

Moriah House Limited

Moriah House Limited

Inspection report

Deep Furrow Avenue
Carlton
Nottingham
Nottinghamshire
NG4 1RS

Tel: 01159110078
Website: www.my-care.co.uk

Date of inspection visit:
07 January 2019

Date of publication:
19 February 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

People told us of a variety of reasons they felt safe at the home. They said they felt safe because of the quality of the care and support they experienced and because the staff were well trained. They told us their valuables and possessions were safe. People felt there were enough staff and that staff were attentive to their needs. Staff knew how to protect people from harm. People had their medicines on time. The home was clean, tidy and fresh.

People had a choice of healthy meals and their dietary requirements were met. The staff were knowledgeable about people's food preferences. People had meals that met their cultural needs and were able to have their favourite meals. Staff made sure people saw their GPs and other healthcare professionals when they needed to.

People said they liked the way the home was decorated. We saw that the home was well-maintained.

People are supported to have the maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The staff treated people with kindness and respect. People told us that staff spent time to have conversations with them which they enjoyed. Staff checked that people were warm and comfortable. Relatives could visit the home at any time and were made welcome by staff. Staff encouraged people to mix with others; people formed friendships with other people. We saw lots of interactions between people.

People took part in activities. They joined in with games that promoted movement and exercise. We saw people reading, watching television and talking with other people and staff. People who wanted were supported to follow their faith needs.

The provider and registered manager ensured information was provided to people in a way they found accessible. People's care plans included 'communication passports' which explained how they wanted staff to communicate with them.

People told us that if they had any complaints about the service they would tell the registered manager or staff.

People told us they were happy living at the home and felt well-cared for.

The registered manager carried out audits to assess the quality of people's experience of the service. They carried out checks to ensure the premises were safe. The registered manager was supported by a senior manager who also carried out audits to verify what the registered manager reported to them. We found that the service had not informed CQC of four of incidents between people which fell into a category of abuse.

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 ongoing monitoring that demonstrated serious risks or concerns.

About the service:

Moriah House is a registered care service providing care for up to 50 older people. It is situated in a residential area of Carlton, a suburb of Nottingham. On the day of our inspection visit there were 33 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at last inspection: Good (report published on 19 May 2016)

More 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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Moriah House Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of an inspector, an assistant 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Moriah House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with eleven people using the service and one relative. We also spoke with the registered manager, a senior manager, four care staff and the cook. We made observations of how

staff supported people.

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe at the home. They said the way staff supported them, and having their own belongings in their bedrooms, made them feel safe. One person told us, "I have no worries. I've never felt threatened or felt nervous, I'm quite happy."
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Staff knew how to monitor people's safety and reduce the risk of accidents. A staff member told us, "Each person has a care plan with risk assessments, these assessments highlight people who are at risk and what we can do to keep people safe."
- Risk assessments were detailed and included information for staff about how to safely support people. For example, the risk assessments detailed how to support people with personal care needs so that they could do as much for themselves as possible without falling or injuring themselves.
- People told us they felt safe when staff supported them with transfers, including when staff used equipment such as a hoist. A staff member told us, "Some people here need equipment to transfer, I always check the equipment before I use it, I check the sling straps for wear and I always check the dates of equipment maintenance."
- The equipment used were risk assessed and checks carried out to ensure they were safe.
- We saw staff supporting people safely with walking and when they used equipment. Other people were encouraged to walk unaided, though staff carefully observed them and intervened if necessary. A person told us, "They (staff) look after me from a distance but would be there if I wanted them to be."
- We saw that when staff supported people to their rooms they made sure people could reach their call alarm. Staff told people not to hesitate to use the alarm if they needed help.
- The home had a maintenance person who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing levels

- The registered manager used people's dependency assessments to calculate how many staff were required. If people's needs increased, staffing levels were increased.
- Staff told us there were enough staff. One said, "I can't remember the last time we were short staffed." We saw and heard that staff responded quickly when people used call alarms to request support. This showed us that there were enough staff to meet people's needs.
- We compared the staff rota with information about staff training and found that sufficient numbers of

trained staff were consistently on duty.

- The provider had safe recruitment procedures that ensured that only staff suited to work at the service were employed.

Using medicines safely

- People were supported to have their medicines at the right times. A person told us, "Staff do my tablets and there haven't been any mistakes."
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' medicines so staff knew when to administer these, for example for pain relief.
- Medicines were stored securely and regularly audited by the registered manager or a senior care worker to ensure they were being managed safely.

