

Moreland House Care Home Limited

# Moreland House Care Home

## Inspection report

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11 November 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moreland House is a residential care home providing personal care to older people. The home is an adapted three floor building with facilities, including en-suite bathrooms. The service was registered to provide support to up to 50 people and there were 30 people using the service at the time of our inspection.

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

People were protected from the risks associated with the spread of infection. They received care and support in accordance with their preferences, interests and diverse needs. Care plans contained information about people's needs and were reviewed to ensure people received the care and support they needed. Staff encouraged people to take part in activities of their choice and this helped to ensure they were not socially isolated. The provider had policies and procedures for dealing with any concerns or complaints.

The manager operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. Staff had access to a range of policies and procedures and this helped them to carry out their role. The manager worked in partnership with other organisations to support and care for people.

### Rating at last inspection and update

The last rating was requires improvement (published 3 April 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Responsive and Well-led. We also looked at infection prevention and control measures and this is reported in the safe section. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moreland House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question.

Details are in our safe findings below.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Moreland House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 two inspectors.

#### Service and service type

Moreland House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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

This inspection took place on 11 November 2020 and was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included its previous inspection report and the action plan produced in response to the report by the provider. The provider was not asked to complete a provider information return prior to this inspection. We also sought feedback from the local authority. We used all this information to plan our inspection and took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

seven members of staff, including the home manager, deputy manager, the proprietor, the regional manager and three members of care staff. We reviewed a range of records. This included five people's care records and risk assessments. We looked at activity records and complaint records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five relatives by telephone and also contacted health professionals for their feedback about the home. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at part of the key question.

The purpose of this inspection was to check the provider had safe infection control procedures.

### Preventing and controlling infection

- The home had procedures to prevent and control infections, including Covid-19. There were hand washing facilities available throughout the home. The provider ensured visitors and relatives of people living in the home were aware of their procedures. This helped to control possible outbreak of infection. Staff and people had access to testing facilities for Covid-19.
- Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people. They told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection. One relative commented the home was always clean when they visited.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection in February 2020, the provider had failed to ensure people's care plans were personalised according to their needs and wishes. Additionally, the provider had not arranged enough meaningful activities to suit people's individual preferences, which meant people could experience social isolation. These concerns were a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection the home only had one part-time activity coordinator. This meant activities for people were limited and were not always available for people who stayed in their bedrooms. We found people were not engaged with by staff in a meaningful way.
- We saw improvements at this inspection. There were now two activity coordinators working in the home; one part time and one full time. There was a wider variety of activities for people to participate in and enjoy should they wish to. There was a full programme for each day and these were posted on notice boards. Activities included flower arranging, karaoke, baking, pottery, gardening, games and exercises.
- Should people not wish to take part, they were visited by the activity staff in their rooms or in communal areas for one to one activities. This helped to prevent people feeling isolated. One person said, "I don't really get involved with the entertainment. I like to read my paper or listen to music. The staff come to see me anyway. They are lovely." Another person told us, "Yes, the activities are good and I enjoy them."
- During our inspection people had requested to watch the Remembrance Day service on television and staff assisted people to watch it in the lounge or in their rooms.
- The activity coordinator told us they had got to know people in the home and their specific likes and dislikes. They said, "One resident loves to do little tasks so I gave her a duster to help me with some cleaning. They absolutely loved it. It made them really happy."
- Records showed the management team sought feedback from people about the activity programme to gauge the types of activities and entertainment people liked. A relative told us, "The activities have improved, the staff do different things with the residents."
- People had care plans which contained important details and information about different aspects of their care such as their mobility, communication needs and health conditions.
- At our last inspection, we found care plans were not always person-centred as some lacked detail about

people's communication and social needs or seemed to be identical to other people's care plans.

- This had been improved since our last inspection and we found care plans to be more personalised. People had more in-depth information about how they communicated with staff and others. There was more information about the activities they enjoyed and how they liked to spend their day. For example, one person enjoyed listening to classical music on the radio with a light projector for their audio and visual stimulation. Staff supported them by playing the radio, discussing the music with them and used the projector for "gentle and calming sensory stimulation." This information helped staff meet people's needs in a more person-centred way.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were described in their care plans. Staff had sufficient guidance on how to communicate with all people, including people who were less verbal than others. For example, one person's communication plan stated, "Speak to person loudly, clearly and slowly and give them enough time to respond." People were provided information about the service in a format they could understand such as activity newsletters and other leaflets.
- Staff told us they were able to make themselves understood to people who had difficulty communicating. For example, one staff member said, "I use eye contact, gauge their facial expressions and mood. I touch their arms sensitively to help them engage." This ensured there was effective communication and understanding between staff and people in the home.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy about something.
- Complaints were logged, investigated and responded to by the management team within the provider's timescales for responses.
- People and relatives told us they knew how to make a complaint. A person told us, "I have no complaints but if I did have a concern, I would speak to someone definitely and they would help me." A relative said that they would speak to the manager if they had any concerns.

