

Leonard Cheshire Disability

The Moorings Supported Living Service

Inspection report

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The Moorings
Garstang
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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

The Moorings Supported Living Service was inspected on the 09 October 2018 and the inspection was announced.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in their own individual apartments which were in one housing development near the village of Garstang. Car parking is available at the development and there is access for people who have mobility challenges.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in August and September 2017 the service was rated as 'Requires improvement'. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found systems were not operated effectively to ensure medicines were managed safely. We also found staff did not receive annual reviews of their performance. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the Care Quality Commission is required to be notified of certain occurrences. We found a notification had not been provided to us in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We took regulatory action and served requirement notices for these breaches in regulation. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by December 2017.

At this inspection in October 2018, we found improvements had been made. Medicines were managed safely and staff received annual appraisals. We found notifications were provided to the Care Quality Commission (CQC) in a timely manner.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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.

Recruitment checks were carried out to ensure suitable people were employed to work at the service and training was provided to enable staff to maintain and increase their skills and knowledge.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found information in two care records required updating as further information was required regarding the needs of the people they related to. The registered manager could demonstrate the records were in the process of being updated.

The registered manager told us they did not currently provide end of life care at the service. They explained that should this be required a policy was available to guide staff.

People told us they were supported to access medical advice from external healthcare professionals and their healthcare needs were met. Documentation we viewed confirmed this. People and relatives told us they were happy with the care at support provided by The Moorings Supported Living Service.

People told us they could raise their views with staff and these were listened to. The registered manager told us they sought verbal feedback from people who used the service and meetings were held with them as a way of gaining their views. In addition, people told us they could raise comments with staff and these were appropriately responded to.

People told us they were supported to cook meals of their choice and we saw documentation which showed people were referred to dieticians if this was required.

Staff we spoke with knew the needs and wishes of people at the service. Staff spoke respectfully of the people they supported and said they cared about them and their wellbeing. We observed person centred and caring interactions between people who received support and staff. People told us they felt respected and valued.

Relatives told us they were consulted with and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and they were asked to consent to their care.

Staff we spoke with were able to describe the help and support people required to maintain their safety and promote their independence. People who received support told us they felt safe.

Staff told us they were committed to protecting people from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure available at the service. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

People and relatives we spoke with told us that staff were available to meet their family member's needs. People told us they received care and support at the times they agreed and they were not rushed or hurried in any way. Staff we spoke with told us they had the time to support people in a calm and relaxed way.

People told us they were supported to maintain their hobbies and interests if this was part of their assessed and funded needs.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions. Staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager told us they were committed to improving the service they provided and they wanted people to be as independent as they could be. They told us they upheld people's rights to live individual lives in an environment which promoted their rights as ordinary citizens.

The registered manager spoke highly of the staff and praised them for the way they supported people and worked as a team. Staff told us they felt supported by the registered manager and the registered manager worked closely with them.

Relatives we spoke with told us they could speak with the registered manager if they wished to do so and they found the registered manager and staff approachable.

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.

Medicines were managed safely.

People told us they felt safe and we saw assessments were carried out to identify and control risk. Staff knew the action to take if they suspected people were at risk of harm or abuse.

Recruitment checks were carried out prior to staff starting work at the service and people told us they were happy with the availability of staff.

Is the service effective?

Good ●

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required.

Is the service caring?

Good ●

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were involved in care planning.

Staff told us they had received training in equality and diversity and they respected people's right to live an individual life.

Is the service responsive?

Good ●

The service was Responsive.

People told us they were supported to follow their individual hobbies and interests.

People received individualised care to enable them to be as independent as possible.

There was a complaints procedure in place. People and relatives, we spoke with told us they had no complaints.

Is the service well-led?

The service was Well-led.

A series of checks were carried out to identify where improvements were required.

Staff told us they were supported by the registered manager, and they understood their roles and responsibilities.

People and relatives told us they could approach the registered manager if they wished to do so.

Good ●

The Moorings Supported Living Service

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.

The inspection visit took place on the 09 October 2018 and was announced. The inspection was carried out by one adult social care inspector. We gave the service 24 hours' notice of the inspection visit because the registered manager is also responsible for another of the registered providers care services at a different location. We needed to be sure the registered manager would be available. At the time of the inspection there were 9 people receiving support.

Before our inspection on 09 October 2018, we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with four people who received support and two relatives. We also spoke with the registered manager, the deputy manager, a team leader and two care staff.