Preventing and controlling infection

- The home was clean, tidy and fresh. A person told us, "It is definitely clean here and the laundry is good."
- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry. People told us that staff always wore gloves and aprons they supported them with personal care or handled food.
- Staff had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.
- The registered manager oversaw infection control and carried regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, when incidents occurred between people action was taken to reduce the risks of such incidents happening again. Health professionals were involved in identifying the causes of behaviours that challenged and staff followed their advice.
- The local authority safeguarding team were informed of incidents between people, though we saw records of four incidents that had not been notified to CQC. We discussed this with the registered manager and they made the notifications. They acted to ensure that all necessary notifications are made to CQC.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or a senior care worker assessed people prior to admission to ensure their needs could be safely and effectively met at Moriah House.
- People told us that they were well looked after. A relative told us, "I like it here because they are well looked after. They had an assessment before they came and they are much better since being here."
- Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- People told us the staff were skilled and well-trained. A person said, "They [staff] know me very well." We saw that staff signed people's care plans to say they had read them. Staff kept their knowledge of people's needs up to date. A staff member told us, "If I have been on my days off I read the care plans to see if anything has changed."
- Staff training was a mix of 'classroom training' and 'eLearning'. The registered manager maintained records to ensure that staff completed their training. Training included the nationally-recognised Care Certificate, designed to ensure staff had the skills and knowledge they needed to deliver effective care. Staff told us they found their training to be helpful because it gave them the confidence to support people.
- Staff were supported by the provider's appraisal system which included three monthly meetings with the registered manager or a senior care worker. A staff member told us, "We receive feedback in appraisals which are annually and in supervision we have that about every 3 months, I have had good feedback."

Supporting people to eat and drink enough with choice in a balanced diet

- People unanimously told us they liked the meals they had. A person said, "The food is excellent and one of the reasons I came to live here."
- Staff used a nutritional screening tool to assess people's dietary needs. This considered people's weight, ability to eat, skin type, medicines, appetite and psychological state. A staff member told us, "People's care plans tell you about people's diets, all the ones with a special diet have food and fluid chart."
- People's dietary requirements were recorded and met. The registered manager ensured that the cook and staff knew about people's dietary needs and preferences. We saw staff support people with special diets. They were knowledgeable and their approach when supporting people was respectful. Staff sat next to people and talked to them about their meal which prompted people to eat.
- We saw that people enjoyed their meals. People who need support with eating received support. For example, staff knew which people had difficulty using cutlery and they asked them quietly and respectfully if

they wanted help to cut their food. People were supported to eat at a pace that was comfortable for them.

- Staff knew which people preferred smaller meals. When meals were brought to people we saw that they were given meals of different portion sizes. People were offered a second helping. A person told us, "I never get hungry."
- People could request alternative meals if they changed their minds about what they had previously asked for. There was enough variety of food in store to cater for people. People's cultural nutritional needs were met and they were able to enjoy their favourite meals.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives and access healthcare services and support

- People told us they could see a GP or other healthcare professional when they needed to. A person said, "They [staff] do get the doctor there and then if I need. I don't have to wait."

- People's care records showed they people had access to a range of healthcare professionals including GPs, district nurses, dentists, opticians, and dementia specialists.
- If people needed emergency healthcare staff acted to ensure they were seen promptly. They contacted out of hours GPs as necessary and arranged for an ambulance if a person needed one.

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

- People told us they liked the premises. A person said, "It's very pleasant." Rooms we were invited to view were personalised to people's taste.
- The premises were tastefully and imaginatively decorated. Corridors were decorated to look like streets with brick effect wall paper and street lamps. Doors to people's rooms were painted in different colours and furnished with brass knockers and letter boxes. Bathroom doors were painted yellow. Signage was clear designed to make it easy for people for people to find their way around the home. This showed the provider had taken note of research about décor that was suitable and stimulating for people living with dementia.
- Accessibility was good throughout the home and people could choose to sit in quiet or more social areas.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.
- Staff were trained the MCA and understood the importance of seeking consent before supporting people. People told us staff always asked for their consent before providing them with care and support and we saw this in practice during our inspection.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us the staff treated them with kindness and respect. Staff ensured people were comfortable. A person said, "I'm very well looked after. The staff give me cushions and blankets to keep me warm."
- Staff offered people reassurance and did things to show that people mattered to them. We saw a person appear a little distressed. A staff member held their hand and said words of comfort that had a calming effect.
- A person said, "They [staff] are nice people. They talk and listen to me. They have time for me. I'd give them 10 out of 10".
- Relatives could visit the home at any time without undue restriction and were made welcome by staff. They were asked to try and avoid visiting at meal times because those times were 'protected' so that people could have an uninterrupted dining experience.

