

Moordale Court Company Limited

Moordale Court

Inspection report

4 Moordale Court,
Lingdale,
Saltburn By The Sea,
North Yorkshire,
TS12 3DX
Tel: 01287 652948
Website: N/A

Date of inspection visit: 15, 16 and 19 October 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Moordale Court on 15, 16 and 19 October 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Moordale Court is a three bedded care home providing personal care to people with a learning disability. It is a purpose built house situated close to local shops and amenities.

The home had a registered manager in place and they have run the home for over 20 years. 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 time of the inspection three people lived at the home and we met all of the people who used the service. Two of the people who used the service were unable to communicate verbally and the other person did not like

Summary of findings

meeting strangers but they did tell us that they liked the staff and the home met all of their needs. We observed staff practices and saw that the people were treated with compassion and respect. We saw that people were very comfortable with each other and staff presence and there was lots of laughter.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

We saw that staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight..

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities. Staff had also received training around the application of the

Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The staff we spoke with fully understood the requirements of this Act and were ensuring that where appropriate this legislation was used.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs and we observed that there were sufficient staff on duty to meet people's needs. We saw that two staff were on duty when people were at home and one person was on duty overnight. We found that the registered manager was on duty during the weekdays.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. We saw that there was an accessible complaints policy and relatives were regularly contacted and knew how to complain. We found that relatives felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The registered manager used a range of ways to support people to share their views. We saw that accessible information was available to show people how to raise complaints. We found that relatives were regularly contacted to check if they were happy with the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered services, which were of a high standard. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



Moordale Court

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.

An adult social care inspector completed this unannounced inspection of Moordale Court on 15, 16 and 19 October 2015.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we met all three people. People had limited verbal communication so we observed staff practices and reviewed the information from relatives surveys and questionnaires. We also spoke with the registered manager and two support workers.

We spent time with people in the communal areas and looked around the home. We looked at one person's care records, three staff member's recruitment records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

One person told us that they were happy and liked the staff. We found that staff were dedicated to ensuring that the home provided a safe environment. We found that relatives were routinely consulted by the staff and they felt the home was safe and supportive environment.

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year and in each previous year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions need to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw records to confirm that the fire alarm was regularly tested to make sure it was in working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as staying at home on their own. This ensured staff had all the guidance they needed to help people to remain safe

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home. We found that the home had a very stable staff team.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that the registered manager and two staff were on duty during the day and one staff member was on duty overnight.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely in their room. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that staff were readily able to discuss people's medicines and found that people got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

From the review of information provided by relatives we found they had a great deal of confidence in the staff's abilities to provide good care and believed that the staff helped them to lead active and fulfilling lives. The person told us they thought the staff were a good and understood their needs.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had learning disabilities and using various communication methods such as picture boards.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. We found that the registered manager ensured staff remained up to date. We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

We found that the staff team was very stable and all of the team had worked at Moordale Court for over three years and some had worked at the home since it had opened some 20 years. This meant that they had developed a very good understanding of people's needs and how to interpret what individuals indicated.

We found that no new staff had started since the introduction of the Care Certificate induction. However the registered manager had incorporated this into their induction process to ensure they met the latest requirements for when they had a new starter. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Staff told us how they had all completed vocational awards, which covered all of the elements of the Care Certificate.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We found that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place.

Staff discussed how they could obtain people who used consent and we saw that prior to any intervention staff explained this to the individual then waited to obtain an agreement either in the form of the person going with them or nodding their assent.

We found that the staff had a good understanding of the Mental Capacity Act 2005 and what actions they would need to take to ensure the home adhered to the code of practice. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected.

The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people, for instance via people going with the staff or pointing to what they wanted.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection all of the people were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not

Is the service effective?

inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obese. We found that the people were all within healthy ranges for their weight; no one was malnourished or overweight.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and all of the people went for annual health checks. When concerns arose staff made contact with relevant healthcare professionals. For instance staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

Is the service caring?

Our findings

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening and took time to help people feel valued and important. We saw that staff were able to understand the needs of the people and knew when they needed assistance or were getting frustrated. Staff were able to tell us how people expressed their views via facial expressions and made their needs known. We observed that staff picked up on very small changes in people's behaviours. Staff had developed a range of ways in which they sought people's views. Staff could clearly detail how this person expressed their agreement to plans and what would indicate that they were enjoying an activity.

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received support they needed. For instance they encouraged one to person to indicate the activity they wanted to do and told us that the individual used the remote control as a means of sharing that they were getting bored.

Staff were attentive, showed compassion and interacted well with people. Staff always respected their privacy. We saw that staff treated people with dignity, compassion and respect. For instance the person who found meeting strangers difficult was told we were at the home and given the option to join us or not. They chose not to but as we were leaving shared their views with us.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. They also could clearly detail the requirements of the equality and diversity legislation and outlined how they put this into practice. We found that staff constantly acted in person-centred ways and understood that they were the key advocates for people's rights to fair and equitable treatment.

The registered manager discussed with us the work they had completed to develop staff skills and support staff to consistently work in person-centred ways. For instance they had looked at each person's preferences and tailored the event scheduled on the day to meet these needs. This meant all of the people went out each day either to day centres, or trips, or with personal assistants purchased via direct payments. We found this work had been very effective and staff automatically adopted person-centred practices. We found that the people were very relaxed and were engaged in meaningful activity.

We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

Staff told us that they were involved in a wide range of activities and outings, which we confirmed from our review of relatives surveys and care records. We observed people enjoying colouring and helping staff to prepare food.

We heard how people were being assisted to lead fulfilling lives. Staff told us about all of the activities people enjoyed and we heard that people went out and about every day as well as on holiday each year. We heard how the registered manager had obtained direct payments for the people so they could employ personal assistants to take them into town and on trips. Also people routinely went to day centres, cinemas, bowling and the theatre.

We found that the staff used a variety of techniques such as pictures, photographs and picture boards to seek people's views. Staff also noted times when people did not look happy and they told us that they shared this with the registered manager so they could use this information when looking at how to make improvements in the home.

We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff that were extremely knowledgeable about the support that people received.

We found the care records were comprehensive and well-written. The care records included pictorial images to assist the people who used the service understand the content. Staff told us that they supported the people to look at the care records and used picture boards to try and find out if anything could be added to them.

The registered provider had developed an accessible complaints procedure, which we saw was on display. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people. We found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that there no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

We found that relatives were routinely consulted and found they spoke very highly of the service, the staff and the registered manager. Relatives thought the home was well run and completely met people's needs. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently.

Staff told us, "I love working here, as it is all about giving people the best care possible". And "We as a team take pride in making sure people lead fulfilling lives."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the registered manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team discussed what went well and what did not and used this to make positive changes. For instance staff told us that recently they had been looking at how they adhered to the requirements of the MCA and this had led them to reviewing all of the records to ensure these clearly detailed people's strengths and the 'best interest' decisions being made. Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at Moordale Court.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We found that this critical thinking meant the home was extremely person-centred and staff told us that they were always asked to consider how they could make the service very person-specific.