

Moorpark Place Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 July 2022

Service provided by:
Huntercombe Adult Ltd

Service provider number:
SP2021013627

Service no:
CS2021382527

About the service

Moorpark Place is registered to provide a care home service in single occupancy houses to a maximum of 25 adults aged 18-65 years with Autism, Asperger's Syndrome, and/or people who display autistic traits. The provider is Huntercombe Adult Limited.

Moorpark Place is comprised of a cluster of 25 houses with staff office space in the centre. It is on the outskirts of Kilbirnie, Ayrshire in private and expansive well-maintained grounds. Every person lives in their own house with tailored daily support from their designated support team. There was 24 people living at the service during our inspection.

The hub, based within the grounds of Moorpark Place, is the focal point for activities where people can meet up to socialise or to participate in group or one-to-one sessions. The manager, administration staff and members of the multi-disciplinary team including clinical psychology, occupational therapy, music and speech and language therapy are all based at the hub.

The service aims to provide supportive, therapeutic care so residents can lead enjoyable and engaging lives, both on and off site. Moorpark Place is accredited by the National Autistic Society.

About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 July 2022. The inspection was carried out by two inspectors from the Care Inspectorate, and were supported by the Mental Welfare Commission.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:-

- spoke with several people using the service and eight of their family members
- spoke with a range of staff and management
- observed practice and daily life
- reviewed documents
- communicated with professionals

Key messages

- Staff know people and their outcomes very well.
- Staff were very good at developing meaningful relationships with people.
- People were supported to participate in a wide range of person centred meaningful activities.
- The management team have worked hard at improving staffing levels.
- Ongoing improvement would be enhanced with more structured quality assurance systems.
- Role specific training opportunities require improvement.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff promoted a responsive person-centred approach to care which contributed to achieving positive outcomes for people. They were very familiar with the needs of individuals, their choices and preferences. Staff showed consideration and kindness towards the people they supported. Observed interactions between staff and those they were caring for were warm and natural. This enabled staff to promote meaningful engagement between themselves and people supported. A relative informed us "I think it's wonderful, the change in my daughter has been amazing".

Staff understood the importance of involving people in meaningful activity to help their wellbeing and support good mental health. People living at Moorpark Place enjoyed a range of experiences out-with the service, including horse riding, swimming and runs in their car. This helped to keep people living in the service active and connected to their local community. The service has access to a range of therapeutic areas within the "Hub", including music room, sensory room and a gym. The grounds are extensive and also create many opportunities for activities. These facilities could be used more effectively to enhance the health and wellbeing of people, offering the opportunity for both one to one and group activity.

Monthly meetings with residents were held to inform people of changes and developments within the service and to seek views and opinions on improvements. Suggestions from residents at this meeting included recommencement of the walking group, which has been actioned. This is supporting people to be actively involved in the development of the service.

The service has been working on training all staff on medication administration. This has resulted in medication support being individualised and person centred and administered within peoples' own homes. We observed medication records which were accurate. The service currently doesn't routinely evaluate and record the use of "as required medication" and if this has been effective. Developing this practice could enhance knowledge and understanding of peoples' condition and behaviours (see area for improvement 1).

The healthcare needs of people living in the service were supported by the multi-disciplinary team and support team. We were able to observe the input of speech and language therapy in relation to supporting people with their communication needs. There are currently a number of vacancies within the extended support team, with recruitment ongoing for a Psychologist, Occupational Therapist and Occupational Therapy Assistant. Once these specialist post are recruited this will enhance the support teams' knowledge and understanding of the holistic needs and requirements of people and in particular the updating of positive behaviour support plans. (see requirement 1, How well is our care and support planned)

Where required in order to keep people safe, there are restraint and restrictive practices in place. Incidents of physical restraint are reported, recorded and discussed with the wider support team. It would be beneficial to evaluate and record if the intervention worked and if anything could have been done differently. This is to determine that the restraint was appropriate and the least restrictive method used, to keep the person safe (see area for improvement 1).

People supported have an appointed guardian, where assessed as being necessary. This is to ensure appropriate decisions are being made on behalf of people by the legally appointed individual. The service would benefit from having an overview of this and the powers granted in the order. From the information in personal care plans, it appeared a number of orders were out of date or due to expire in the coming months and some restrictive practises that were in place were not explicitly detailed within the order. (see requirement 1 - how good is our leadership).

People living within Moorpark Place were well supported to keep contact with their families, friends, and the local community. The systems to support connections to families and friends were responsive to individuals' needs, supporting visits home and outings with family members. Relatives commented positively about the communication from the service and the efforts made by the staff team to enable and maintain contact. A relative told us "Contact is good, regular, and always when there has been a situation".

