Darbyshire Care Limited

Moorlands Residential Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Moorlands is a residential care home registered to provide personal care to 16 people at any time. The service specialises in providing long term and respite care to older people. At the time of this inspection there were 15 people living at the home. The home accommodates people across three separate adapted facilities.

People's experience of using this service and what we found
People and their relatives were very positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly.

People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Systems were in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning.

The service continued to be effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were complimentary about the quality and choice of food offered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People could be confident at the end of their lives they would be cared for with compassion and their wishes and values would be respected. People's families and friends were fully supported by staff at times of bereavement.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Staff engaged with people very well and offered them choices on an ongoing basis. People had access to a range of activities and entertainment that they enjoyed. People's views and concerns were listened to and action was taken to improve the service as a result.

People's needs were assessed, and care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people.

The service was well managed with the provider's support. The management team were open and honest. There were effective systems to monitor the quality and safety of the service. There was a commitment to improving the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 21 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below

Moorlands Residential Home

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.

Service and service type
Moorlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
We spoke with seven people who used the service, four visitors and two visiting health professionals about their experience of the care provided. We spoke with three members of care staff. The registered manager, compliance manager and nominated individual were available throughout the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and training. We also looked at a variety of records relating to the management of the service, including, policy and procedures in regards health and safety records.
After the inspection –

We continued to seek clarification from the provider to validate evidence found. We gathered more evidence in regards risk assessments and information sharing.

Good

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe at the home and with the staff who supported them.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. The registered manager was able to discuss how they had acted on a recent safeguarding concern.

Assessing risk, safety monitoring and management
- Support was delivered in ways that supported people's safety and welfare. Assessments were in place to identify risks and way to reduce them. For example, staff support with mobility. One person told us, "They worry about risk, and make sure that I have my frame with me in case I fall."
- People were provided with suitable equipment to enable them to summon help when required. All rooms were fitted with a call bell system. People had access to their call bells and told us they always received a quick response when they called staff. One person said, "I feel very safe, If I press my call bell the carers are so quick to come, once two came at once."
- Changes in people's needs were circulated to staff via an on-line care system, this meant any new care instructions were immediately available which reduced risks for people.
- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire alarm and on equipment used in the home.

Staffing and recruitment
- People and their relatives told us that they felt that there were enough staff available, comments included, "It a bit quieter at weekends as the staff have their days off, but they still support us lovely." "When we visit the staff are always on hand and helpful." People told us they received support when required at night. The provider at the time of the inspection was reviewing their night support, due to changes of need.
- Recruitment processes were in place which minimised the risks of abuse to people. The provider carried out pre-employment checks on all prospective employees to make sure they had the appropriate skills, values and character to safely support people.

Using medicines safely
- People received their medicines regularly and systems were in place for the safe management and supply of medicines. One person told us, "My medication is always at the right time. Never missed. It important they have to get it right ."

● People received their medicines safely from staff who had received training and had their competency assessed. One member of staff told us, "We do receive spot checks when giving out medicines. I have completed medicine training. All new staff shadow us when they start."

Preventing and controlling infection

● Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.

Learning lessons when things go wrong

● The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place.

● The staff team acknowledged when things had gone wrong and took steps to make sure any untoward incidents led to improvements. For example, following a recent incident new security measures had been put into place.

Good

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 good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People had their needs assessed before they began to use the service. The service made sure staff had the skills required to meet their individual needs and expectations.
●Care and support was planned and delivered in line with current legislation and good practice guidance.
● Assessments and care plans were easy to follow, detailed and reflected the person's preferences and wishes.
● Care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people.

Staff support: induction, training, skills and experience
● Since the last inspection the provider had continued to provide improved training and support to staff. This ensured people benefited from a staff team who were competent, motivated and happy in their work. Staff told us they received regular training through the providers on line training system, as well as face to face training.
●People had confidence in the staff who supported them. One person told us, "They all know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Systems were in place to make sure people received medical care whilst staying at Moorlands. People told us they got the support they needed. One person told us, "I can ask to see the doctor when I want . The staff will always call if I ask."
● Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.
● People were supported to have their healthcare needs met, and access healthcare professionals when required such as, dieticians, speech and language therapists, district nurses, dentists and chiropodists.

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.

●At the time of the inspection the registered manager and compliance manager had made a number of applications to the local authority in regards DoLs, due to people's changing needs.
● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
● Assessments had been completed when people lacked capacity and a best interest meeting was used to agree any care decisions. Meetings included professionals and people of importance to the person to support this process.

Supporting people to eat and drink enough to maintain a balanced diet
● People had their nutritional needs assessed and met and received the support they required to eat and drink.
● People were observed having good meal time experiences. The dining room was set with bright table cloths, napkins and condiments. People were observed sitting with their friends, agreeing on music they would like to listen to whilst eating lunch. One person told a staff member they were cold, a heater was instantly brought to the person and staff checked they were warm.
● People were happy with the food they received. They told us they were able to choose what to eat, and if they did not like what was on the menu the cook did them something else. One person said, "I love fish, it's on the menu at least three times a week, so lovely for me". The registered manager told us, "The food here is of a good standard, all freshly cooked. There is a vegetable garden in the summer, where we grow our own vegetables and flowers."

