

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



Overall summary

This inspection was unannounced and took place on the 14 April 2015.

Moorleigh Residential Care Home is a long established family run care home in Torquay, providing accommodation and care for up to twenty people with mental health needs. Some of the people living at the home are older people, and the home provides both long term and short term care.

The home had 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.

People were not always protected against the risks associated with their care. We identified a minor concern

Summary of findings

in relation to the recording of the risk assessment of the outcomes of disclosure and barring checks undertaken on staff members. **We have made a recommendation about the staff recruitment process.**

People were protected against the risks associated with medicines, which were regularly audited and given to people in ways that met their needs and preferences. People were safeguarded from abuse, and there were enough staff on duty to meet people's needs.

Staff had the skills and knowledge to support people consistently and safely. They were kind and compassionate, respectful to individuals and caring in the ways they supported people. There were good relationships in evidence between people who lived at the home and amongst the staff team and a sense of trust and openness.

Staff understood people's rights under the Mental Capacity Act 2005 and appropriate referrals had been made under the Deprivation of Liberty Safeguards to ensure people's rights were assessed and protected. Staff could demonstrate their understanding of capacity and consent, and were clear about how they supported people who presented challenges or self-harming or destructive behaviours.

People received individualised care, based on their needs and taking into account their goals, wishes and aspirations. Care plans were reviewed regularly. People had access to healthcare to meet their needs.

People had opportunities to take part in community or home based activities that met their needs and wishes. The registered manager and other staff were working with individuals to encourage a healthy lifestyle, and develop new skills.

Staff understood the ethos of the home and were well organised and experienced. The home's management team had clear roles and operated effective quality assurance and management systems. Records were clear and well maintained. Audits of practice were carried out regularly, and learning from incidents was used to improve the service.

During the inspection it was identified that the service had a regulated activity on their registration that they were not providing. This did not affect the service however the registered manager and provider agreed to make an application to have this removed.

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.

A risk in relation to recruiting suitable staff had not been recorded, although it had been assessed. Other areas of recruitment were safe.

Risks to people's health and well being were assessed and actions taken where needed.

People were safeguarded from abuse and medicines were managed well.

Good



Is the service effective?

The service was effective.

People's health and welfare needs were being met.

Staff had the skills and knowledge to support people effectively.

Staff understood people's rights under the Mental Capacity Act 2005 and in relation to depriving people of their liberty.

People were supported to eat a nutritious diet, and had access to healthcare services.

Good



Is the service caring?

The service was caring.

People were treated with kindness and staff had built strong relationships with them.

People's privacy was respected and people were encouraged and motivated to undertake tasks that supported their independence.

Good



Is the service responsive?

The service was responsive.

People received individualised, consistent care in line with their needs and wishes.

People were encouraged to take part in activities that interested them.

People were aware of how to raise concerns or complaints about the service and told us they felt able to do so.

Good



Is the service well-led?

The service was well led.

Quality assurance systems were in place and learning took place from incidents to improve safety and quality.

Regular audits identified areas for improvement and people were asked to comment upon the service to identify areas for development.

Records were well maintained and kept up to date.

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 was planned to check whether the provider was 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 inspection took place on 14 April 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we spoke people from the provider's management team, the

registered manager, five people who lived at the home, a visiting Community psychiatric nurse, four members of staff and a visiting relative. Following the inspection we spoke with local commissioning quality team and two community psychiatric workers who supported people who lived at the home. Some of the people who lived at the home were not able to communicate with us about their experiences and some other people did not wish to do so.

We looked at the care records for five people who lived at the home, and other records in relation to the operation of the home such as risk assessments, to check details of the care people received. We looked at three staff files, training and supervision records, policies and procedures and medicine records. We also looked at the audits and quality assurance systems in use. We looked around the accommodation and observed how people were supported and engaged by staff.

Is the service safe?

Our findings

The home was safe. However, we identified a minor concern that the staff recruitment systems in place were not fully robust, as they did not include a record of the assessment of any risks from staff who may have committed a criminal offence.