We looked at care records of three people who received support from The Moorings Supported Living Service. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of two recently recruited members of staff. We looked at records relating to the management of the service. We viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection carried out in August and September 2017, we found people could not be assured medicines were managed safely. At this inspection in October 2018, we found improvements had been made.

Medicines were managed safely. People told us they had no concerns with the way their medicines were managed. One person commented, "My medicines are fine." We found staff had received training in the safe management of medicines and they were assessed to check they were competent in this area of their role. We reviewed rotas and found there were always staff available to administer medicines if these were needed. This included medicines that may be required in a health emergency. If people administered their own medicines, appropriate risk assessments were carried out to ensure risks were identified and minimised. We looked at a sample of medicine and administration records (MAR.) We found a gap in the records we viewed. This was being investigated by the deputy manager and it was identified that this was a missing signature. We also counted some medicines to check they corresponded with MAR records. We found they did. This indicated medicines had been given as prescribed. During the inspection we found a count of one person's medicine had not been carried out. We discussed this with the registered manager who explained they would introduce a new protocol to ensure this did not reoccur.

We checked to see how the service managed medicines which were given to people 'as required.' We saw individual guidance was available and described the medicine the person could receive and how often. The guidance also instructed the amount the person could have and the reasons for the medicine. This helped ensure medicines were given to people when they needed them.

There were processes to minimise the risk and spread of infection. Staff told us personal protective equipment was provided if this was required and this was easily accessible. People told us they were supported to maintain the cleanliness of their own home if they needed this help, and they were happy with the support they received. The registered manager told us they had arranged for staff to have influenza vaccines if they wanted these. They also explained people were supported to see their own doctor if they wanted this preventative vaccine. One person told us they had received support to book an appointment for this. This helped minimise the risk and spread of infection.

People who received support told us they comfortable and safe in the presence of staff. One person commented, "I trust them, I've had no reason not to." Relatives we spoke with told us they had no concerns with safety.

Care records we viewed identified risk and documented the support people required to maintain their safety. For example, we saw care records instructed staff in the help people required to mobilise. There were instructions within the care records to guide staff on how risk could be minimised. Care records were stored securely when not in use, so people's privacy was maintained.

We looked at the recruitment records of two of the most recently recruited staff members. We found a DBS

(Disclosure and Barring) check had been carried out prior to the staff starting work at the service. Appropriate references had been obtained, one of which was from the staff members last employer and a documented employment history was obtained from the prospective employees. These checks helped ensure only suitable people were employed to work at the service.

We looked at how accidents and incidents were being managed at the service. Staff told us and we saw accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends, patterns and lessons learned. For example, it had been identified that one person was prone to falling due to their health condition. The registered manager told us expert professional advice had been sought to reduce the risk of harm to the person. Staff we spoke with confirmed this was currently being actioned. This demonstrated the registered manager sought to reduce risks and sought expert advice if this was required.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "I can report anything to [registered manager] and [deputy manager.] They'd raise concerns to the Lancashire safeguarding authorities." Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. Staff told us the number for the safeguarding authorities was available in the office. This meant concerns could be reported externally to allow further investigations to be carried out, if required.

There were sufficient staff to support people who lived at The Moorings Supported Living Service. People who received support told us they were happy with the staffing arrangements. People told us they received support at the time they had agreed. One person told us they considered the staffing arrangements had improved. They said the turnover of staff had reduced and they knew the staff who supported them. We discussed this with the registered manager. They explained that there had been changes in the staff team and there had been a reduction in the number of agency staff used. The registered manager said they were committed to reducing this further and recruitment was taking place to fill current vacancies. We asked relatives their views on the staffing arrangements. Relatives told us they were aware there were agency staff used at the service and if they had concerns about this, they could discuss this with the registered manager.

A fire risk assessment had been carried out and equipment was available to enable safe evacuation if this was required. Each person had a personal emergency evacuation plan (PEEP) which described the help they would require in to leave their home in the event of an emergency. Staff we spoke with were knowledgeable of the support people required.

Is the service effective?

Our findings

At the last inspection carried out in August and September 2017, we found staff had not received an annual appraisal. At this inspection in October 2018, we found improvements had been made.

Staff told us and we saw documentation which confirmed they had received appraisals to discuss their performance and set goals for the coming year. Staff also told us they received supervisions with the registered manager to enable them to discuss their performance, any concerns and any training needs. We saw documentation which confirmed this. Staff told us they had completed both e-learning and practical training and they were reminded of the need to attend training activities. We discussed the training with the registered manager who told us staff had received training in key areas such as safeguarding, fire safety, the Mental Capacity Act 2005, moving and handling and first aid. This was refreshed regularly. We viewed a staff training matrix and saw this recorded the training people had attended. This demonstrated staff received supervision, appraisals and training to maintain and develop their skills.

