

Moorhaven Care Home Ltd

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Inspection report

Moorhaven Nursing Home
193 Ripponden Road
Oldham
Lancashire
OL1 4HR

Tel: 01616282064

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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

About the service

Moorhaven Care Home is a large property which consists of a Victorian main building with modern extensions and lift access to the upper floor. The service provides residential and nursing care for up to 33 people. At the time of our inspection 26 people were living at Moorhaven.

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

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.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There were enough staff on duty each day and night to keep people safe.

Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely. The home was clean, and staff followed procedures to prevent the spread of infections. The premises were homely and we observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

People received food and drink of their choice. When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time and a variety of activities were offered to people. People were supported to receive end of life care in the way they wanted and which met their individual needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence the staff and management worked with other organisations to meet people's assessed needs.

Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection

The last rating for this service was Good (published 31 July 2017).

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Moorhaven Care Home Ltd

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 two inspectors on day one and one inspector on day two.

Service and service type

Moorhaven Care Home Ltd 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 and sought feedback from the local authority who monitor 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two visiting relatives to ask about their experience of the care provided. We spoke with the registered manager, three care staff members and the nominated

individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including three people's care records, risk assessments and three people's medication administration records.

We looked at three staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

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.

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 continued to be protected from the risks of abuse and harm and there was a safeguarding and whistleblowing policy in place. The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Staff had received training in safeguarding and understood the principles of how to safeguard people.
- People told us they felt safe living at the home. A relative told us, "I feel staff really care about what they do, and I have never seen any bad practice at this home."

Assessing risk, safety monitoring and management

- People had pre-admission assessments before they moved into the service. This meant the service knew they could meet people's care needs. Other professionals were involved in these assessments, such as social workers.
- Admission assessments were completed, with detailed care plans to meet people's needs.
- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and reviewed timely.
- Fire risk assessments, premises and health and safety assessments were in place which covered all areas in the home. People also had evacuation plans in their care files, which were personal to them, to ensure they were supported safely in the event of the need to evacuate the building in an emergency.

Staffing and recruitment

- Staff were recruited safely; the provider undertook checks on new staff before they started work, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff on duty to meet people's needs at the time of the inspection. A dependency tool was used to organise staffing levels which were determined by the number of people using the service and their needs and could be adjusted accordingly.

Using medicines safely

- Medicines practices were safe. There were good controls in place to ensure people got their medicines when they needed them. Medicines storage was secure.
- Staff had good knowledge of medicines management and understood how to give medicines safely which we observed during the inspection.
- People said they had good support to make sure they got their medicines on time, including those for pain

relief if they told staff they needed them. One person said, "The nurse gives me my medicines; I get them in little pots and get them with the meals; I get my tablets when I should."

Preventing and controlling infection

- The service was clean and free from malodour throughout. Staff received training in the management of infection control and food hygiene.
- We saw personal protective equipment was readily available and accessible to staff, such as disposable gloves and aprons. One person told us, "They [staff] always wear gloves and aprons when they are helping me get ready; they wear a different colour when they are working in the dining room and kitchen, I think it's blue."

Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.
- Risk assessments were reviewed following incidents; there were no identifiable themes or trends in the incidents recorded.

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 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's needs continued to be comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One person said, "The carers know me very well and I talk with them every day. I think of the carers as my friends, so they know what I like and don't like." A second person told us, "They [staff] do support me very much as an individual, they take time to come and talk to me about things I am interested in."
- People's preferences, likes and dislikes were acknowledged and recorded, and staff respected these choices.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles. New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
- Staff felt supported. One staff member told us, "[Registered manager name] will always make time for you. She will correct things, quickly if you're not doing something right, but that's because she knows what's best for the people. She has loads of experience and sees everything."
- People and their relatives felt staff were competent. One person said, "Staff do help me with everything and are very nice."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day. People told us they enjoyed the food on offer. One person told us, "At lunch we have a main meal which is a set meal, but there is usually something else we can have if we don't like it. I always like it though, because the food is very nice and we all look forward to the meals"
- Specialist diet types were provided for people to meet their dietary requirements. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon, including people who had chosen to stay in their own room.
- There were appropriate risk assessments and care plans in place for nutrition and hydration and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and management worked in partnership with other agencies to support people effectively.
- Where necessary, the service supported people with arranging healthcare appointments. People had all

their health needs met, including medicines being given appropriately. One person told us, "I'm on painkillers at night time. I was on [medicine name], but that changed recently, my GP visited, and I was taken off [medicine name] and the new medicine is managing my pain levels well."

- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors.
- People had oral healthcare plans in place and staff had received training in oral healthcare.

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

- The premises were homely and well maintained. People could move around the home as they wished. The home was 'dementia friendly,' and there was signage to identify different areas.
- Some people told us they would like a better outside space to be created so they could use the garden areas in the summer. One relative said, "The only thing that I think could be improved is if there was an outside area, when the weather is nicer." We spoke with the registered manager and nominated individual about this, who told us plans were being considered, and finances were available, to redevelop the garden areas.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.

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.

- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision making, mental capacity and deprivation of people's liberty. Staff asked for consent before assisting people, for example when mobilising or assisting with personal care
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent to their care and treatment, unless they did not have capacity to do so.
- People told us staff respected their choices, for example about what to eat, what activities to get involved in or what time they wished to get up and go to bed.