The provider told us that they had and would discuss any convictions with the person concerned and make a judgement about their suitability based on the vulnerability of the people at the home, and the nature and timing of the offences. **We recommend the provider seeks and implements advice and guidance from a reputable source about the assessment and recording of risks in relation to the employment of staff who may have a criminal conviction.**

We looked at three staff files, and saw that otherwise the home had followed a full recruitment process. Some staff we spoke with had worked at the home for over 25 years which provided consistency and continuity to people who lived there

Risks to people's health and welfare had been identified, and risks relating to the premises or to people who were living at the home had been assessed. Emergency procedures were understood and there were regular fire practices carried out. People had personal risk assessments in their care files, and any accidents or incidents were clearly identified and regularly audited to see if any action could be taken to prevent a re-occurrence..

Risks of abuse to people were minimised because staff had received and understood training in recognising and reporting abuse. Staff we spoke with were clear about what to do to keep people safe and about how to raise any concerns. The home had clear policies and procedures in relation to safeguarding people and protecting their rights. One person who lived at the home told us the manager "is really great, really good, and will sort anything out for me. I feel really safe here".

People were protected against the risks associated with medicines. Staff understood how the systems for the safe administration, storage and recording of medicines worked and had received appropriate training. They could show us where they would get information about medicines in use and the medicine systems were audited on a daily and weekly basis. This ensured that any errors or missing recording was identified immediately. The supplying pharmacist had also audited the systems to ensure it's safety. People we spoke with told us they received their medicines on time. One said "Staff know what they need to do to manage my (health condition). They are all on the ball, and make sure my (name of medicine) happens at the same time each day. They keep good records which I have in my room." Some people managed some of their own medicines following a risk assessment. Where the use of medicines required regular health monitoring there were effective systems in place to ensure, for example that regular blood tests were carried out.

Clear prescribing instructions and protocols were in place to ensure that staff understood how medicines on an "as required" basis were to be used. Other medicines had been prescribed flexibly to ensure that their use fitted in with the person's lifestyle choices. For example, one person had been prescribed a medicine as "Take one daily at any time of day to suit (Person's name) sleep pattern". This told us that the registered manager was working with the prescribing GP to help ensure that medicines were taken safely but also in a way that met the person's needs and wishes.

People were supported by sufficient numbers of staff on duty. Staff we spoke with told us that they had enough time to support people in the way they wanted and people who lived at the home told us they received the support they needed. We saw staff were attentive to people who were undemanding of staff time and saw that they had time to support people who were unwell or distressed during the inspection. Staff told us that additional support would always be called in for example to support people going to reviews or wanting to go out with staff members.

Is the service effective?

Our findings

The home was effective.

Staff received the training and support they needed to carry out their role at the home.

Recent training carried out had included person centred values and consent, emergency medicines for chronic obstructive pulmonary disease, safeguarding adults, dementia awareness and moving and handling practices. Training was additionally organised to meet specific needs or risks when they were identified. For example one person had been seen to be coughing at mealtimes, so the person had been referred to the speech and language services for assessment of their swallowing difficulties and staff training was delivered on swallowing and choking risks. This told us that the staff were updated with skills as their roles or the needs of people they were caring for changed.

Staff received supervision, including observations of them working with or supporting people. This was recorded and staff meetings were also held to discuss plans or changes at the home and review practice. Supervision helped ensure that staff were working to their full potential and consistently to support people as well as identifying their own learning goals. Staff told us they would feel confident in raising any issues with the home's management.

Staff told us that they valued the formal training they received but also felt that supported informal learning and sharing from within the team was hugely important in supporting people consistently. One said "A lot is the experience and the relationships. A new resident is a new challenge – you learn from people, everyone has different problems and needs to be treated differently. We learn from each other."

People were protected as the provider was meeting the requirements of the Mental Capacity Act (MCA) 2005. Staff had received training in the MCA and could demonstrate a good understanding of the issues around capacity and consent. For example a staff member told us how they understood that a person with impaired communication and understanding was consenting to their care. They said "we work with laughter and a joke with her. She is a jolly person and you can get through to her with humour. It is about knowing the person – if you put the information to her in the right way she will understand. You have to tell her what you are doing all the time". Appropriate applications

had been made with regard to the deprivation of liberty safeguards (DoLS), which is where an application can be made to lawfully deprive a person of their liberty in their best interest or for their safety.

