn from people's own real life experiences. The staff member went on to tell us they had requested additional training in risk assessment and this had been arranged. They told us, "I know risk assessments are important and I want to make sure I get them right." This showed the provider recognised the importance of providing staff with learning and development opportunities to develop their knowledge and meet people's needs. We saw from records that training was arranged and offered to staff. The provider confirmed there was an expectation that staff would attend training relevant to the needs of the people.

New staff were provided with a period of induction and shadowed experienced colleagues as well as participating in various training deemed necessary. Staff were also working towards completing the Care Certificate. The Care Certificate is designed to ensure all care staff have a set of skills, knowledge and understanding to provide people with compassionate, safe and quality care and support. We looked at the provider's training records and could see on-going training was offered to staff.

Staff were aware of the importance of involving people in decision-making on a day-to-day basis and with respect to their care. During our inspection, we heard people being included in decisions about activities they wanted to do. For example, one person was discussing their planned activity with staff. The person wanted to be clear on what time they wanted to leave and which staff member was accompanying them. We saw capacity assessments had been completed and people's views and beliefs had been sought and taken into account when best interest decisions were made.

We saw the provider had 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 manager and staff to tell us what they understood about the MCA and DoLS. One staff member told us, "To me it basically means, working with the person and keeping them safe, with the least amount of restrictions as possible." The staff member gave an example of supporting one person to remain independent whilst being aware of balancing risk. Another staff member told us, "DoLS are used in the least restrictive way with the aim of keeping people safe." The staff were able to identify which people had DoLS authorisations in place and the reasons why.

One person's DoLS authorisation had specific conditions attached and the staff understood them and saw them as a positive way of supporting the person in the least restrictive manner. A social care professional told us there was a problem solving culture in place and they were prepared to work with people and take measured and positive risks to promote people's independence. We saw appropriate applications for people living at the service to the local authority for assessment and authorisation had been made.

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 and drink a varied, healthy and balanced diet. People had choice about what foods they wanted to eat. Some people had limited ability to take part in the preparation of a full meal, however, staff still involved and included people as much as possible. We saw there was a menu planner and people took turns to choose a main meal for each day of the week, with a traditional 'Sunday roast' on Sundays. Although there was a planned menu, we saw people were still given the opportunity to have a different option and choice, should they not want what was planned.

We saw wherever possible, people were involved in the management of their own health care needs. A staff member told us they had worked with one person to develop a healthy eating plan. The person had recognised they had gained some weight and they wanted to try and lose some. The staff member told us the person had an active role in the development of the plan and this had led them to want to achieve success and lose weight. The staff member told us how they and the person had received advice from a healthcare professional to support the eating plan and this had proved to be positive for the person.

A health professional told us, when people's needs changed, timely referrals were made by the manager for advice and guidance. We saw clear instructions for staff were in place, in relation to supporting individuals whose anxiety had the potential to increase and was at times difficult to understand and manage. We saw there were clear instructions about the signs to look for if the person's anxieties had increased. When necessary, referrals had been made for people to be seen, assessed and supported by health professionals. For example, we saw staff supported people to visit the dentist, speech and language therapist and psychologist. This showed staff understood the need to support people to attend appointments with health professionals.

People confirmed they 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 require a hospital admission or treatment. 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 available in case anyone was admitted to hospital. This meant, information was available to help support effective admission to hospital.

# Is the service caring?

## Our findings

One person told us, "Staff are good; they look after us." We saw there were meaningful relationships between people and staff. We saw people were treated with respect and approached in a friendly and caring manner. When we asked a staff member their thoughts on whether and how they promoted dignity at the service, they told us, "It is the simple things that make a big difference to people and their lives." For example, "Using people's preferred names and promoting people's independence really do make a difference." The staff member went on to tell us, "We (staff) give people the chance to grow; we remember this is people's home and we are their guests."

Staff were kind, caring and compassionate towards the people at the service. Staff showed they understood the values in relation to respecting and promoting people's dignity and right to privacy. During our inspection visit, one person was visited by a friend. The staff were mindful of ensuring the person was able to meet with their friend privately. Staff recognised people living at the service were individuals, with their own personalities, which were respected. Staff were heard to talk to people in a manner which was respectful; staff ensured people's preferred name was used. We saw and heard people were treated as individuals and staff were mindful of people's needs and preferences.

