

Moorleigh Residential Care Home Limited

# Moorleigh Residential Care 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

Moorleigh Residential Care Home provides accommodation for up to twenty adults with mental health needs. At the time of the inspection there were 20 people living in the service, two rooms are double and people had agreed to share.

There was 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.

At the last inspection, the service was rated Good overall. At this inspection we found the service remained Good in all areas.

Why the service is rated good.

People told us, "They [the staff] are very nice people", "Everything is hunky-dory, they help me shop and it's just like a home really", "It's very good at Moorleigh" and "[The registered manager] is a superwoman. It's family owned and everybody knows everybody, lovely. You can live your life here and I like going out with people." The registered manager said, "We form close bonds with people, we care about them. Even when one person moved on we made sure we visited with their old friends. Staff are very important too, we all talk all the time." Staff knew people well and told us, "It's a close, small home. We know people's families and they know ours. We know when people are not feeling sociable or how to encourage appropriate dress for example to maintain dignity." Two staff commented, "We love it here, we've been here so long it's like we've moved in. It's a family thing."

People remained safe at the service because they received their medicines safely. People and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others. For example, most people were able to go out into the community without support. They had been involved in identifying possible risks and how to manage them independently or with support when they asked. The majority of people enjoyed smoking and this had been managed well.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs. For example, close liaison with community mental health services.

People said the staff were kind and very caring. One person said, "It's nice here. You can do as you like, come

and go when you want. I can't fault it here. The staff help me visit friends and make sure I'm ok. I can go out on my own on the bus." There was a calm atmosphere in the service, with people relaxing, going out or enjoying a lie in. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. One person told us they went to the resident's meetings held regularly in the home; the registered manager said the service had worked hard to encourage people to participate and share their views.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were assisted to take part in a wide range of activities according to their individual interests. This also included enabling people to access activities they liked to do in the community and giving opportunities for new experiences or one to one time with staff. Complaints were fully investigated and responded to. There had been no formal complaints since the last inspection and people told us they had no concerns but would speak to the registered manager or staff if they did.

The service continued to be well led. People and staff told us the registered manager, provider and staff team were very approachable. The registered manager and provider had robust quality assurance monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

## 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

# Moorleigh Residential Care 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 checked 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 was a comprehensive inspection, it took place on the 19 July 2017 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met and spent time with all but one of the people who lived at the service. The registered manager and provider were available throughout the inspection. Some people were unable to tell us directly about their time at the service therefore, we observed life in the communal areas and how staff and people interacted. We also spoke with three members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files and training records, records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide good safe care. People who lived in Moorleigh Residential Care Home appeared to be very relaxed and comfortable with the staff who supported them, treating the service as their home. People told us they felt safe living at the service. One person said; "I feel safe here, they are all very nice and they look after me" and another said; "It's very nice here. I can't fault it at all."

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people. A recent safeguarding process had been well managed and a letter from a health professional praised the service for its openness in working with them. They said, "It is very pleasing to see in your response to allegations that they were taken seriously which demonstrates your duty of care. This shows you are committed to 'no tolerance' of abuse or neglect within your service and staff have the confidence to whistle blow if they observe poor practice."

People and staff said there were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's needs, and supported people to live as independently as possible and help them make choices. Staff spent time chatting and enjoying people's company. Some people liked to stay in their room and this was respected. Staff knew each person's preferred routine and what they liked which further helped to reduce any triggers that could lead to behaviour which could be challenging for staff. One person had left the service but returned because they missed the staff. We saw lovely, supportive interactions between people and staff who acknowledged everyone as they moved around the home. The registered manager told us how they also supported people's families, giving an example of how they had helped one spouse who had no other family. Staff confirmed that enough staff were made available if they were needed, for example to help people with appointments such as hospital visits. Staff often also attended activities or events at the home on their days off.

Risk assessments had been completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided to promote people's independence when moving around the home. There were minimal incidents or falls. Most people were able to fully mobilise or required minimal assistance or prompting to complete tasks independently. Risk assessments were specific to people's needs including risk of self-neglect, mental health needs and there were also clear action plans for short term physical needs. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken. For example, staff identified one person's commode was not in an optimum place to enable the person to access it independently with ease

so this was addressed.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. People were supported by staff to keep their rooms as they liked them whilst ensuring cleanliness. This was done in a sensitive way when people were feeling able to engage. One person proudly showed us their room and told us how staff had helped them purchase items and decorate. Staff respected people's space and their possessions, whilst prompting people to have input into household tasks to empower them to take responsibility and promote wellbeing in relation to their mental health needs.

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines on an 'as required' basis. There was clear information to show when these medicines should be offered to people and what actions should be tried first, for example in relation to medication to alleviate anxiety or using a pain tool to assess pain. Administration records were completed showing no gaps and clear signatures. Medication was counted after each shift which ensured any errors were identified quickly.