People who received support told us they were happy with the care provided. One person commented, "The care is quite good." A further person said their care was, "Good." All relatives we spoke with told us they were happy with the care and support their family members received.

People told us they received support to gain professional medical advice if this was required and documentation we viewed confirmed this. We saw people were referred to dietitians and specialist nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff could explain the support a person needed in relation to their dietary needs. This demonstrated staff were aware of professional advice.

We asked the registered manager what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told copies of essential information such as medicine records and information sheets with contact details of other health professionals and person-centred information was provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were registered with professional websites to receive best practice information and guidance. The registered manager told us they found this helpful and they reviewed information to identify if they needed to act. They explained they would share information through staff meetings, discussions with staff and supervisions. This demonstrated the registered manager sought to gain and implement best practice information.

The registered manager told us they used technology if this was appropriate. For example, seizure mats were used if this was clinically appropriate for people. This is a mat that sounds an audible alarm if a person has a seizure, allowing staff to respond and support people. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who received support told us they were involved in decision making and discussions about their care. One person said, "It's my care, my choice." Records we viewed confirmed people were consulted. We saw documentation which evidenced that where restrictions were in place, these were made in the person's best interest and were as least restrictive as possible. The documentation we viewed showed the correct processes were followed to ensure people's rights were protected.

People told us they were helped to prepare meals they had chosen. One person described how they had been encouraged to try healthy foods and they had found they liked some of these. We reviewed records which showed that people's likes and dislikes were recorded. If people required additional equipment to help them eat, this was also noted within the care records. We also noted one person required a specific diet to help maintain their well-being. Staff we spoke with were knowledgeable of the person's individual needs. This showed people's nutritional needs were considered when planning care.

Is the service caring?

Our findings

People told us staff were caring and they had positive relationships with the staff who supported them. One person who received support told us they thought a lot of a staff member and the staff member was kind with them. A further person told us, "I love [staff member.] We get on so well." Relatives voiced no concerns regarding the approach of staff. One relative told us they felt staff were caring and commented, "They've always been so supportive."

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed a staff member and a person chatting together and saw this was an equal conversation where each person's view was respected and recognised.

People told us their privacy was respected and they were not disturbed if they wanted to spend time by themselves with friends or families. People told us staff knocked and waited for a response before they entered their private apartment and they were not disturbed outside their agreed support hours.

During the inspection we saw staff took care to knock on doors and wait for a response before entering people's private apartments and staff gave examples of how they respected people's privacy. One staff member explained it was not just a case of respecting people's physical privacy, but also of their right to a private life. They believed it was important people could have trust and confidence in staff. They gave examples such as not opening people's cupboards or drawers without consent, or reading correspondence people had left on display in their private apartment. A further staff member said they respected people's privacy by making sure that confidential information was only discussed in private areas and with people's consent.

Staff spoke caringly of people who received support. One staff member told us, "I like caring for the tenants here, helping them stay at home." A further staff member told us, "You can't switch off. Tenants become part of our lives." Staff spoke of people's needs and knew the social circumstances and hopes of each person they supported. For example, one staff member explained the aspirations of a person they supported. We spoke with the person who confirmed the staff member was correct. This demonstrated staff had knowledge of people and their backgrounds and used these to develop relationships.

People told us they were offered the opportunity to be involved in their care planning. One person commented, "We work together." Documentation we viewed confirmed people were involved in their care planning and their hopes, needs and preferences were recorded. Relatives we spoke with confirmed they were involved in their family members care as far as they wanted to be. They commented, "They're working with us as a family."

We spoke with the registered manager about access to advocacy services should people require guidance and support to make decisions. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of The Moorings Supported Living Service if needed.

People told us they were respected as individuals with equal rights. One person told us, "I'm not a disability, they see through that." A further person said, "I'm an equal here, because staff make me feel that way." Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "Everyone's different, they all have their dreams and needs." We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to maintain these.

Is the service responsive?

Our findings

People told us they received good care. One person said, "My care's good." A further person said their care was, "Good." Relatives we spoke with told us their family members care needs were met.

The registered manager told us they did not currently discuss end of life wishes with people who lived at the service. They told us they would have these conversations with people if their health needs changed, or if people requested this. There was a policy in place to guide staff on the steps to take if this area of care was needed and the registered manager said they would access specific training for staff if this was required.

