Darbyshire Care Limited

Moorlands Residential Home

Inspection report

2 Moorlands Road
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Somerset
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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

Overall summary

This inspection was unannounced and took place on 21 July 2015.

Moorlands Residential Home is registered to provide personal care and accommodation for up to 16 people. The home specialises in the care of older people. At the time of this inspection there were 15 people at the home.

The last inspection of the home was carried out in December 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The registered manager had managed Moorlands Residential Home for a number of years and displayed an excellent knowledge of the people who lived there. They

Summary of findings

were very visible in the home which enabled people to approach them to ask questions and make suggestions. One person said "She's an excellent manager, knows what she's doing and knows everything that goes on."

In addition to the registered manager a deputy manager had recently been appointed to make sure people always had access to senior staff. The deputy worked alongside care staff to enable them to constantly monitor people's well-being and staff practices.

There was a stable staff team which helped people to build relationships with the staff who supported them. Interactions between staff and people were kind and personal. Throughout the inspection visit we saw many acts of kindness and understanding.

People felt safe at the home and comfortable with the staff who supported them. People told us they would be comfortable to raise any concerns or complaints with the registered manager or a member of staff.

The staff monitored people's health and arranged for them to see health care professionals according to their individual needs. Records seen showed people had access to a range of healthcare professionals.

The majority of people's medicines were administered by staff who had had their competency to carry out the task assessed by the registered manager. People told us they had confidence in the staff who administered their medicines. One person said "They seem to know what they are doing with the tablets."

People were complimentary about the food served in the home and said there was always a choice of meals. Comments included; "The food is lovely," "Good food" and "The food here is quite alright and no one will starve."

People's privacy was respected and all personal care was provided in private. People were able to socialise in communal areas of the home or spend time on their own.

People received care that was responsive to their needs and personalised to their wishes and preferences. Care was regularly reviewed and adjusted to meet people's changing needs. One member of staff said "Everyone is different. We do what is right for each person."

People continued to make choices about their day to day lives and were involved in all decisions about their care and support.

Summary of findings

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.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure and made sure staff knew how to recognise and report abuse.

There were adequate numbers of staff to maintain people's safety.

People received their medicines from staff who had their competency assessed by the registered manager.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

There was a choice of food at each meal and people received the support they required to eat.

People had access to healthcare professionals according to their individual needs.

Good

Is the service caring?
The service was caring.

People were assisted by staff who were kind and gentle.

Each person had a room where they could spend time alone and staff respected people's privacy.

There were ways for people to express their views about the care and treatment they received.

Good

Is the service responsive?
The service was responsive.

Care was provided to people in a manner that respected their individual needs, wishes and preferences.

People had access to a range of organised activities and entertainment that reflected their interests.

People knew how to make a complaint and told us they would be comfortable to do so.

Good

Is the service well-led?
The service was well led.

There was an open and friendly atmosphere which enabled people to raise issues and make suggestions.

People benefitted from a management team who kept their skills and knowledge up to date and constantly monitored practice within the home.

There were effective quality assurance systems in place which monitored people's well- being and safety.

Good

Moorlands Residential Home

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 21 July 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in December 2013 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 11 people who lived at the home, five members of staff and the registered manager. We also attended a residents meeting with nine people who lived at the home. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, three staff personal files and health and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. People said it was a very relaxed place and staff were always friendly and polite. One person said "I feel safe because all the staff are so nice." Another person told us "I'm quite alright here. The girls are all lovely, I've certainly never met an unpleasant one."

There were sufficient numbers of staff available to ensure people received care and support in an unhurried manner. Staff were available in the communal areas which enabled them to quickly respond to people who needed support or wished to speak with them. People who preferred to spend time in their rooms had access to call bells. These were answered promptly which meant people did not wait for extended periods of time when they requested assistance.

The provider had a robust recruitment procedure in place which minimised the risks of abuse to people. They carried out appropriate checks on new staff which included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. One new member of staff confirmed they had not been able to start work until the registered manager had received all the appropriate checks and references.