People were being supported to celebrate notable events such as birthdays and anniversaries. We were told by one resident who had enjoyed his birthday the week before "I felt really special on my birthday, I went out for the day and the celebrations continued until I got home - I can't wait until next year!"

There were some systems in place to assess and check the cleanliness of the service and infection prevention and control (IPC) measures. Cleaning schedules were in place for residents houses, but not in the communal "hub" area. This increases the risk of cross infection in areas where a number of people may be coming into contact. Robust cleaning procedures, hand hygiene and use of personal protective equipment were in place within residents homes. These measures demonstrated that people were being protected from the risk of infection, within this environment. Staff training records for IPC were up to date. Staff practice reflected their awareness of current IPC guidance.

Areas for improvement

1. To keep people safe and promote their health and wellbeing, interventions should be evaluated to assess their effectiveness. This should include, but not be limited to:-

- the use of "as required" medications following administration
- following the administration of restraint or restrictive practices
- following incidents and accidents
- outcomes detailed in personal centred plans

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

4.27 "I experience high quality care and support because people have the necessary information and resources."

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found the service was developing quality assurance processes to ensure that the needs of supported people were met. For these processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance.

There was a service improvement plan in place, which identified actions linked to ongoing service developments. This process could be strengthened further by being clear about how these actions are being prioritised and communicating this to staff.

Daily meetings were held with senior staff and the multi-disciplinary team to improve communication across the service, particularly in relation to incidents and accidents. Tracking of actions required, was being introduced, which was further promoting the safety of people supported.

Processes were in place to record and report accidents, incidents and complaints, which were discussed at the daily meetings. Opportunities to explore and share lessons learned from adverse events, could be created to further develop knowledge and understanding of people supported. (See area for improvement 1 - How well do we support people's wellbeing). The service identified the need for further training for staff in relation to recording of information, and this is currently being sourced.

We spoke with a number of staff who informed us that the senior staff team, including the Manager were approachable and open to listening to any concerns or worries.

Regular supervision for staff, had not been consistent, with Managers not having a clear overview of this. This had been identified as an area for development by the service and plans were underway to improve this.

Regular reviews of support were being carried out, to ensure people are provided with the right care and support to meet their outcomes. Family members told us that they are invited to reviews and their views sought on support provided. Local authorities also informed us that they have been attending recent reviews of support.

We saw the recent development of senior staff having responsibility of auditing care plans and medication. This currently is a self audit, with spot checking from the senior team. It is important to explore the purpose of auditing and ensuring the system is effective in identifying actions required in relation to quality of recording (see requirement 1).

There were several SSSC registrations not in place for staff as there should be. The service had identified an issue in relation to the organisation's endorsing process and had taken action to rectify this. The overview system needs to be revamped to pick up on issues of this nature, to reduce the risk of staff not being registered as required (see requirement 1).

Requirements

1. By 23 January 2023, the provider must ensure that structured, robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

3 - Adequate

Staff demonstrated an in-depth knowledge of people, and their complex needs and behaviours, which supported improved outcomes for people.

Induction training, which is provided prior to working with people supported, covers a wide range of topics, and gives a good insight into what is required to work in the service. Staff described the induction process and as being "good, well planned and informative".

Core training is provided face to face and via e-learning. Throughout the past two years the numbers able to attend each session were greatly reduced, which had an impact on some of the compliance levels of training, which the service is aware of and working to resolve. A training compliance report is available to the service and gaps in training are reported to seniors to discuss at supervision. This is supporting an increase in uptake of mandatory training, improving the knowledge and understanding of the staff team.

There are some specialist training provided such as epilepsy training, which is beneficial to the people supported. However, currently there is a gap in condition specific training across the service. We were told about the autism handbook which staff are directed to complete within six months of starting. There is not a clear process of who supports with this process or which of the staff team have completed this. Autism awareness and positive behaviour training was planned for the service, but has had to be postponed. This leaves a gap in the knowledge and understanding of staff in relation to the residents being supported (see requirement 1).

In relation to senior staff, there is no specific training in place to support them in this role. Seniors are a crucial element of the leadership team, particularly as the service continues to develop. To ensure senior staff are equipped to carry out their role, leadership training is necessary to ensure knowledge and understanding of roles and responsibilities (see requirement 1).

Staff team meetings are inconsistent across each of the houses, with some meetings happening regularly and others not at all. The service has identified already the need to improve on the regularity of staff team meetings to aid communication with the staff teams.