Adapting service, design, decoration to meet people's needs
● Each person had their own bedroom which reflected their personal preferences and interest. People had chosen to personalise their bedrooms with photographs and personal items.
● People had access to a number of areas in the home where they could sit and socialise with visitors.

Good

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

- People and their relatives told us staff were kind and caring. Comments included, "We hear the staff talking nicely to people, and not rushing them when they are walking with them". "The home always smells good, with lots of cooking taking place". "I can hear staff when they are helping person name) in the room next door. Staff are so caring." "Care staff are wonderful, they will do anything I ask them."
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People were supported by staff to make day to day decisions about their care and support. The registered manager told us, "Everyday a staff member sits down with a resident at 11am to give them one to one time, to listen to them. It is documented on our care control system, what has been discussed and if they are ok".

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were able to visit anytime and always felt welcome.
- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care and knocked on people's doors before entering.
- People's independence was promoted. People moved freely throughout the house and told us in the warmer months, they enjoyed sitting in the garden.

Good

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People continued to receive personalised care that was responsive to their needs. Care plans were personalised, detailed and relevant to the person.
- Since our last inspection staff were more familiar with the electronic care planning system. Care plans on the care system were person centred, up to date and reflected people's individual needs. For example, if a person had a change in health need or had seen a health professional the care plan was immediately updated. The compliance manager told us, "We all get an instant update on any current issues or changes on the care plan as an alert is sent". Staff told us they were kept up to date by the care system and were confident to use it.
- Oral health care plans were designed in line with current guidance about best practice and where required, people had referral made to dentists. The registered manager informed us they completed spot checks on people's oral health care support.

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.

- The provider supported people to access information that was important to them in different ways. People's care plans contained information about their communication needs.
- People used various equipment to communicate, for example hand held computers, telephones and larger print documents. One member of staff told us they were always checking people's hearing aids, as they knew how important it was to support people to hear and communicate well.

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

- The provider supported people to maintain relationships with loved ones who were important to them. There were no restrictions on visiting times and relatives told us they were welcomed into the home by staff. Comments from relatives included, "We come when we wish to, it's never a problem. We are always offered a drink". "We don't worry about her at all, as we know she is in good hands and being well cared for".
- People told us they enjoyed the activities on offer, and that the activity coordinator was good. One person said. " (activity coordinator name) is good they come and help me walk". People were observed taking part

in the activities. There was lots of banter and laughter whilst they played a game in a lounge. One person told us, "There is always something going on".

Improving care quality in response to complaints or concerns

●People and their relatives told us they knew how to complain and would not hesitate to do so. They were all confident action would be taken if they did make a complaint.

● The registered manager reviewed complaints with the provider to ensure continuous improvements were established. There were no complaints at the time of the inspection.

End of life care and support

● People could be confident that at the end of their lives they would receive compassionate care in accordance with their particular wishes and values. People's families and friends were fully supported by staff at times of bereavement.

●There were systems in place to provide support for people and their families at the end of their life. The registered manager told us, "This is our residents' home. We do everything we can to ensure they can remain living here at the end of their lives. We work with district nurses, families and GPs to make sure everything is as the person and the family wish".

Good

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us staff knew them well and treated them as individuals. Throughout the inspection we observed people being included in a person-centred approach by the staff, registered manager compliance manager and provider.
- Relatives explained they had confidence in the registered manager and staff. They said the registered manager was approachable and would listen and follow up anything they raised with her. Staff said the registered manager listened to their feedback and ideas and then worked with them if there were any concerns.

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

- The registered manager and provider were open and approachable. When incidents had occurred, they had fully investigated and where necessary apologies were given. Concerns identified were used as a way of making improvements.
- The registered manager was very visible in the home and we observed people were extremely relaxed with them. The registered manager had an excellent knowledge of people and where necessary acted as an advocate and challenged discrimination.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their responsibilities and the leadership structure. The compliance manager was new in post and regularly visited the home and was accessible to staff. The registered manager told us the compliance manager had made a positive impact on the service in the short time they had been there. For example, identifying improvement in the auditing of the service.
- The registered manager was clear about their responsibilities for reporting to CQC and the regulatory requirements. Risks were identified and escalated where necessary.
- The provider had plans in place to complete improvements to the home and the quality of care provided, which was reviewed regularly with the management team. For example, some internal improvements and a review of night staff were planned.

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

● The registered manager used feedback from people to make improvements. People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team. There was a suggestion box in the main hallway and people and their visitors told us they would put suggestions in the box or speak with staff or the management team.

Continuous learning and improving care

●People benefited from a registered manager and staff team who liaised with other professionals to make sure they had the skills required to meet people's changing needs.

●Training was arranged to meet individual needs and staff were assessed for their competency. This enabled people to receive their support from staff who knew and understood their specific needs and wishes.

● The provider spent time at the home and drove through improvements. For example, working through audits which fed into action plans to facilitate improvements. The provider was at the service on a regular basis so knew people and their families well.

Working in partnership with others

●The registered manager and staff had established strong links with the community and health professionals to support people living at the home.