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

- Equality and diversity continued to be promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against. A person told us, "All the carers work really hard and we always have things (activities) to look forward to."
- People were happy and settled at the home; staff knew people well and could describe each person individually and their specific routines.
- Staff displayed patience and empathy when talking with people; they provided reassurance and comfort and celebrated people's achievements.
- People enjoyed each other's company and were encouraged to make friendships with each other. During the inspection we observed people taking an interest in each other's welfare and enjoying lively chatter throughout the day.

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

- Staff respected people's wishes.
- People, and their relatives, told us they had choices and were involved in making day to day decisions. Relatives said they were involved in care plan discussions and they were kept up to date with any changes in [their relative's] circumstances.
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.

Respecting and promoting people's privacy, dignity and independence

- Appropriate aids and adaptations were provided throughout the home, which enabled people to move around the home freely and safely.
- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this. One person told us, "The carers always make sure the door is shut in my bedroom and in the shower room, they support me as I want to be supported."
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely on the electronic care planning system.
- Staff promoted people's dignity and independence. One relative said, "Carers have worked towards giving [my relative] independence with her walking. When she first came here, she wasn't able to walk at all really and now she is, because she isn't unsteady on her feet. Her confidence has really risen since she was admitted and that's from the carers approach." One person said, "I'm very happy living at Moorhaven, the

carers are very caring and work very hard, I don't know how they do everything they need to in the time they have." A second person told us, "I feel very happy here, the carers are lovely, and I like all the people here."

Is the service responsive?

Our findings

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

- Holistic assessments and care plans continued to be completed which reflected each person's needs, wishes and preferences.
- Any cultural or religious preferences had been recorded, which ensured the service was aware of how people's cultural and religious needs should be met.
- Regular reviews ensured people had been involved in updating their care plans if they wished to be.
- Staff knew people well and delivered care in line with people's wishes; our observations during the inspection supported this.

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.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Information could be provided in different formats, such as large print, on request.

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 provided with opportunities to participate in a range of activities of their choice both within the home and on outings to the local community. Regular activities were planned with people.
- People's rooms contained items in relation to their individual hobbies. One person said, "We have games afternoons, bingo, quizzes, craft sessions and then around Christmas, we have carol singers, baking mince pies and making Christmas cards. We do things around Easter, making Easter bonnets and baking. A vicar comes in each month on a Tuesday, and a lot of us join in with that. Activities take place every day and all residents have the opportunity to join in if they want to." A second person told us, "I'm very happy here, I make cards and sell them. I donate the money to the home, because I see this as my home."
- People's interests and hobbies were noted in their care planning information. Historical pictures were available showing people taking part in activities.
- A weekly activities planner was on display to help people choose what activities to take part in.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people and their relatives told us they felt comfortable to raise any concerns. One person said, "I would report any concerns to [managers name], she's very nice, helps when I need her to, and is approachable." A second person told us, "There was a time where I wasn't happy with how I was being supported at meal times by one of the carers. I reported it and since then there isn't any problem and the carer is fine with me."
- The record of complaints showed they were followed up in line with the providers policy and procedure for dealing with complaints; no recent new complaints had been received.
- The service had received a high number of compliments since the last inspection.

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives. There was no-one was at the end stages of life.
- The service was registered with the 'Six Steps' end of life care programme, and staff had received training in this area. The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

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

- The registered manager and staff continued to be committed to providing person-centred care and support.
- People and their relatives said they felt staff were approachable and acted to achieve good outcomes for people. One relative said, "[My relative] doesn't want to go to scheduled hospital appointments, so now the home has arranged for the district nurse to visit every six months instead, the carers react well to any concerns and listen to [my relative] as well. The carers are fabulous, really good. I have no complaints at all."
- The atmosphere in the home was warm, friendly and welcoming. It was clear there was an open and supportive culture towards people and staff.

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. A range of audits were undertaken by the registered manager and these were used by the service to monitor health, safety, welfare and people's needs.
- Staff at all levels understood their roles and responsibilities; the registered manager was accountable for their staff and understood the importance of their roles.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- People and their relatives said the home was well managed and the registered manager was approachable. One person said, "[Registered manager name] is never still and keeps things running smoothly." A second person told us, "[Registered manager name] works as hard as the carers do."
- Throughout the inspection we saw the registered manager walking around and observing and supporting staff and people which meant they were aware of updates to people's circumstances.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the

service and their relatives at different times whilst people were receiving care and support, for example via annual surveys or questionnaires and as part of the process of care plan reviews.

- People and their relatives were provided with opportunities to share their views about the quality of the service. The most recent feedback received via questionnaires showed the only negative comment was in relation to the garden area.
- Staff meetings were held regularly which discussed people and their needs. A handover meeting was held in between staff shifts to ensure they staff had the latest up to date information about people. One staff member said, "If we have any problems we can go to [registered manager's name], she is very approachable. We can also go to [area manager's name] and she is just the same."
- People told us they felt confident in raising any issues they may have. One person said, "I would feel okay in raising any issues, yes. I'd talk to the nurse or one of the carers, but I haven't needed to, because we're well looked after here."

Working in partnership with others

- The registered manager had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.
- The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice. Local schools and churches visited the home and people were supported to access the local community facilities.
- Records showed multi-disciplinary teams were involved in people's care.