

Akari Care Limited

Moorfield House

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Moorfield House is a residential care home providing personal and nursing care to 30 people aged from 18 and over at the time of the inspection, some of whom were living with a dementia. The service can support up to 35 people in one large adapted building.

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

The service excelled at planning and delivering end of life care to people. Staff supported people and their relatives through their final days with complete dignity and offered a high level of personalised support. Relatives were also supported before, during and after people's deaths and were provided with keepsakes to remember people. The registered manager ensured intensive emotional support was backed up by best practice. This included creating an information booklet to help people and their relatives anticipate and plan.

Staff at all levels respected people's preferences and individualities. They took proactive steps beyond their job role to learn about people's cultural and religious backgrounds to better enable them to care for people. This led to exceptional health and wellbeing outcomes for people, particularly reductions in anxiety and the development of new friendships and interests.

All staff ensured people living at the service had extremely engaging sociable lives. The registered manager found creative ways to ensure people were positively engaged; their independence was promoted, and their passions and interests maintained wherever possible. The service was working with people and the local community to reduce the risk of social isolation.

People and relatives were very positive, passionate and complimentary about the service. People received care from kind and caring staff who respected their privacy and dignity. The service worked with people, relatives and other professionals to create personalised care plans which helped to promote people's independence.

People we spoke to were very positive about the culture of the service and the positive benefits living there had brought to their lives. Feedback provided by people living at the home was actioned immediately by the management team to improve the quality of care provided. The registered manager used this continuous feedback and annual feedback surveys to provide a bespoke service to people.

People and their relatives were very positive and happy with the care provided by staff. Staff knew people very well and were responsive to their changing needs. People and their relatives were involved in all aspects of their care planning, reviews and assessments.

There was a new registered manager in post since our last inspection and staff described her as, "A breath of fresh air." The registered manager had created a positive and inclusive culture at the service. Staff were

empowered to follow their own interests and were provided with additional training to improve the quality of care provided to people. Staff told us about the changes that the registered manager had introduced and said, "I can say I'm proud to work here."

Staff were supported with regular supervisions, team meetings, learning sessions and appraisals. Staff were safely recruited and received a comprehensive induction from the provider. Training was effectively monitored, and refresher training was provided on a rolling basis.

Staff were encouraged to look at new ways of working to improve the service. The registered manager had worked with people, their relatives and staff to seek feedback and improvement ideas that would improve people's outcomes and their experience of using the service. Staff told us that they could now provide person-centred care to people, which was individual to their needs, and were no longer task orientated.

The quality and assurance systems in place were used to monitor the safety and care provided to people. The management team used regular auditing to identify further areas and opportunities to continuously improve the service. The management team worked with staff to reflect on best practice guidance, changes to legislation and lessons learned from incidents to improve their overall knowledge and understanding.

Medicines were safely managed and in line with best practice guidance. Risks to people had been fully assessed and mitigated to help keep people safe. People's care plans were individual and included involvement from other healthcare professionals. The environment was safe and homely.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of the regulations. At this inspection, a new registered manager was in place and we found that robust action had been taken to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had made sustained improvements and addressed all of the issues identified at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Moorfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, the regional manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, three relatives, one visiting professional and 11 members of staff including the registered manager. We reviewed the care records for four people, medicine records for five people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and knew the appropriate action to take. There was regular refresher training around safeguarding for staff. The provider had a safeguarding policy in place for staff to follow.
- The registered manager had notified the Commission about all safeguarding concerns and had worked in partnership with the local authority to fully investigate all of these.
- There was easy-read information available for people to access around safeguarding, and this included who to contact.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place created between staff, people and their relatives. Risk assessments were regularly reviewed and included steps staff should follow to keep people safe.
- There were environment risk assessments in place to keep people, relatives, staff and visitors safe. The premises were safe and there was regular testing of equipment and utilities.
- People and relatives told us that they felt the home was safe.

Staffing and recruitment

- Staff recruitment continued to be safe. Staff had appropriate pre-employment checks in place.
- The service had enough staff on duty to safely support people in line with their assessed needs. One person told us, "You don't have to wait, staff come in time."
- The registered manager had actively reduced response times to call bells and was working with staff to reduce these further.