The provider was in the process of gathering evidence to support their revalidation of the Derbyshire Dignity Award and a social care professional confirmed this. The provider told us they felt this was important as it demonstrated their commitment to continue promote people's dignity. This showed us there was an understanding of upholding and respecting people's dignity.

The service provided to people was one which was enabling and inclusive. People were encouraged and supported to use facilities within their local and wider community. Woodsmoore had a vehicle which people could use to get out and about when needed. Staff also supported people to use the local public transport or walk into town. This gave people different options and modes of transport for accessing the wider community.

The service had a strong focus on the needs of the people and staff recognised the service was centred around people's needs and preferences. One staff member told us, "I love my job; we (staff) do our best to support service users." Another told us, "We work with the service users and learn about them, from them." The staff member went on to say, "We (staff) are person-centred and the people we support are the focal point." The manager reinforced to us how important it was to ensure the people were happy and settled and their needs were being met.

We saw people were encouraged to participate in the running of the service by being supported to participate in the household tasks. Staff told us it was important that Woodsmoore felt like home for those people living there. We saw people were supported to have their bedrooms decorated to reflect their personal preferences and choice. People also helped out with household tasks, such as household shopping. We saw people were supported to use the kitchen, helping to prepare snacks and drinks. This showed, people's independence was being encouraged and promoted.

## Is the service responsive?

### Our findings

We saw and heard interaction between people and staff which demonstrated the supportive relationships that had developed. On the day of our inspection, one person was being visited by their friend. We heard the person discussing with the staff their choice of activities for the rest of the day. The staff were understanding of the friendship and ensured they (staff) did not intrude on the relationship. We saw staff gave the person and their friend space and time to chat together. It was evident the staff had an understanding and awareness of how important the friendship was to the person.

People at the service had their own personal timetables and activity plans. For example, when we arrived at the service, some people had already left to attend the activity of their choice. One person told us, "My mum is coming today." We saw the person was joined with staff in singing to popular music. It was evident the person was very excited at the forthcoming visit from their relative. The staff recognised the person's excitement and used the singing activity to keep them engaged so their excitement did not develop into anxiety. This showed us the staff were understanding of the person, their behaviour and their individual needs.

People's needs were assessed and their care plans were completed in a manner which put them at the centre. We saw care plans included people's thoughts and wishes and were reflective of their individual needs. Care plans were recorded in a manner which showed the person had been included. For example, we saw each plan had information of importance to the person and then information from the staff. This way of creating the care plan, showed there was a recognition of what was important to the person so their personal views were acknowledged and not lost.

Staff recognised the importance of keeping up-to-date and familiar with people's care plans. One member of staff told us, "Staff are advised to keep up to date and read people's care plans and person centred plans." They went on to tell us, "People change and we need to be aware of the changes so we can support people; we give a high quality of care." We saw people had been directly involved in the completion of their individual care plans.

Due to the complex nature of some people's needs, they were not always able to easily communicate or express how they felt. When talking with people we saw and heard staff ensured their language was free from jargon and easy to understand. We saw the staff took time with each person and did not rush them for decisions or answers. We heard one person discussing with staff the arrangements for their day. The person had previously made arrangements for an activity in the afternoon and decided to change their mind. Staff discussed this change with the person, to be clear about what exactly the person wanted to do. People's individual choices and preferences were respected and positive outcomes for people were encouraged.

Staff were knowledgeable about people they supported. We were told, and could see, how care was centred on each person's particular needs. Staff told us how they encouraged and supported people to live a full and varied life. People were encouraged and supported to take part in activities of their choosing. Staff recognised people as individuals and understood each person had their own particular way of expressing

themselves. For example, we saw a reminder for staff which said, "[Persons name] is to 'Face Time' (relative) every Sunday at 6pm." We also saw one person had a photograph communication book which they and staff used together to assist and promote effective means of communication. Another person used a personalised and visual form of communication which was coloured faces, which indicated to staff whether the person was happy, unhappy or wanted to talk. This meant staff recognised and understood people's communication needs were individual.

