

Moorcroft Care Homes Ltd

Moorcroft House

Inspection report

18 Laughton Road
Thurcroft
Rotherham
South Yorkshire
S66 9LP

Tel: 01709548129

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08 September 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 September 2016 and was unannounced. This was the second rated inspection using the current methodology. At the last inspection in May 2015 the service was rated good overall.

Moorcroft House Care Home is located in a residential area close to local facilities, shops and transport links. It provides accommodation for up to three people who have a learning disability. At the time of this inspection there was one person using the service.

The service had a registered manager. However, they were absent from work since April 2016. The nominated individual was acting as the manager in their absence. 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 and associated Regulations about how the service is run.

The person we spoke with told us they felt safe at the home. They expressed that they were happy at Moorcroft House and did not want to live anywhere else.

There was sufficient staff to meet the person's needs and to ensure they could take part in activities of their choice.

Procedures in relation to recruitment and retention of staff required improvement as two files required evidence to confirm the staff member's identity. We received email confirmation from the acting manager that the documents were in place to ensure only suitable people were employed in the service.

Care plans were person centred and contained information needed to ensure staff could deliver care safely.

The acting manager was aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection the acting manager told us the person who used the service had capacity, therefore no application was required at this time.

Medication procedures were in place including protocols for the use of 'as and when required' (PRN) medication. Staff had received training in medication management and medication was audited in line with the provider's procedures. However, some improvements were needed to ensure medication received in the home was accurately recorded.

We observed good interactions between the staff member on duty and the person who used the service. We saw staff encouraged the person with their exercise programme from the physiotherapist. However, the written records we saw did not confirm that the programme had been completed daily as requested.

The person told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

Quality monitoring systems needed to improve, to ensure they were effective. For example, the medication audit in August 2016 did not identify a particular discrepancy in the amount of medication kept at the home. Infection prevention and control also needed some improvement, as there were unpleasant odours in one of the bedrooms.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There was enough staff to meet people's needs. Care plans were person centred and contained information needed to ensure staff could deliver care safely.

Recruitment procedures needed improvement to ensure all the required records were in place.

Medicines were stored and administered safely. However auditing systems needed to be improved to make them safer.

Is the service effective?

Good 

The service was effective.

The acting manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. Deprivation of Liberty Safeguards had been followed to ensure the service acted within the law.

People's nutritional needs were met. We observed people being given choices of what to eat. People were encouraged to go shopping for the food they enjoyed.

Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

Is the service caring?

Good 

The service was caring.

The person using the service told us they were happy with the support they received. We saw staff had a warm rapport with the person they cared for.

The person had been involved in deciding how they wanted their

care to be given and they told us they discussed this regularly at their review.

Is the service responsive?

Good ●

The service was responsive.

The person was encouraged to retain as much of their independence as possible and the person appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. The person told us they had no reason to complain as the service was very good.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality monitoring systems needed improvements to ensure they were more effective.

The person was regularly asked for their views which ensured continued involvement in the home.

Accidents and incidents were monitored by the acting manager to ensure any triggers or trends were identified.

Moorcroft House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2016 and was unannounced. The inspection was undertaken by an adult social care inspector. Because we had received information of concern about the service we were joined by a quality assurance officer from Rotherham Council. At the time of the visit there was one person using the service. We spoke with one support worker and the acting manager. We also observed how staff interacted and gave support to the person throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home. This inspection was brought forward as we had received concerns which had led to a safeguarding alert being made.

We had not requested a provider information return (PIR) from the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to the person who used the service, staff and the management of the service. We looked at one person's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

The person we spoke with told us they felt safe and supported at the home. They said they would not want to live anywhere else.

We looked at the care plans for the person who used the service. We found the care plans were person centred and contained sufficient information about how they wanted to receive their support. We found risk assessments were in place for the person. Staff understood the importance of balancing safety while supporting them to make choices, so that they had control of their lives. For example, we saw a risk assessment regarding what to do in case of an emergency [personal emergency evacuation plan PEEP]

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The acting manager had a copy of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. We were made aware that there is currently one ongoing safeguarding investigation.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received periodic training in this subject and the acting manager told us all staff had attended the local authority safeguarding training. We were informed that two staff required refresher training in this subject and this was planned. There was also a whistleblowing policy available which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

We found that the recruitment of staff required some improvement to make it safer. Staff files confirmed that they had a Disclosure and Barring check. However, We found the provider had not always recorded issues that had been identified within the recruitment checks carried out to ensure robust procedures were followed'. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff we spoke with told us that there were sufficient staff available to make sure people were safe and that their needs were met and the service operated in a flexible way. The person we spoke with told us there was always enough staff to ensure they could take part in activities like shopping and visiting garden centres.

The service had a medication policy to ensure medication was stored and administered appropriately. We observed staffs approach when administering medication and we saw people were asked if they were ready to take their medication. This was carried out discreetly and in a way which preserved their dignity.

Where people were prescribed PRN (as required) medication we saw care plans and protocols were in place to inform and guide staff on what these were for and when they should give them. All staff were responsible for administering medication. Records showed they had received medication training with periodic updates.

This was confirmed by the staff we spoke with.