People's dietary needs were met. People were weighed regularly and if any concerns were identified in relation to their body mass index or nutritional status then risk assessments and appropriate referrals for health assessments were carried out. Information on healthy lifestyle choices was available for people and the registered manager had worked with people on making healthy choices. As a result, some people were trying to lose weight. One person needed additional support due to concerns over their fluid intake. Their intake was being recorded throughout a 24 hour period and staff had clear instructions about when to call for medical support and review. This person's relative told us "They look after her well. Staff are respectful and patient with her".

One person told us they went out with staff regularly and chose some of their own food items which they bought back and staff cooked for them. They told us this was not because they didn't like the food the home gave them but that sometimes they just wanted something different. Menu plans were discussed at resident's meetings, and included fresh vegetables and fruit. People told us they enjoyed their meals.

People had access to healthcare and reviews. On the day of the inspection one person was being supported to attend a psychiatric review and another person was seen in the home by their Community Psychiatric nurse. Another person had been physically unwell just prior to the inspection and appropriate medical attention had been sought in a timely way to prevent deterioration in their health. One person told us that they received hospital support and monitoring for a health condition and another person told us they could ask to see their GP whenever they wanted, but would trust staff judgement. One person was receiving pressure area care monitoring on a regular basis from a district nurse, and appropriate equipment was available to support this. People had access to regular eyesight and hearing tests and chiropody services. Long term medical conditions were supported, with people with diabetes receiving screening for nerve damage and eyesight testing. People's files recorded their access to well person services to help prevent ill health.

Is the service caring?

Our findings

The home was caring.

People told us they felt cared for and supported by staff and the home's management. We saw staff engaging well with people and encouraging them to take part in activities. People who lived at the home told us "Yes I am well supported here. The staff are really good and respectful. They help me do things for myself when sometimes I would just like to be waited on. I know that isn't good for me".

Staff demonstrated a caring attitude towards the people they were supporting. One staff member described the care and support they had given to a person that morning. They said "we offer her support in a way she would understand, it's about having a trust and a personal relationship – that little bit extra. The staff really care; it's like a home from home". All of the staff we spoke with told us they would be happy for a relative of theirs to be cared for in Moorleigh, and that they were happy with the standards of care delivered.

People were involved in making decisions about their care. We saw people being offered choices and opportunities to make decisions throughout the inspection. One person said "I am involved in my care planning and reviews. I really don't want to know all the details, but I do want to know if anything has changed". A visitor who was involved in the reviews for their relation told us "I am happy she is as well cared for here as she could be anywhere". People's care plans contained evidence of people's contributions or views on their care. Some people had not wanted to be involved and that had been recorded, along with opportunities they were given to make changes if they wished.

The home held residents' meetings where people could discuss the home and any changes they felt they would like. The minutes of the last meeting showed people had participated but a previous meeting had been cancelled as people had not attended. The registered manager told us that people could raise any issues with her or other members of the management team at any time.

People were spoken to respectfully and their privacy was respected. One person became agitated and distressed during the inspection and we saw staff encouraged them to move to a more private area where they could be better supported in a dignified way. Care plans and files used respectful language and terminology when describing the person's needs and how they wanted to be supported. The registered manager was undertaking work with one person to help keep them safer in the community by supporting them to dress in ways that would not attract unwanted attention and protect their dignity whilst still retaining their individuality. Where people shared rooms there were mobile screens to help protect people's privacy.

One person at the home at the time of the inspection had a formal advocate. The home had information available on advocacy services and support groups or networks for people with mental health needs. The registered manager demonstrated understanding of people's rights under mental health legislation and about access to court appointed advocacy services. Information about the home and the services provided was available to people in written format.

People had been encouraged to personalise their rooms and make them feel homely and comfortable. One person told us they were proud of their room, felt very much at home and that it was their 'personal space', reflecting their personality and interests.

