

Churchlake Care Ltd

Moorfields Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Moorfield Care Home provides accommodation and personal care for up to 20 people, some of whom live with dementia. Accommodation is provided over two floors with access via a passenger lift. There are 16 single bedrooms and two shared rooms, which were now being used for single occupancy. At the time of the inspection there were 18 people living at the home.

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

We found action required following our last inspection had been addressed. Work to ensure the safety of equipment and the premises had been carried out ensuring people were kept safe.

A new electronic governance system had been introduced. This provided the management team with better oversight of the service and where further improvements could be made. Findings would be used to inform the homes improvement plan.

Electronic care records were now being completed. Staff were continuing to develop their skills on the new system so that information was provided in sufficient detail and personalised. Risks identified in relation to people's health and well-being were assessed and monitored so appropriate action could be taken, and any learning could be shared with the team.

People knew who to speak with if they had any concerns. They told us they felt safe living at Moorfields, staff were respectful and they and were well cared for. 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.

Safe recruitment procedures were followed. From our observations and feedback from staff we found support was 'task' focused providing little flexibility. The registered manager was to review staffing levels following a large increase in occupancy and people's levels of dependency.

People's prescribed medicines were managed and administered safely. Weekly support was provided by the GP ensuring the current and changing needs were met.

Hygiene standards were maintained within home. People told us their rooms were kept clean and tidy. A programme of redecoration was to be completed to enhance areas of the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 September 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorfields Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moorfields Care 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moorfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moorfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We had received feedback from the local authority quality monitoring team who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 12 people who used the service and the relative of one person, to seek their feedback about the service provided. We spoke with 6 members of staff. These included the registered manager, care staff, kitchen, and domestic staff. We also spoke with a Care Consultant who supports the service on behalf of the Administrators. The Provider is currently in administration awaiting new ownership.

We reviewed a range of records. These included the care records for 2 people, 2 staff recruitment files and audits and monitoring systems. We also looked at the management and administration of people's prescribed medicines. Other records such as health and safety were reviewed remotely following the site visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had failed to take appropriate action to ensure the premises and equipment were kept safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Work had been completed to address the health and safety issues identified at our last inspection in relation to mains electric circuits and fire safety.
- Internal and external safety checks were carried out to ensure the safety of the premises and equipment.
- Accidents and incidents, such as falls were monitored. This helped to identify any themes or patterns so that appropriate action could be taken to help reduce reoccurrence, and any learning could be shared with the team.
- Risks identified in relation to people's health and well-being were assessed and support plans put in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People told us they were able to make their own decisions. We were told, "I like to stay in my room sometimes, but I go down to the lounge when I want to" and "I like to dress and shower myself as I am very independent. The staff will help you if you need them to."

Staffing and recruitment

- Safe recruitment processes were in place.
- All relevant checks had been carried out prior to new staff commencing their employment. Disclosure and Barring Service (DBS) checks were undertaken. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- From our observations and feedback from staff, we found support was 'task' focused. We were told there had been a large increase in residents, however staffing levels had remained unchanged. Whilst a dependency tool was used to determine staffing levels the registered manager agreed to review this further.
- People spoke positively about the staff team, however some felt staff were very busy. We were told, "The staff are very helpful and would come during the night if I called for them," "They do their best but could do with more staff," "The staff are brilliant, if you require any help they help you."

Using medicines safely

- People's prescribed medicines were managed and administered safely.
- A new medication room had been created providing better storage of people's medicines.
- People we spoke with told us, "We get the Doctor in if we are not well" and "If I am unwell then they call the doctor and give me medication."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for the reporting and responding to any concerns. Information and training were provided to help guide staff ensuring people were kept safe.
- People we spoke with told us they felt safe and were happy living at Moorfields. We were told, "The staff are very good with us, they do as much as they can, and I do feel very safe here" and "I feel very safe here. If I need them I ring the bell and they come quickly."

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection. One person told us, "I have not been too well this week with a virus so have stayed in my room for a few days. The staff come in to make sure that I am ok."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said, "My room is small but its clean and tidy" and "My room has been newly decorated, it's really nice. The cleaning man who comes in to clean, he's really good and very friendly."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- People received regular visits from friends and family. A number of people said they were able to go out with family members shopping or for a meal or other social event. Appropriate arrangements were made in the event of an outbreak.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. Timely and appropriate action had not been taken to mitigate potential risks relating to health and safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been a change in registered manager since the last inspection. The registered manager has worked for the provider for a number of years and is also responsible for another of the provider homes. All the people we spoke with were aware of the manager. One person said, "I know the new manager and she seems alright."
- The registered manager understood their responsibility under the duty of candour. Relevant agencies, including CQC, were kept informed of any incidents when they occurred.
- People said they felt able to raise any concerns and staff would listen to them. People told us, "I am very well looked after, its lovely here. I have nothing to complain about" and "We get well looked after. Nothing to complain about at all."
- The registered manager completed audits and checks to help monitor areas of the service. Information was being transferred to an electronic system, which would enable the management team to have better oversight of the service.
- Staff understood their role and responsibilities and felt supported by the registered manager. We were told, "Brilliant manager, constantly available, will call in or on the phone" and "Management approachable and visible."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had developed positive relationships with the people they supported. Interactions between staff and people were warm and considerate of people's individual characteristics.

- People's individual needs and abilities were respected. People we spoke with said staff encouraged and supported them to be as independent as possible. One person added, "But they will help you if you need them."
- A recent relatives meeting had been held to discuss the plans for the home. One visitor told us they would like to be kept more informed about their relative. The registered manager said this was being addressed and evidence of discussions would be added to the electronic records.

Continuous learning and improving care

- A new electronic governance system was being implemented. This provided the management team with better oversight of the service and where further improvements could be made. Findings will help to inform the homes improvement plan.
- Staff were continuing to develop their skills with the new electronic care planning system. This will ensure records provide sufficient detail and are personalised. Staff told us they liked the new system. One staff member added, "It helps keep the records up to date as we record everything when a task is completed."

Working in partnership with others

- The registered manager worked collaboratively with the local authority quality monitoring team to ensure safe and effective systems were in place.
- Staff said they were supported by the local GP, who visited the home weekly. This helped to monitor and review people's needs so any changes could quickly be acted upon.