There was an audit system in place to make sure staff had followed the home's medication procedure. We checked the person's medication administration record [MAR] and found medication had been administered as prescribed. However, we were unable to reconcile one of the person's prescribed medications. There were more tablets than what was recorded on the audit. This had not been picked up by the staff member who completed a recent audit, which meant the process was not effective. The acting manager said that they thought one month's supply had not been booked in correctly, but this was not confirmed. We discussed better ways to ensure this mistake did not reoccur. We found this did not have any impact on the person's health and wellbeing, as they were able to confirm to us that they took their medication as prescribed.

We looked around the home and found one of the bedrooms had an unpleasant odour. We saw the bed base was marked and the material was difficult to clean to a satisfactory standard. The acting manager told us that the carpet had been recently cleaned but this had not helped. We also found the downstairs toilet had mould on the walls and the hand rail was in poor condition. This toilet was used throughout the day by the person who used the service. The acting manager told us that the damp on the walls was coming from the vacant house next door where an overflow pipe was constantly running. We saw in the bathroom upstairs a hand towel was used by staff and the person using the service. This did not reduce the risk of cross infection and promote good hand hygiene practice.

Is the service effective?

Our findings

The acting manager told us that the person living at the home was encouraged to maintain their lifestyles with the support and encouragement of staff. The person we spoke with told us that staff helped them to develop their person centred plans [PCP] which detailed the support they would need to undertake certain tasks. We saw the PCP was written and signed by the person and included assistance with personal care and things that were important to them.

The person's nutritional needs were assessed during the care and support planning process and their needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. The person told us that they were trying to eat healthy meals and continued to lose weight to help their mobility. They told us that they liked to go shopping for the food and they were involved in choosing the menus. They told us which meals they had suggested that were included on the menus.

People's care records showed that their day to day health needs were being met. People had access to their own GP and additionally community psychiatric nurses. Records showed that people were supported to also access other specialist services such as chiropody and dental services.

We saw the person who used the service had been referred to the occupational therapist and physiotherapist and had been given specific exercises to help with their mobility. We saw staff were supporting the person to complete the regime and the staff member showed us how the physiotherapist required staff to document when the exercises had been carried out. We noted three days when the written record of this had not been completed. We also saw on one of the days a staff member had written in the daily notes how they had supported the person. This indicated that staff were not always following the regime set out by the physiotherapist, which could impact on the person's mobility.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

The acting manager had a good working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us staff had received training in the principles of the Act.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation. We saw the person who used the service had capacity to make decisions affecting their health and wellbeing.

The acting manager told us staff were undertaking training and development in line with the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw from the training matrix that one staff member was working through the modules of the

'Care Certificate'.

We saw from the training matrix that some staff required updates on their mandatory training. We discussed this with the acting manager who was able to confirm the dates when the training was scheduled to take place.

Systems to support and develop staff were in place through regular supervision meetings with the acting manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the provider was always available if they required some advice or needed to discuss something.

Is the service caring?

Our findings

We found the person who used the service received personalised care and support. They were involved in planning the support they needed. We looked at their person centred plan [PCP] and we found they had been written by the person and they had signed to say this was how they wanted their care to be delivered. The plans told us about the activities that they were involved in, what was working well and things that may have changed. Support staff told us that people were encouraged to maintain life skills like helping with cooking and cleaning. We observed a conversation between the support staff and the person about changing some of their activities to make them more varied. This included going to a small community group where they played bingo and socialised. The person appeared interested to try the new activity.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service.

The acting manager showed us a copy of the complaints' policy and procedure. This was explained to everyone who received a service. It was written in plain English and an easy read version was available for those people who needed it in that format. We looked at the complaints log and found there were no recent complaints.

The person we spoke with did not raise any complaints or concerns about the care and support they received. Staff told us if they received any concerns about the service they would share the information with the provider. They told us they had regular contact with the provider and senior care worker, both formally at staff meeting and informally when the provider carried out observations of practice at the home.

Is the service responsive?

Our findings

We found the person who used the service received personalised care and support. They were involved in planning the support they needed. We looked at their person centred plan [PCP] and we found they had been written by the person and they had signed to say this was how they wanted their care to be delivered. The plans told us about the activities that they were involved in, what was working well and things that may have changed. Support staff told us that people were encouraged to maintain life skills like helping with cooking and cleaning. We observed a conversation between the support staff and the person about changing some of their activities to make them more varied. This included going to a small community group where they played bingo and socialised. The person appeared interested to try the new activity.

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Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post that was registered with the Care Quality Commission. However, they had been absent from work since April 2016. The nominated individual was acting as the manager in their absence.

Following a recent assessment by the local authority they told us they had found that the home required significant improvements. We looked at safeguarding alerts and found one recent referral which had given us cause for concern. We therefore brought this inspection forward and carried out a joint visit with the local council contract compliance officer.

On the day of our inspection, we found the acting manager and support worker to be open and approachable towards the person who lived at the home. Interactions between the support worker and the person who used the service were respectful and appropriate.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

We found systems and processes to monitor the quality of the service were not effective. For example, the audit used to confirm the receipt of medication into the home was incorrect. This had not been picked up by the acting manager. We also found the infection control audit identified problems with the cleanliness of one person's bedroom. However, the problem still was apparent and no further comment was made about any action that needed to be taken to address this. Other audits were mainly tick boxes to confirm staff had checked things, such as health and safety. It was difficult to determine if any actions were required, as no comments we made on the audit by the acting manager.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.</p>