Using medicines safely

- Medicines were safely managed in line with current best practice guidance.
- People's medicine records were accurate and included all relevant information for staff to follow.
- One nurse had created quick look notes for other staff to use to make sure medicines management was consistently at a high standard.

Preventing and controlling infection

- There was an infection control policy in place. Staff had received training around this and were following the correct procedures.
- Staff had access to gloves and aprons for use when delivering personal care. There was regular cleaning of the home.

Learning lessons when things go wrong

- All accidents and incidents were reviewed to identify any trends and learning points.
- Lessons learned were shared with staff as part of their development. There was a dedicated 'lessons learned' board to make staff aware of outcomes from investigations and ways to improve so any avoidable incidents did not re-occur.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to provide staff with regular supervisions or ensure staff completed mandatory refresher training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 18.

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

- People had comprehensive and in-depth assessments of their needs. People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One relative told us, "I am involved in care planning, the plans are tailored to meet what [person] needs."
- Staff provided as many options as possible to people. A staff member said, "We do our best to give people as much choice as possible."

Staff support: induction, training, skills and experience

- Staff received regular mandatory training, supervision and appraisals. Staff were looking at ways to improve access to training. One staff member commented, "I'm looking at ways to help with training like train the trainer to make sure we can support training for the region."
- There was a new education board within the staff room. This included bite sized training information and quick reads which helped continual development and awareness of best practice and guidance.

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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. One person commented, "The food is extremely good. There is good choice." A relative told us, "[Person] is a vegetarian, she gets choice and tells staff what she would like, there are always alternatives available."
- Staff developed a new assessment of people who had a higher body mass index (BMI). Staff had referred people to the GP and other agencies to help reduce their BMIs, which also helped to reduce their risk of other illnesses, for example diabetes.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs.
- Staff worked with agencies to find ways to improve outcomes for people. For example, the service introduced short term care plans for people receiving antibiotics which allowed for closer monitoring of

symptoms and follow up actions. This enabled quicker communication between the GP or hospital about the person's presentation.

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

- The home was appropriately designed and decorated. The registered manager had a refurbishment plan in place and was working with the provider to implement these.
- There was pictorial signage around the home, so people could easily find their way around. People and their relatives told us that the environment felt homely.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the GP and other healthcare professionals and care plans reflected the guidance provided.
- A visiting professional discussed how the staff team had worked with them to reduce hospital admissions. They said, "From a medical perspective they are very well cared for."

Ensuring consent to care and treatment in line with law and guidance

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

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

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

- People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff put people at the centre of everything they did, all aspects of care were person-centred. Staff told us about how they had worked as a group to improve and reflect on practices to continually build on the quality of care provided to people. One staff member told us, "Just look at the changes, it's all for the good of the residents. They are safe and are treated like family."
- People and their relatives praised staff for the high standard of care provided and were very positive about the support provided. People's comments included, "Staff are extremely good" and, "The staff genuinely care, people who work here are great."
- Relatives told us about the emotional comfort staff provided to people. Relatives commented that they were confident and extremely thankful for the work of the staff team. Comments included, "Mum is happy here, she is well looked after and having as good of a life as she can," and, "Good things happen here, my husband is well looked after."
- The management team had developed an easy-read equalities and diversity document for people.
- Professionals were complimentary about the care people received. They told us, "I visit weekly and the staff are very caring."
- Cultural needs of people were respected, and staff supported people to maintain their religious needs in partnership with the local community and relatives.

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

- Care plans reflected the individual assessed needs of each person. Staff looked at ways to engage people to express their views. This included pictures, translations into different languages and incorporating cultural beliefs to offer bespoke care packages to people.
- People talked through their own needs and how staff delivered their care to meet these. One person said, "I love this place, I get well looked after, everything I need."
- Staff told us about how the new management team had allowed them to start delivering compassionate care to people that was no longer task orientated. Staff commented, "Residents are relaxed and so are we. We don't have to do set things we can do what suits them. If they want a lie in they can have one, if they want to do something we will do it. It's home for them so it should be what they want. We give them choices all the time and don't have to worry about what they choose to do."

Respecting and promoting people's privacy, dignity and independence

- People's outcomes had continued to improve since our last inspection. Staff encouraged people to remain safely independent to keep them both physically and mentally active. During the inspection staff

continuously engaged people positively. For example, staff took time to support people to remain as mobile as possible, by encouraging short walks along the corridor whilst chatting about family life. Care plans clearly described what people could do for themselves and what they needed support with.