Requirements

1. By 23 January 2023 the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this, the provider must, as a minimum:-

- Identify and have commenced leadership training for all senior staff.
- Identify and have commenced specialist training particular to the needs of people supported.

- Ensure all staff, have a clear understanding of the terms restraint and restrictive practice and how this impacts on support provision.
- Monitor staff competence through supervision, and direct observations of practice.
- Ensure team meetings are scheduled regularly and accessible and available for all staff.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

3.14 "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes."

How good is our setting?

4 - Good

All residents have their own flats with independent facilities. This enabled person centred support to be provided based on each persons individual circumstances and risks identified.

We observed residents flats and the areas surrounding them have been personalised, capturing peoples' individual personalities. Staff were able to utilise their knowledge of people to engage them in developing their personal spaces how they wished.

Assistive technology was being used, when support is not provided, to keep people safe by giving them access to staff if required. This was promoting the independence of people, and enabling them to develop self management skills.

Staff informed us of shopping and cooking arrangements being individual to each resident, depending on their needs and preferences. This directly linked peoples' abilities and risk assessments.

To keep people safe, there are restrictions in place in some peoples' houses. Staff were able to talk to us about any restrictions that are in place, when they are used and the reasons for this. It is important however that these are recognised as restrictions and identified as such in care plans and risk assessments (see requirement 1 - How good is our staff team).

How well is our care and support planned?

3 - Adequate

Seniors are allocated residents, whom they are responsible for which means they should be able to develop good knowledge and understanding of their needs and desires.

We could see that people were supported with a range of activities, based around their likes and preferences. Most people have a mobility car which they utilise well - for others there is organisational cars available. This enables people to get involved in activities of their choosing.

There is a quick reference guide within the care plan folder, which contains useful information such as:- background details, important people in the residents life, likes and dislikes, strengths and communication tips. This is beneficial for staff to get a brief overview of the residents and the preferred support to be provided.

We observed that some care plans have been updated, with input from the multi-disciplinary team, which has been beneficial, and staff have valued this input. In general however, the format of the care plan folders, make it difficult to navigate and to source information on how to support people. We found the information within the positive behaviour support plan, the care plan or risk assessment at times was not consistent, with some information being very out of date. Other agencies involved with residents informed us they were concerned by out of date information held within care plans or up to date information not being available (see requirement 1).

Evaluations of the care plan were sporadic across the different houses, and when they were carried out, they were generally noted as no change - there was no evidence of a proper review of the outcomes and progress or not made towards these. This is a missed opportunity to track a persons journey and to evaluate if support provided is effective in meeting identified and agreed outcomes.

Staff demonstrated a knowledge of residents and their outcomes, as well as how to mitigate risks. The care plans and guardianship orders didn't always accurately reflect restraint practices that staff were reporting were in place. In order to keep people and staff safe it is important that the service has a clear understanding of agreed restraint practices and these are clearly documented and communicated to staff.

Reviews have been taking place across the service, with attendance from relevant local authorities, and include input from relatives. Review meetings covered all key areas of care and support and future plans and goals.

Requirements

1. By 12 December 2022, the provider must improve the quality of recording within personal plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum ensure:-

- a) each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) accurate and up to date risk assessments, which direct staff on current/potential risks and they contain risk management strategies to minimise risks identified
- d) they are regularly reviewed and updated with involvement from relatives and advocates
- e) detailed six monthly care reviews are undertaken which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider will continue to ensure that all staff, including agency workers, have an appropriate level of induction, training, and guidance to work in a specialist autism service. The findings of a recent staff survey should be considered and agreed actions implemented to promote staff morale and inclusion in service improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14); and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 21 September 2021.

Action taken since then

This area for improvement is ongoing. Over the course of this year there has been challenges with staffing including the multi-disciplinary team, who were due to deliver specialised autism training. Please refer to requirement 1 - How good is our staff team.

Area for improvement not met

Previous area for improvement 2

The provider will continue to develop and improve people's personal plans to reflect their current needs, risks, and wishes. Personal plans should be regularly evaluated to ensure accuracy, and unnecessary or out-dated documents should be archived to make plans more accessible. A robust system of quality assurance should be maintained to ensure information is up to date, any issues are identified, and appropriate actions and timescales are met.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This area for improvement was made on 21 September 2021.

Action taken since then

The service has updated a number of personal plans, however the format of personalised care plans remain unwieldy and difficult to navigate. The quality assurance process implemented is effective in assessing the quality of the recording. Please refer to requirement 1 - How well is our care and support planned.

Area for improvement not met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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