

M.M.R. Care Limited

# Moorhead Rest 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

We carried out an unannounced inspection at Moorhead Rest Home, on 3 September 2018.

Moorhead Rest Home is a care home providing personal care and accommodation for 27 Older people. It is an extended and adapted detached three storey house with accessible gardens. At the time of the inspection, 26 people were using the service.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Effective infection control measures were in place to protect people.

Any accidents/incidents or errors had been used as a learning opportunity.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People are 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 support this practice.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that they received additional healthcare to meet their needs.

Policies had recently been amended to ensure staff gained consent before supporting people.

The building had been adapted to meet the needs of the people who lived there. A passenger lift and a stair lift ensured people had access to all parts of the home.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. There had been no recent complaints.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Moorhead Rest 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 comprehensive inspection took place on 03 September 2018 and was unannounced.

The inspection was carried out by one 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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed the day to day activities.

We spoke with six people who used the service. We also spoke with the registered manager, the deputy manager, five staff members, four relatives and a district nurse.

We reviewed three people's care records, two medication records, four staff files and records relating to the management of the service, such as quality audits and the homes policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe and were happy living at Moorhead Rest Home. One person said, "It's a nice place here, I am glad I am here."

Relatives told us they were happy with the care provided and felt their relative was safe. One relative said, "Yes it's okay for his safety and security." Another relative told us, "I can't thank them enough for the care they give, I am amazed at their patience."

People and relatives told us they felt there were enough staff to keep people safe and they did not have to wait for long periods of time. One person told us, "If we say we need something, it's here, you haven't got a complaint." A relative told us, "In my view there is always adequate staff even in the evenings and at weekends." Another relative said, "There's enough staff there's never been a shortage." A district nurse confirmed that staff are always available and the care that they provide is excellent, we have never had an issue with this home."

Staff demonstrated they understood how to spot signs of abuse and where to report concerns both within the organisation and externally to other organisations. One staff member told us, "I would speak to the manager, then the owner and then I would contact the local authority and CQC. I know the manager would not stand for anyone not being kind to the people that live here."

Where risks to people had been identified, measures had been put in place to ensure these risks were managed and reduced. We found that risk assessments were in place for areas such as; sore skin and falls. For example, one person who had sore skin, had a risk assessment detailing what was required in order to reduce this risk. This included the district nurse team visiting frequently and taking advice from the tissue viability nurse.

We saw that staff were encouraging fluids and supporting the person to move around frequently to relieve pressure to their skin. This person also had charts in place to document staff supporting them to reposition and a body map indicating where the person's skin was sore. Staff we spoke with knew people well and knew how to manage the risks to people. For example, one staff member said, "We give pressure relief, they have their dressings changed by the district nurses and we push their fluids." There was also guidance available to staff within people's care plans to advise staff on how to support someone with a specific health need such as diabetes, sore skin and those requiring a specialised diet.

There was a system in place to monitor accidents and incidents. For example, the registered manager completed a monthly analysis of falls by looking at how many people had a fall within that month, what caused the fall and what time the fall happened. This information was used to identify patterns and action required.

People and their relatives told us medication was given as prescribed. One relative said, "I've seen them giving medication and that seems fine." Only senior staff that had received training on how to give

medication safely had responsibility to administer medicines. The registered manager or the deputy then checked their competency regularly to ensure good practice was followed. The registered manager had systems in place to monitor the stock of medicines and identify any recording errors to check that people were receiving their medicine as prescribed. We saw that monthly audits were carried out. The inspector advised that the time of the 'as required' (PRN) medication such as pain relief, should be recorded to avoid the potential of someone having too many within the recommended timeframe.

The provider had recruitment systems in place to ensure staff were suitable to work with people prior to them starting their employment. All staff members had been required to provide references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

We saw there was a domestic team in place to ensure the home was clean and tidy and we observed planned and responsive cleaning during our inspection. We saw that personal protective equipment (PPE) was used appropriately to prevent infection when supporting people and staff told us they had access to this when required. Relatives and healthcare professionals, we spoke with said, they always found the home to be clean and tidy and did not have any concerns. One relative said, "It's always very clean here and it never smells."

# Is the service effective?

## Our findings

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

People's needs were assessed and support plans were put in place which considered people's wishes, their support needs and their lifestyle and culture. Some staff acted as a key worker and had key responsibility for people and ensured that people's views were included when reviewing their support needs.

Staff told us they received sufficient training and felt supported by the manager and the new provider. Training records showed staff were appropriately skilled and experienced to care for people safely. Some senior staff had achieved a teachers training award which allowed them to deliver training from a package purchased from the accredited training company. In addition to this some staff were developing their training further and had taken national vocational qualifications.

The registered manager was qualified and eager to provide development opportunities to all staff. Staff said, "The training here is fab, there is always something to sign up to."

In addition the service had good links with specialist support services which provided guidance and training to staff in the areas of using hoists, diet and nutrition and speech and language.

Care staff received supervision every 6 weeks and annual appraisals. Each member of staff spoken to said that the registered manager or the deputy was approachable and were available to speak with at any time on an ad hoc basis. This allowed the opportunity for staff to discuss any work-related issues and to receive feedback about their performance. Staff confirmed that team meetings took place which allowed them to raise any issues of interest and to ensure that everyone was aware of any changes to people's care needs.

The registered manager had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Relevant documentation was on file and dates of applications clearly documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in



their best interests when consent could not be given. People were involved in day to day decisions about their care. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent.

Staff could describe examples where they supported people to make their own decisions as far as they were able. Examples included choice of clothing, what to eat and giving consent for receiving care at particular times.