- Relatives discussed how the service had improved since the new registered manager had joined the team. They told us how it felt like a home from home and that there had been a positive change in their relative. They said, "I love the family feel within the home, they allow [Resident] to get up early, set his own table and make a cup of tea, it's just like being at home."

- People's care plans described how to support people in a dignified and respectful way. Staff asked for permission before entering bedrooms and asked if they could provide support to people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The registered manager and staff had worked imaginatively with people and relatives to ensure people's end of life wishes could be realised.
- As part of supporting people during their final days, staff had developed a 'cherish box' for relatives and staff to use. This included prompt cards about the person's favourite memories and people important to them. People and their relatives were fully involved and could include meaningful photographs to ensure staff had prompts to keep them and people connected to what is important to them. There was also a non-denominational spiritual prayer and a guardian angel keepsake included within the box. Relatives were able to take the items as a reflection and comfort aid to help them through the bereavement process.
- Staff had created information for relatives on what to expect at the end of people's lives. This information was easy to read and could be taken away so that relatives could really understand what the process would involve. This meant that relatives were prepared and could spend time with people without additional emotional distress. Relatives told us that they were fully informed from staff on what to expect which helped them be better prepared for supporting people.
- People and their relatives had conversations with staff about their end of life wishes. These were recorded within people's care files. Other healthcare professionals had also been involved with these conversations to make sure people's wishes could be followed.
- Plans reflected people's cultural and religious wishes, who they wanted to be involved in their final days and left clear instruction for what was to happen at the end of their lives. Where people were of a particular faith, staff researched this proactively to ensure they acted in line with people's religious beliefs after their death.
- Staff went to great lengths to ensure families felt able to comfort the person who was approaching the end of their life. One relative did not live locally so the service ensured they had a room to stay in, access to bathroom facilities, toiletries and meals/drinks. One relative described the support provided to them and that the whole family was supported. They told us that following the passing of their relative staff continued to provide emotional support to help them through the bereavement process. They commented that staff helped with funeral arrangements and helped them to focus on what needed to be completed.
- People who had no relatives or friends were provided with emotional support by staff. Staff valued how people, or their relatives, wanted to be memorialised. The service was introducing a memory garden to remember people who had passed away. Where people had no close relatives, staff made sure they were remembered by the service, staff and people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff we spoke to were aware of AIS and the importance of providing people with information in a format they could fully understand.
- The service had people from different cultural backgrounds and provided information in a variety of languages, for example in Bengali and Welsh. Staff had learned phrases and words in different languages to communicate with people living at the service, so that their views and choices could be heard.
- Staff were genuinely interested in understanding and valuing people's individualities. Through taking an interest in the person's heritage, culture and language, staff had a much better understanding of how they communicated and what was important to them. As a result, there was a significant decrease in the number of instances of the person feeling anxious, especially when receiving support with their medicines and personal care.
- People had their communication needs fully assessed and staff worked with people and their relatives to make sure they fully understood all of the information they were presented with.
- People's individual communication needs had been considered and action taken to ensure everyone could access the same information. The service had developed easy-read guides around safeguarding, equality and diversity, expectations about the service, making choices, hospital information and the complaints process. People could access information in different languages, large text, braille and audio format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were asked what activities they wanted to do. These choices were recorded and acted upon. There was a daily information sheet and a newsletter for people to view.
- There was a weekly activities planner within the home which detailed what was going on and when. The activities were also written in different languages so that everyone could read what was happening. Staff told us that having the two languages on the board allowed them to learn phrases and words so that they could engage with people who spoke the language about activities. This was also used as a conversation started with people in the corridor, as they were able to learn words in a different language.
- The service was engaging the local community by having open days and fundraising activities. The home had recently hosted a barbeque where people, relatives, staff and the community socialised together.
- The service had introduced world days to incorporate as many different cultures into the home. People were able to experience food tasting and learn about other countries and their cultures. As there were people from different heritages the service used world days to reflect on these differences to positively engage people in learning more about each other.
- The registered manager had identified that people may be at risk of social isolation and had found creative ways to minimise this. For example, people were part of a pen-pal initiative with a local middle school and another care home to build new relationships. For example, one person was able to have a social relationship about similar interests, which had a positive effect on their overall social well-being. People were able to have social relationships with others of similar interests, which increased their overall social well-being.
- People could access a quiet room to allow them to follow their religious beliefs. This allowed people to actively practice their religions whilst living at the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff put people at the centre of the service and were able to spend time getting to know each person well.