Is the service responsive?

Our findings

The home was responsive.

People received individualised and personalised care and support delivered in the way they wished. Strategies for supporting people who became mentally unwell were well understood by staff who could describe clear staged actions they would take to keep the person and others safe. On the inspection staff were seen supporting a person who had become agitated and distressed. The person received care that was sensitive to their needs, and was aimed at keeping them safe while reducing the levels of distress and risk they were experiencing. Care files contained strategies for managing risks from self-harm. One person's file for example contained information for staff on how to respond to the person hearing voices. The registered manager told us that staff were to update their training in conflict resolution this year.

Care plans had a positive focus with goals for people's development and progress where possible and if the person wished. The plans reflected the care people received including strategies for keeping well and managing risks. They had been regularly reviewed and updated. We saw plans contained strategies for increasing independence and choice, for example with one person and their clothing choices. Another person's plan detailed a collaborative approach and plan for the person to lose weight and manage their health condition with staff support, signed by the person. People could have copies of their care plans and care records if they wished.

Plans detailed the support and guidance given by visiting professionals on people's needs, and the community psychiatric professionals we spoke with told us they felt the home worked well with people. Some people who lived at Moorleigh did not wish to engage with a care planning process, but we saw that they were offered opportunities to have their wishes recorded regularly.

People were encouraged to take part in activities of interest and be involved in the local community if they wished. One person for example was a volunteer with the local hospital league of friends, and people attended local church coffee mornings and groups. On the day of our inspection one person had gone shopping with staff and other people had gone out independently. During the afternoon a group of people watched an old film while others played board games with staff. Another person tidied their room and one person went to bed. Assessments in people's care plans indicated their known hobbies and interests, for example one person's file said they disliked community activities, but enjoyed pets and had taken part in a learning course to develop numeracy skills. The home had a visiting pet therapy service, games - including memory games to support people with memory loss and a regular exercise group with music for health.

There was an effective system to manage complaints or concerns about the home. People told us they would be happy to raise concerns with the registered manager or other members of the management team and be confident they would be dealt with. People could not recall having been given a copy of the home's complaints procedure but were clear about what they would do.

Is the service well-led?

Our findings

The service was well led.

People expressed confidence in the home's management and told us they found them open and approachable. The home is family run and people including community psychiatric professionals told us they liked the consistency of approach and atmosphere of the home. In particular people expressed confidence in the registered manager. One person told us "I trust her – she knows what she is doing, and people listen to what she says. What she says goes, and that's the way it should be". A staff member told us "This is a happy home and a happy place to work".

The provider had effective systems to assess and monitor the quality and safety of the services provided at the home. There were systems in place for the regular audit of practice, incidents and accidents and learning took place as a result to improve practice. For example we saw that there had been a medicine error. The error had been spotted immediately, the staff member removed from duty and retrained in medicine administration, policies and procedures had been reviewed and a letter of apology had been sent to the person concerned.

Regular audits were carried out on the service, for example hand washing and health and safety. Risk assessments for the premises, safe working practices and for individual people were in place with action logs if indicated. Maintenance issues were responded to quickly and the provider told us that they were heavily involved on a day to

day basis as a part of the management team. There was a business development plan for the home, and with possible future developments including a new staff room and medicine room.

Survey questionnaires were sent out annually asking stakeholders to comment on the service and the responses were collated, analysed and responded to in an action plan. People had other opportunities to contribute to the development of the home through meetings and 1:1 discussions with the manager. The provider had completed assessments of strengths and weaknesses of the home and there were clearly defined roles within the management team.

Care records were accurate and complete, and recorded the care provided to people. Other records that we saw were well maintained and had been reviewed regularly. The registered manager was aware of the need to update the quoted regulations in some of the policies and procedures, and was working through these. They were also aware of other developments in care such as the new Care certificate for care staff. They had previously audited themselves against the regulations in place just prior to this inspection and the registered manager told us she would be updating the audits to reflect the new regulations.

During the inspection it was identified that the service had a regulated activity on their registration that they were not providing. This did not affect the service however the registered manager and provider agreed to make an application to have this removed.