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

- People told us they were involved in decisions about their care and support as were their relatives.
- People weren't always sure whether they had care plans or not. A person told us, "I have heard them [staff] talking about my care plan so have an idea about it." People said staff asked them how they wanted their care and support provided. Care plan showed that people and/or their relatives were consulted when care plans were written.
- Care plans included information about what people liked and disliked and what was important to them. A staff member told us, "Knowing their likes and dislikes means you can do something that means a lot to them, just making sure someone has their hearing aid can mean a real difference to someone's day."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected and promoted their privacy and dignity.
- We saw that staff knocked on bedroom doors before entering and supported people with their personal care in a discreet and caring manner. A staff member told us, "I always make sure the curtains are closed when people are getting dressed."
- People were encouraged and supported to be independent. For example, people were supported to try to walk short distances and were offered a choice of doing that instead of a wheelchair. We saw people choose to walk.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were personalised and included the information staff needed to provide responsive care and support.
- People's preferred daily routines were set out in their care plans so staff knew how they liked their care and support delivered and when.
- Care plans included people's life history, family and friends, and hobbies and interests. Staff told us this helped them to get to know and understand people.
- Care plans were regularly reviewed and updated. People were consulted about their care.
- People participated in a variety of activities. Some activities such as board and floor games supported people to socialise with each other. A person told us, "The people are nice, we get on well." A relative said, "The activities mean [person] interacts with the other people who live here. They like the activities like bingo and the quizzes." Those types of activities meant that people were not socially isolated.
- Other activities provided people with physical exercise which helped them maintain their strength. Other activities provided mental stimulation, for example puzzles and matching pairs of objects. People who wanted were given tasks to give them a sense of purpose. A staff member told us, "We have people who like folding the laundry something as simple as that but it's like what they used to do at home."
- People were supported to follow their interests and hobbies. For example, a staff member told us, "Some people like gardening and plants. We put bulbs in the garden and then they can do the watering."
- People with faith needs were supported to attend church services.
- The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, the provider's complaints procedure was available in an easy to read format. People's care plans included a section about how staff should communicate with people who experienced communication difficulties. A staff member told us, "Some people have a picture book to aid communication. some people use signs. We know what people are saying when they use certain facial expressions."

Improving care quality in response to complaints or concerns

- People told us that if they had any complaints about the service they would tell the registered manager or a staff member. A person said, "I have no complaints and haven't needed to complain, but I know how to."
- The home's complaints procedure told people how to complain if they needed to. People were reminded of their right to complain at resident's meetings.
- There was a system for logging complaints and analysing them to see if any action was needed to improve the service.

End of life care and support

- People had been asked for their wishes and preferences about how they wanted to be cared for at the end

of their lives and had advance care plans in place for this.

- At the time of our visit no person required end of life care. People's care plans included information about their chose funeral arrangements.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: ☐ Service management and leadership was inconsistent. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood most of their responsibilities. For example, they ensured that the rating from the last CQC inspection was displayed in the foyer where visitors could see it.
- However, the service had not immediately notified CQC of four incidents where a person was physically hurt by another. These occurred in September (one), October (one) and December (two). We discussed this with the registered manager. They had notified the local authority adult safeguarding team and the families of the people concerned, but a misinterpretation of procedures meant they did not notify CQC. The notifications were made after our inspection visit. The registered manager ensured that they and senior care staff now understood what notifications must be made to CQC.
- The home had a comprehensive audit system in place. This was based on CQC guidance for providers about the essential standards of care. The registered manager carried out a range of audits to check that people's needs were being met and that the premises were safe. They reported their findings to a senior manager who carried out their own checks to verify the registered manager's reports.
- The registered manager checked that staff treated people with dignity and respect by carrying out observations of staff. Staff told us they received feedback about their performance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they were happy living at the home and felt well-cared for. A person told us, "Everything is excellent."
- Staff told us they enjoyed working at the home. They were confident about raising any concerns with the registered manager.
- Relatives told us they were kept informed of incidents involving their family members.

Engaging and involving people using the service, the public and staff

- People told us staff regularly asked them for feedback about their experience of the service. Residents meetings were used to seek people's feedback which had been acted upon. For example, people asked for 'cream crackers and cheese' to be added the snacks they had and it was.
- The provider sought people's and relative's views through an annual questionnaire survey. The most recent survey in February 2018 showed that people and relatives were either 'very happy or happy' with their experience of the service.
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.

Continuous learning and improving care

- The registered manager was committed to continually improving the service. For example, they recognised that staff would benefit from training about sepsis. They arranged for district nurses to provide the training. This was successful and the registered manager now liaises with district nurses about providing further training on other topics which they have agreed to do.

Working in partnership with others

- The registered manager worked with external organisations to develop the service they provided. They participated in a regional NHS 'Red Bag' scheme under which the service used NHS systems to ensure that ambulance and hospital staff received all the information they need in the event of a person being admitted to hospital.