Staff told us that listening to people and their relatives was important as the information provided created better care planning and outcomes for people.

- Care plans were detailed and reflected people's own personal choices for the support provided by staff.
- Relatives told us that staff spent quality time with people whilst assessing their needs to make sure all their personal preferences were recorded and included in their care planning. A relative told us, "[Person] is in full control, he gets to choose."
- Staff knew people well and could tell if people's needs were beginning to change. People's needs continued to be re-assessed and care plans updated to reflect changes.
- The registered manager had used results from audits to introduce new technology into the service to reduce the number of falls whilst still respecting people's independence and choice. For example, introducing infra-red technology, this allows people to still have their independence but to be monitored in case they fell.

Improving care quality in response to complaints or concerns

- Since our last inspection there had been a significant reduction in the number of complaints received. People told us that they no longer had any concerns. One person who had raised complaints previously said, "I have a lovely room and no complaints."
- Relatives told us that they no longer had concerns about the service since the new registered manager had joined. They were happy that they were being involved and listened to about people and their care. They commented, "The manager is approachable and follows through on things."
- There was a complaints policy in place at the service which had been developed into an easy read format, so that everyone could access the information if they wanted to. Any concerns raised to the registered manager had been fully investigated following the provider's process and outcomes were shared with people, relatives and staff. Lessons learned from concerns had been shared with staff via meetings and learning groups.
- People and their relatives felt comfortable to raise any issues and work with staff to find a resolution. Relatives described an honest approach by staff and felt they were equal in all aspects of the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to monitor the quality and assurance of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the staff culture had greatly improved due to the new registered manager. A staff member told us, "After a few years I can say I'm proud to work here, and I'm being listened to. There's no more us and them it's all of us together as a team."
- Peoples outcomes had greatly improved. Relatives could see a positive change in people and within the service. One relative said, "It is fantastic here, beyond our wildest dreams."
- Staff and relatives were very complimentary about the new registered manager. Staff told us, "I really enjoy working here, the manager is really helpful and supportive, she is visible and hands on." Relatives comments included, "The manager is pro-active, and she wants the service to do well," and, "The home manager is absolutely brilliant."
- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood the duty of candour and had passed their learning to staff. Staff we spoke to told us it was important to apologise when things had gone wrong but to also use incidents to learn, reflect and improve.
- Staff told us that the registered manager had an open-door policy and had created an open and honest culture. Relative's commented that staff were always transparent and kept them informed of everything.
- Lessons learned from incidents at the service, the wider provider network and other care homes were used by the management team to reflect on their current practice and to improve the care provided at the home. For example, a recent media programme had highlighted abuse in services and this was used as a

case study for learning with staff.

- There was a 'policy of the month' board for staff to access which was in line with the NHS Gold Standard Framework. This allowed staff to have a greater awareness of each policy and fully embed this within their day to day role.

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

- People, relatives and staff were asked for their views of the service. Staff told us they were listened to by management and their ideas were used to improve the overall service.
- People and relatives were invited to meetings to share their feedback and to hear updates from the registered manager. People told us they had recently had been asked about the dining experience at the service and how it could be improved. As a result, the service had updated the menu choices and improved the overall experience.
- Staff attended regular team meetings where they could share learning experiences, safeguarding information, reflect on how the service was performing and provide suggestions for improvement. Staff told us communication had improved and the registered manager had implemented streamlined handover meetings, so staff could easily update each other on people's progress throughout the day.
- Relatives told us they were always kept in the loop with changes at the service and positively engaged.
- Feedback surveys were given to people, relatives, staff and other professionals. The results from these were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.

Working in partnership with others

- The registered manager had worked to improve the communication between the service and other agencies. Visiting professionals told us that the staff were open and dedicated to working together to improve the care provided.
- The service had worked closely with other agencies to increase the level of care provided, this included people requiring complex care, palliative care and emergency respite.
- Care files showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.