## Is the service effective?

### Our findings

The service continued to provide people with good, effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. All the staff said the training provided was relevant to their role and regularly updated. Comments included, "We know people very well, we've been here so long and the training helps us give the care they need." All new staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and people being supported. Staff were being supported to gain the Care Certificate (a nationally recognised set of skills training) or complete national vocational training. The training matrix showed staff were up to date or booked into a wide range of training such as manual handling, first aid and food hygiene. Additional training included relevant topics such as dementia awareness, coping with aggression, conflict resolution and diabetes.

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, one person was currently receiving care from the district nurse team for change of dressings. The registered manager worked with them to explain the person's mental health needs and how to promote healing in relation to these. GP's visited when needed and provided support and advice to people and staff when required.

People told us, and observations showed, they were able to make choices on the food offered. People could choose what they wanted, meals were plated individually depending on choices and some people enjoyed helping with the lunch. For example, most people had a roast dinner during our inspection but others were enjoying individual alternative meals, sitting where they chose. Additional roast dinners had been added to the menu as people enjoyed them. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. Staff followed advice given by health and social care professionals to make sure people received effective care and support. We took lunch with 19 people and people told us how nice the food was, all homemade saying, "You get really lovely food here."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People continued to have their capacity to consent to their care and treatment assessed, in line with the MCA and DoLS as required. Best interest decisions were clearly recorded and recognised. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to



make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained and with regular updates carried out. There was on-going refurbishment and plans for an extension.

## Is the service caring?

### Our findings

Moorleigh Residential Care Home continued to provide a good, caring service for people. People were supported by staff who knew them and their needs very well. People said they were well cared for. We observed the staff taking time to assist people with their personal care or spend time reassuring people or distracting them in relation to their individual mental health needs. Staff were attentive and prompt to respond to people. People seemed to enjoy the one to one company of the staff and told us how lovely the staff were. There was lots of banter, laughing and engagement. One letter from a relative stated, "It is great to see my mum happy and well looked after when I visit each week."

People told us staff were always kind, caring and respectful. Some people who could talk to us directly said they felt well cared for, comments included; "They [the staff] are very nice people", "Everything is hunky-dory, they help me shop and it's just like a home really", "It's very good at Moorleigh" and "[The registered manager] is a superwoman. It's family owned and everybody knows everybody, lovely." The registered manager said, "We form close bonds with people, we care about them. Even when one person moved on we made sure we visited with their old friends. Staff are very important too, we all talk all the time." Staff knew people well and told us, "It's a close, small home. We know people's families and they know ours. We know when people are not feeling sociable or how to encourage appropriate dress for example to maintain dignity."

People told us their privacy and dignity was respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. They encouraged people sensitively to manage their rooms and care for their possessions, for example.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone and we observed them interacting well with people. People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members were involved with reviewing / planning their relative's care.

Staff showed concern for people's wellbeing. They asked people how their trips out had gone and chatted about people's day. The care people received was clearly documented and detailed. For example, people had information in place on how to care for people's skin to prevent their skin becoming sore. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care. Some senior staff had completed further specialised training in this area of care.

## Is the service responsive?

### Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. One person said; "You can live your life here and I like going out with people." Staff were available if people wanted to go out with support, for example to the local shops or café.

People had a pre-admission assessment completed before they were admitted to the service. This helped people, their relatives and the provider make an informed decision about the appropriateness of the placement and to ensure staff could meet their needs.

People's care records were held electronically and covered a range of information relating to people's health and social care needs. For example, they contained detailed information to assist staff to provide care in a manner that respected people wishes, in particular in relation to mental health needs. Care records were regularly updated and staff were able to respond appropriately. Staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. Care plans were personalised and included information about how people chose and preferred to be supported.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. We observed staff responded to people and supported them according to their needs, throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met. One person said; "I like living here, they look after me very well and I like going out."

People took part in a variety of activities and the majority of people were able to communicate effectively and go out into the community on their own. Outside entertainers were also brought into the service. People were encouraged to try new opportunities and access the community. For example, people's records showed they had been shopping, carried out tasks such as going to the bank with support, to clubs they were interested in and spent time playing games with staff.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made in the past these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. There had been no complaints since the last inspection.

## Is the service well-led?

### Our findings

The service continued to be well led. There was 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.

A comment in the recent service user survey completed by a relative said, "The home is well run and the staff are most obliging and friendly. The management is very efficient." Staff we spoke with were very positive and enthusiastic about their roles. There was a very stable staff team and they spoke highly of the registered manager and provider. People and staff clearly knew the management team well, and were happy to chat with them as they worked and walked around the home, often seeking them out to spend time with them.

The quality of the service continued to be monitored. The registered manager and provider were visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

Staff were very clear about wanting to provide a good quality service that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities, and said they were listened to and felt valued members of the team.

There was an open door policy and regular contact with people and their families. People confirmed the management team were always approachable and supportive.

When the registered manager was not available there was an on call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the management team.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.