Staff were knowledgeable about people's dietary needs and preferences. People were encouraged and supported to eat a healthy diet. There was a weekly menu displayed on the table that people could make choices from. Staff had taken care to ensure that individual preferences were included in the menu.

Staff were responsible for the meals and took care to ensure that any particular dietary need was met in accordance with the care plan. This included people who required their food to be prepared in a certain way, for example soft diets or blended food. The chef was able to speak with confidence and enthusiasm about his role. He said, "I have no budgetary constraints, I am able to order what I want and what the people like to eat, I have been here 20 years and love my job." We saw that people were served snacks and drinks whenever they wished. We saw that people's health and nutrition were regularly monitored and food charts were in place for people at risk of not eating a balanced diet.

People were supported to manage their health needs and had access to professionals when required. One relative told us, "Since dad has been here, which isn't that long, his health has improved no end, he is more alert and within a few days they sorted his medication out. They always act quickly if a doctor is needed." We saw health professionals visiting throughout the day and people's care records showed they had visits frequently from the doctor and district nurses where required. People's weight was monitored and the registered manager had a system in place to identify any concerns

The premises had been adapted and were suitable to meet people's needs. There was an outside sitting area for people and we were told this had been well used during the summer months.

## Is the service caring?

### Our findings

We received consistent positive feedback about care provided at Moorhead Rest Home from people who lived at the home and their relatives. People we spoke with told us, "The staff are great and I see them helping people, ever so gently." And, "The staff are exceptionally kind and remarkably patient."

Staff understood the needs of people they supported and it was apparent trusting relationships had been created. We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact.

People were given choices and had control over their daily routine. One staff member told us, "We ask if they want a shower, if they are happy for me to help then I will but it's up to them what time they want to get up." We saw people being asked what they wanted to do before being supported. For example, some people said they wanted to stay in bed to eat and they were supported to do so.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people as well as regular group meetings.

The registered manager and staff told us were possible they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained comprehensive information of each person. The information included a simple one page 'daily living requirements' for each person and this gave staff an 'at glance' profile of what each individual preferred from how they like to mobilise to how many pillows they sleep with. This supported staff in developing positive and meaningful relationships with people.

Staff had a good understanding of protecting and respecting people's human rights. Most staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's individuality. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

People were supported to maintain relationships, we saw relatives and friends visit throughout the day and the atmosphere was relaxed and homely.

## Is the service responsive?

### Our findings

We saw that each person had a care plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality.

Each person's care and support plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how they liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff, they were able to describe how people liked to be supported. For example, one member of staff told us about one person's preferences for their personal care.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed daily through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake, sleep pattern and also any health issues occurring on shift so that the staff working the next shift were well prepared.

There was evidence regular reviews of care plans were being carried out. Staff told us reviews were carried out monthly and more frequently if required. Professionals who visited the service and people's relatives told us they felt staff responded well to people's needs and were proactive in managing changing needs.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Red Bag Pack' which was given to the paramedics attending to the person during a health emergency. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication.

People were supported on a regular basis to participate in meaningful activities. There was a programme of activities advertised in the lounge area. During the inspection we observed staff involving people in a game of carpet bowls.

Relatives praised the staff saying, "They cannot do enough for the people, they are always trying new things to keep people engaged, their (staff) mood and attitude never changes, I don't know how they do it."

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and no recent complaints had been logged. However people felt that the staff would listen to them if they raised anything and that issues would be addressed. One relative said, "I visit regularly so I see what's going on. They are really good at sorting out problems

before they escalate into major issues". Another relative said, "They are very receptive. I feel listened to and if I'm visiting I feel able to tell them any worries and they respond quickly, we were very lucky they had a vacancy when we needed it."

The registered manager said she aspired to support people at the end of their life to have a comfortable, dignified and pain free death. Healthcare professionals we spoke with said they felt they had a good working relationship with the staff and registered manager and that they responded timely to any advice. One healthcare professional told us, "If I ever pass anything on, (registered manager) always follows it through," "They listen to us and relay information back to us, communication is good." We saw that people had personalised care plans in place to support them at the end of their life to receive the support they wanted involving them in decisions about their end of life care, treatment and decisions.

## Is the service well-led?

### Our findings

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived at the home and relatives told us the home was well led. People, staff and relatives told us they felt well supported by the registered manager. One relative said, "She is fantastic and always asks us how we are. She's very approachable". One staff member said, "We have a great team and we can always raise issues. The manager is great and well respected. If she is not available the deputy manager is always around too". All staff spoken with told us, "I love my job the staff team are all brilliant." And, "The support from the manager is great; we can talk to her about anything."

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager explained that the registered provider was very supportive and made finances available for improvements. Recent improvements had been the development of a separate external laundry room and bin store. Other projects were planned for next year.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found the registered manager was familiar with people who lived at the home and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a personalised way.

Documentation was shared with other professional's about people's needs on a need to know basis. The registered manager and staff made appropriate referrals to other professionals. We saw documentation that advice was sought and followed from external agencies.

We looked at policies and procedures about the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The registered manager has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.

We saw quality audits, such as those in respect of the environment and equipment had been carried out. Areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum. Residents meetings were held monthly and people's views were sought around issues that affected them such as activities, staffing and meals.

The registered manager had clear visions about the service she wanted to provide, her business model was one of continuous improvement and providing care that was individual to the need of the person. The management team were receptive to feedback and keen to improve the home and worked with us in a positive manner and provided all the information we requested.