To further protect people from the risks of abuse all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff told us, and records confirmed, they had received training in safeguarding vulnerable adults when they began work and there had been refresher training to make sure they kept their knowledge up to date.

Care plans contained risks assessments. These outlined measures in place to enable people to maintain their independence and take part in activities with minimum risk to themselves and others. One person told us they did not wish to be checked on during the night. The risks involved had been discussed with the person and were recorded in their care plan. Where people were assessed as being at high risk of falls, the risk assessments showed the equipment in use to promote independence and minimise risks.

One person administered their own medicines and there was a risk assessment which included providing safe storage in the person's bedroom. Other people's medicines were administered by staff who had been trained, and had their competency to carry out the task assessed, by the registered manager. Some staff had received additional formal training in the safe administration of medicines and the registered manager informed us this was planned for all staff.

People told us they had confidence in the staff who administered their medicines. One person said "They bring tablets to you at the right time." Another person told us "They seem to know what they are doing with the tablets."

The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them. One person said "They pick their staff well. They are all very competent."

New staff completed an induction programme which gave them the basic skills to care for people safely. New staff were also able to shadow more experienced staff which enabled them to learn how to support individuals with their care. One new member of staff said they had been given time to read policies and procedures and been able to shadow other staff. They said "It's been a really good induction and I've been able to ask questions. The staff and residents have been really welcoming."

People benefitted from staff who were well supported and received regular supervision with the registered manager. Supervision sessions with the registered manager were an opportunity for staff to discuss their work or concerns in a confidential setting. They were also a chance for training needs to be identified to make sure they had the skills required to effectively support people. One member of staff's supervision record highlighted two training courses which they needed to complete. Training records showed the staff member had completed these before their next supervision session.

Staff had opportunities to complete nationally recognised qualifications in care and on-going training in specific topics relevant to the people who used the service. Topics staff had received training in included dementia care, stroke awareness and diabetes. This ensured they had up to date skills and knowledge to provide care to people. One member of staff said "The training is really good. We have loads but you can never have too much as it really makes you think and keeps you up to date."

The staff monitored people's health and arranged for them to see healthcare professionals according to their individual needs. One person said "They always get the doctor when you need it." Another person told us "They arrange everything, opticians, doctors and chiropodists. They're very good like that." One person's daily records showed staff had observed the person to be unwell and had monitored them over a 24 hour period. When the person showed no improvement they contacted their GP. The person then received effective treatment to meet their needs. Another person's records showed they had a minor wound and staff had contacted the district nursing team to make sure they received the treatment they required.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were complimentary about the food served in the home and said there was always a choice of meals. Comments included; "The food is lovely," "Good food" and "The food here is quite alright and no one will starve."

People were able to choose where they ate their meals and received the support they required to eat. One person told us they preferred to eat alone and we saw they had their lunch served to them in their room. One person's care plan said they required assistance with cutting food and this was provided at lunch time.

Most people who lived in the home were able to make decisions about what care or treatment they received and felt they continued to make decisions about their support. One person told us "I value my independence and the staff respect my decision to do things for myself."

People were always asked for their consent before staff assisted them with any tasks. Staff discreetly offered help to people and gave them time to decide if they wished to be helped at that time.

The provider informed us in their provider information return that staff had received training about the Mental Capacity Act 2005 (the MCA.) This meant staff knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Records seen during the inspection confirmed staff had received this training. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. For example one person required an alarm on their door to alert staff when they left their room during the night. The person lacked the mental capacity to agree to this equipment and the staff had discussed this with a relative to make sure the decision was made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by

Good

Is the service effective?

which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There was an up to date policy on the use of DoLS and the provider had identified one person who may require this level of protection. However no application had been made to have the person's need's assessed by professionals outside the home. This was discussed with the registered manager during the inspection who assured us they would take action to address this issue.