The staff we spoke with recognised the individual needs and personalities of each person. We saw each person's bedroom reflected their individual choice and personality. There was a recognition and respect by the manager and staff that people's bedrooms were their own personal space and reflected their individuality. For example, one person had their own flat which was adjoined to the main building. The flat was decorated and furnished in a manner which reflected the persons choice and preference. Having the separate flat meant the person had the choice of having time and space away from the busier and bigger house. This showed people's care was personalised and reflective of their needs, preferences and choices.

There was a complaints procedure in place if people were unhappy about any aspect of their care. We saw information about how to complain was available and was in a format that people understood. People were encouraged to speak up if they had any complaints or concerns relating to the care and support they received. People were happy with the care being provided and when asked who they would speak with if they had any complaints, people told us they would talk to the provider or the manager. We asked about any complaints the service had received since our last inspection visit and saw none had been recorded. The provider and manager assured us, should anyone have any complaints, they would follow the procedure in place and investigate as soon as it was brought to their attention.

## Is the service well-led?

### Our findings

During our inspection, we saw people were happy to visit the office and chat with the staff or the manager, to make any personal requests or just engage in conversation. Staff told us they found the manager and the provider to be 'hands on' and said, "[The manager] is approachable and works with us and service users."

People who lived at the service had been asked for their views and opinions about the services being provided to them. There was a bi-annual questionnaire for people to complete. The questionnaire was in an easy-read format to ensure it was accessible to all the people at the service. We looked at recent results which had been collated and saw people were provided with an easy-read feedback, which meant all the people had access to the results. This showed the provider ensured people were kept informed and demonstrated open, inclusive and effective forms of communication.

One staff member told us, "Working for [the provider] is liberating." When we asked what the staff member meant by this, we were told, "If I have an idea, I know I can discuss it with [the provider] and they will listen." Another member of staff told us the management team, "Get involved when we ask for help or support." The staff member went on to tell us how they felt, "Supported to do a good job." A third member of staff told us about the 'directors' meal'. The staff member told us, "It is a great idea; it gives staff the chance and opportunity to share any ideas, good practice or worries about the service and service users." This meant an open and inclusive culture was promoted at the service.

Staff recognised their roles and responsibilities in being part of a team. Staff told us they would have no hesitation in speaking with the provider or the registered manager to report any concerns they had. Staff told us they had confidence any issues they raised with the provider or a member of the management team would be taken seriously and acted upon. A staff member told us, "As a team, we support the service users as well as each other." They went on to tell us, "It is important to recognise, not everyone finds our job easy and as a team we support each other." Another staff member described members of the management team as, "Supportive and always there to help." A third staff member described one way of support was through the supervision process. They told us, "Supervision is a two way process where we (staff) are able to talk through anything that's on our minds." Another staff member told us, "I quite enjoy my supervisions; I ask to have one and see it as a positive process." They went on to tell us, "I use supervision as a measure of my development; I can see if I have developed or progressed." We saw evidence of staff having received regular formal supervision, observation of practice and annual appraisals.

The conditions for registration with the Care Quality Commission (CQC) were met. The provider and manager ensured people were supported to receive necessary care, support or treatment. The manager ensured notifications were sent to CQC of any significant events, as they are legally required to do. We saw the manager and provider also ensured other relevant agencies were informed of incidents and events when required. The manager had effective links with health and social care agencies. The manager told us, "Working in partnership with professionals is essential." A social care professional confirmed the provider and the manager worked with professionals to ensure people received the appropriate care and support they needed.

Systems and processes were in place to record, monitor and analyse accidents and incidents, for example falls, with the aim of identifying strategies for reducing potential risks of re-occurrence. This helped the provider to recognise any patterns or trends. This showed the provider was proactive in developing the quality of the service and ensured any necessary action was taken and learning took place to reduce the risk of it happening again.

The provider had systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. Specialist external contractors were used to monitor the safety of installations such as fire equipment and electrical systems. This helped to ensure people were protected from associated harm and risks. We reviewed a sample of records relating to the quality and safety of the service and they were up-to-date and any issues had been addressed.

Quality assurance systems were effective and were used to monitor and review the quality of the service. People could be confident the service was monitored and any improvements needed were implemented. We saw regular audits of all aspects of the service took place in areas such as medicines, the environment and care planning, to make ensure any shortfalls were identified and where necessary improvements made.