#### End of life care and support

- The home provided end of life care support to people who had reached that stage. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Staff had received training in this area and knew how to provide support with respect and sensitivity.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and palliative care support plans were in place in people's care plans and was signed by relevant health professionals. These were completed with people's consent or with the consent of their representatives. They were reviewed at least annually.



# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection in February 2020 we found there was no quality assurance systems in place to monitor people's activities and social interaction. The provider had made improvements since then.

- The management team had implemented more robust systems to ensure activities and other forms of engagement and interaction with people were meeting their needs. Records showed that an audit had taken place to help the staff manage and monitor activities. The audit was to be carried out every three months. This meant the provider would be able to have better oversight of ongoing activities and people's social interactions and wellbeing.
- People were also asked for their input into the activities they enjoyed and they completed feedback forms. The responses were positive and the manager told us they analysed responses to make further improvements to the activity schedule. For example, people enjoyed reminiscing about their own histories and the management and activity team had arranged for memory boxes to be introduced for people. The boxes contained personal items or memorabilia from the person's past to help them remember.
- People told us the staff, the activity team and the management team were friendly and approachable. One person said, "Everyone is very nice and friendly here. They don't raise their voice or have a temper. I like to call it my home." Another person said, "The staff do everything. They look after me and talk to me. They are like friends and my [relative] is happy that I am being well cared for."
- The manager undertook other audits and checks on care plans, medicines, pressure relief mattresses and other equipment. Staff were also observed to ensure they followed safe practice.
- Staff told us they understood their responsibilities in keeping people safe. They said there was a positive culture in the home, despite a number of changes of manager. One staff member said, "The staff work well as a team. The home is doing well and it is very positive."
- The new manager told us they were supported by the provider and the regional manager. The new manager had been in post for only a few weeks but they had begun the process of registering with the Care Quality Commission (CQC). The deputy manager had been acting up as manager over the past few months. They also told us they felt fully supported and looked forward to working with the new manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager was aware of their responsibility to notify the CQC of serious incidents or safeguarding

concerns that took place in the home.

- The provider acknowledged when things had gone wrong and they were open and honest with people and relatives.
- During our inspection we received information about an incident that took place a few days earlier and about a person with a deteriorating health condition. We looked into these concerns and found the management team took appropriate action to record the incident and notify the relevant partner agencies. After our inspection, the manager sent us a copy of the analysis report which showed that the service had followed procedures to ensure the person's health was monitored. We also spoke to the relative of the person and they said they were happy with the actions taken by staff at the home. This ensured there was a culture of continuous improvement in the home.
- On the day of our inspection, we met the regional manager and the proprietor. They told us they had undertaken an internal review and had implemented more robust quality assurance processes. The regional manager said, "We have a lot more oversight and input now after our last few inspections. We are also working with a consultant to identify areas for improvement." Records showed this was the case.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the time of our inspection, there were restrictions in place, for visitors due to the coronavirus pandemic, which meant relatives were not always able to come into the home to see their family members. However, they were regularly contacted by staff to help them keep informed about their family member's health. One relative told us, "The staff are very good at keeping informed about my loved one."
- People and relatives completed satisfaction surveys to provide their feedback and we saw it was positive. Feedback was analysed to help the service continue to improve. Compliments were also received.
- Newsletters were distributed to people to keep them engaged and involved in how the home was being run and provide updates on any developments.
- Staff attended meetings with the management team and they had recently been introduced to the new manager. The manager met with nursing staff each morning to discuss any concerns or issues relating to people's health. Information and updates were shared with staff.
- There was a policy to ensure people in the home were protected from discrimination. Staff told us they respected and understood people's protected characteristics such as their age, race, disability, gender and sexual orientation. For example, people who had specific cultural or religious needs were supported by staff to practice their religion, such as through reading religious books or attending worship.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs. We did not receive concerns from other professionals we contacted.
- The home had links in the local community and with other local services to help arrange meaningful activities for people. For example, arranging for pets and other animals to come into the service for people to engage in pet therapy.