Good

Is the service caring?

Our findings

There was a stable staff team which helped people to build relationships with the staff who supported them. One person told us "Staff always have a smile on their face which makes them easy to chat with." Another person said "We get to know them and they know us. There's never any awkwardness if you want to tell them anything because you feel they're sort of a friend."

Interactions between staff and people were kind and personal. Throughout the inspection visit we saw many acts of kindness and understanding. Staff assisted people with their mobility at their pace and no one was rushed. At lunch time we heard a member of staff explaining to someone who was partially sighted exactly what was on their plate. One person told us they sometimes had trouble remembering things. They said "The girls never make me feel silly. They act as if forgetting names and stuff is the most natural thing in the world."

The home had received a number of cards and letters thanking staff for the care they or a relative had received at the home. Comments included; "Thank you for your patience and understanding" and "Thank you for the care and love you showed."

People's privacy was respected and all personal care was provided in private. All rooms had en- suite toilet facilities and some had full bathrooms. There was also assisted bathing and shower facilities available for communal use. People said staff promoted their privacy and dignity by always making sure doors were closed when they were assisting them.

One person had chosen to have unsupervised baths and showers and a risk assessment had been carried out to enable them to do so. Other people told us staff were very respectful when assisting them with personal care. One person said "This morning they helped me to get up, washed and dressed. The girl who helped me was so kind and gentle." Another person said "I like to do things for myself. I know they keep an eye on me but they are discreet about it. They think I don't know they're there and it makes me smile."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There were also a number of communal areas where people could see visitors. One person said "My family are always made welcome."

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person said "I have my own little routines and they respect that. No one forces you to join in or be social." Another person said "Sometimes you just want to be quiet and on your own. They seem to understand that."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a monthly basis which enabled them to make comments on the care they received and voice their opinions. Care plans we looked at had been signed each month to demonstrate that people were in agreement with the plans in place. The registered manager or deputy saw each person everyday which was another opportunity for people to discuss their care and support.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and affectionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff had received training in person centred care which gave them an understanding of the importance of providing care that was personalised to each person. Care plans that we read were very specific to the person which assisted staff to provide care in a way that took account of people's individual wishes and needs. One member of staff said "Everyone is different. We do what is right for each person."

People were able to make choices about all aspects of their day to day lives. People told us they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person was assisted to get up mid-morning. They told us "I've never been an early bird." Another person said "I go to bed about nine o'clock. That's my choice." Some people spent time socialising in the home, some spent time in the garden and others choose to stay in their rooms.

People felt free to make choices about how they lived their lives. One person said "They pretty much leave me alone which is great. But I do feel they care about me and I do feel well looked after." Another person said "I come as go as I please. They don't mind what you do as long as you tell them if you are going out." One person commented "They respect me as a person."

People received the information and support they needed to assist them to make a decision about making Moorlands their home. Each person had their needs assessed before they moved in. This was to make sure the home was appropriate to meet the person's needs and expectations. People received a brochure giving details about the home and were able to have a short stay to help them to make up their minds about moving in. One person, who was at the home on a short stay basis, said "I'm still deciding. There's no pressure and there doesn't seem to be any rush to make a decision."

The staff responded to changes in people's needs. One person's abilities and needs had changed since they had moved to the home. This person told us "They have to help me with more things now." This person's care plan showed it had been reviewed each month and the level of support provided had increased in line with their changing needs. One person said "You only have to ask and they will do anything for you. So if you don't feel too good they help you more."

People were able to take part in a range of activities according to their interests. The activity worker had only been in post for a short time but had already spent time with each person who lived at the home. During their time with people they had asked them, and recorded, information about their likes, hobbies and interests. This had enabled them to plan activities around people's individual interests.

People told us they were able to join in with activities that interested them but there was no pressure to take part. One person said "There's always something going on." Another person said "The other day they did flower arranging. Not my thing although it's nice to see the decorations on the tables. You can take it or leave it."