We found people were supported by staff who were responsive to their needs. Two people told us how they had been helped to attend external professional appointments and staff told us they supported people as their needs changed. For example, we saw documentation which showed one person had been helped to access specialist communication support and this had been reflected in their care records. Staff we spoke with explained this had been trialled with the person and was partially successful. They further explained that they were supporting the person using gestures and an electronic device and would continue to respond as the person's needs changed. This demonstrated staff responded to people's changing needs.

People told us they were involved in the development of their care plans. We were told, "They did a plan with me. I looked at it again recently. It's ok." And, "They did risk assessments with me, we did them between us." Also, I've seen my book. I'm asked if I think it's ok or if I want to change it." Relatives we spoke with confirmed they were involved in discussions regarding their family members care and people we spoke with confirmed they were as involved as they wished to be.

Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs. In two of the records we viewed we noted further information was required to ensure their needs were fully documented. The registered manager showed us one care record was currently updated and told us the other care record would be completed as a priority.

Staff told us they helped people to follow their hobbies and interests when their funding assessments and care packages allowed this. We spoke with one person who told us had been supported to attend a holiday and take part in a physical activity. They told us, "It made me feel awesome." A further person told us they had a car and staff took them out in this. A third person told us they looked forward to going shopping and praised staff for the help they received. They said it enabled them to go out and do what they wanted to do. People's interests and pursuits were documented within the care records we viewed. This meant staff had access to person centred information so they could provide responsive care.

We saw people's care records contained person centred information on people's individual communication needs and the registered manager told us they would provide information in different formats if this was required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered in line with the Accessible Information Standard

The Moorings Supported Living Service had a complaints procedure which was available to people who lived at the service. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. People told us the registered manager would respond to any complaints or comments they made.

Relatives we spoke with told us they had no complaints and they were confident any concerns would be investigated. Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager to enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

Is the service well-led?

Our findings

At our last inspection in August and September 2017 we found the Care Quality Commission (CQC) had not been notified of certain events that may occur. At this inspection in October 2018, we found improvements had been made.

We reviewed accident and incident records and found notifications, (when required,) had been submitted to the CQC in accordance with regulation. This showed the registered manager had improved the processes at the service to ensure legal requirements were met.

There was a registered manager employed at The Moorings Supported Living 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.

We reviewed the audits carried out by the registered manager. We found medicine audits were completed to check medicines were managed safely. Fire safety checks, care records and accident audits were also being completed. The registered manager was supported by a senior manager. The senior manager also completed audits at the service and an action plan was developed to address any areas that required improvement. For example, we saw it had identified that the PEEPS at the service required review by the Health and Safety team. The registered manager told us this was being carried out. This demonstrated audits were carried out which were actioned, to ensure improvements were made.

Staff told us the registered manager updated them if improvements were identified and they felt supported by the registered manager. They explained the registered manager was approachable and had the best interests of the people who used the service at heart. Staff also told us the deputy manager was responsive to comments and suggestions from them, to improve the quality of the service. For example, one staff member told us a person at the service had a positive relationship with them and enjoyed activities they did together. They explained they had asked the deputy manager if they could support the person more often on their activities and this was currently being explored. This showed the management team listened and responded to comments from staff to improve the experiences of people who used the service.

The registered manager sought to gain people's views. We saw meetings were held to gain people's views. People we spoke with told us they felt listened to and valued. They explained they could approach the registered manager, or the deputy manager at any time. Comments we received included, "I can talk to [registered manager] any time." Also, "I get on well with [deputy manager]." And, "Management are better here now. They have more people skills." In addition, "[Registered manager] and [deputy manager] are a good team. They work well together." Relatives told us they felt the service was well organised.

Staff we spoke with could explain their roles and responsibilities and spoke positively of their experience of working at the service. Staff told us they enjoyed the work they did and they worked together to make sure

people received good care when they needed it. Staff explained they had staff meetings to discuss and agree any changes. One staff member commented, "We have staff meetings. We get together and move forward together." Another staff member said staff meetings were, "A way of progressing." We viewed minutes of staff meetings and saw staff were given the opportunity to discuss the service and feedback was given by the registered manager. This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the service was well run.

Staff told us they considered morale to be good. People told us the service was well run, staffing was well organised and they had confidence in the staff and the management team. People commented of staff, "They're competent in their jobs and act professionally." And, "There's a good bunch of staff here." This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the service was well run.

We discussed partnership working with the registered manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, specialist nurses and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The service had on display in the reception area of the service their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.