In addition to group activities there was entertainment and trips out. On the afternoon of the inspection visit there was a singer which was well attended and appeared to be enjoyed by people. There was a trip out to the coast planned for later in the week and a garden fete the following month. People told us family and friends were invited to attend events and share social occasions with them. The activity worker said they had recently arranged an afternoon cream tea in the garden which was well attended by families and people from the local area.

The registered manager sought people's feedback and took action to address issues raised. People said they saw the registered manager and deputy on a regular basis and were always able to share any ideas or suggestions. One person said "She's always about and available if you need anything, have an idea or want to make a complaint."

During the day of the inspection visit we attended a residents' meeting. People were asked their views about various aspects of the running of the home. People generally appeared very satisfied with their care and support. One suggestion for a specific meal to be added to the menu was made and this was passed on to the cook to include in the menu. One person at the meeting asked to see the registered manager privately after the meeting as they wished to discuss a confidential matter. This was accommodated immediately after the meeting.

Good

Is the service responsive?

No one had any complaints about the home or their care but everyone said they would be comfortable to make a complaint if they needed to. One person said “I would certainly say something but have never needed to.” Another person commented “If I wasn’t happy I would complain. I feel at ease to do that. Certain it would be sorted with no repercussions.”

The complaints procedure was displayed on the notice board to make sure people and their visitors had information to enable them to make a complaint. There was also a suggestion box for anyone who wished to make a suggestion or raise an issue anonymously.

Good

Is the service well-led?

Our findings

The registered manager had managed Moorlands Residential Home for a number of years and displayed an excellent knowledge of the people who lived there. The registered manager was very visible in the home which enabled people to approach them to ask questions and make suggestions. It also enabled the registered manager to constantly monitor practice and address any issues as they arose. Staff and people who lived at the home said they were always available for advice and support. One person said "She's an excellent manager, knows what she's doing and knows everything that goes on."

In addition to the registered manager a deputy manager had recently been appointed to make sure people always had access to senior staff. The deputy worked alongside care staff to enable them to constantly monitor people's well-being and staff practices.

The registered provider also played an active role in the running of the home and monitoring standards. People knew who the registered provider was and felt able to discuss issues with them. One person said "We don't see him so often but we do see him and I could always talk with him." Staff told us if they had any problems they did not feel had been addressed by the registered manager they would be comfortable to contact the registered provider.

The home provided a warm and homely atmosphere for people and there was an open culture which enabled people to discuss issues and raise concerns. People said they thought the management team expected high standards from staff and staff told us they were well supported to provide these. Comments about the standards of care included; "100%," "Couldn't name anything they could do better" and "I would recommend this place to anyone, you couldn't do better."

The registered manager and provider kept their skills and knowledge up to date by on-going training and reading. To make sure people benefitted from up to date guidance and practice, information was shared with staff through regular meetings. The minutes of a recent staff meeting showed they had discussed the Care Quality Commission's (CQC) inspection methodology and the new care certificate which was introduced in April for new care staff.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and the quality of care. Audits included weekly audits of medication administration records and monthly audits of medication practices. There were regular checks on the safety of the building, including the fire detection system, to minimise risks for people living, working and visiting the home.

Each person's care plan was audited each month. At these audits staff monitored the person's weight and identified any significant events, such as falls, which had occurred that month. Where an issue was identified appropriate action was taken. This had included referrals to doctors and other healthcare specialists.

The registered provider had recently introduced a new quality assurance self-assessment tool in line with the five questions asked by CQC. The registered manager and provider had completed the tool together to inform an action plan which highlighted where improvements were needed. For example the audit had highlighted that satisfaction surveys only asked people if they were satisfied or not satisfied. The action plan aims to change this so the registered manager would be able to gauge the level of satisfaction which will allow them to target improvements in line with people's views.

The home has been awarded five stars by the local environmental health department which showed high standards of food safety.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.