Moordale Court Company Limited

Moordale Court

Inspection report

4 Moordale Court
Lingdale
Saltburn By The Sea
North Yorkshire
TS12 3DX

Tel: 01287652948

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 4 December 2017. The inspection was unannounced.

Moordale Court was last inspected by CQC on 15, 16 and 19 October 2015 and was rated 'good' overall and in all areas. At this inspection we found the service remained Good overall and in all areas.

Moordale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Moordale Court provides personal care for up to three people with learning disabilities. At the time of our inspection there were three people living at the home. Moordale is located in a village called Lingdale near Saltburn. The home is situated within walking distance to the local high street and shops.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The atmosphere of the home was very homely, warm and welcoming. People who used the service were relaxed in their own home environment.

People were supported to have choice and control over their own lives from being supported by person centred approaches. Person centred care is when the person is central to their support and their preferences are respected.

People were supported to forward plan and were also supported to achieve personal goals in their lives.

People were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people who don't use words to communicate.

People's support plans were person centred. They included outcomes that people wanted to achieve and a 'one page profile' that referenced people's personal histories and described their individual support needs. These were regularly reviewed.

People were supported to play an active role within their local community by making regular use of local resources including the local shops and local activities.

Support plans contained person centred risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. This supported people do the things they wanted to live their lives fully. The support plans we viewed also

showed us that people's health was monitored and referrals were made to other health support professionals where necessary, for example their GP or epilepsy nurse.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

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

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. The service was truly reflective of what people liked and people were in control of this and chose what they would like to eat.

People had their rights respected and access to advocacy services was available.

People were supported to maintain their independence on a daily basis.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager led by example. They were supportive and always approachable.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training. Development opportunities were accessible available? at this service. People were supported by enough staff to meet their needs and were also supported individually with one to one support.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal audits.

We found people who used the service and their representatives were regularly asked for their views about the support and service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good.	**Good**
Is the service effective? This service remains Good.	**Good**
Is the service caring? This service remains Good.	**Good**
Is the service responsive? This service remains Good.	**Good**
Is the service well-led? This service remains Good.	**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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 December 2017 and was unannounced. This meant the provider was not expecting us. The inspection team consisted of one adult social care inspector.
At the inspection we observed and interacted with all three people who used the service, the registered manager and two support staff. We also made phone calls following the inspection to one relative and one visiting professional who supported the people who used the service to gather their feedback.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted the local authority who commission the service.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time observing the care delivered at the service to see whether people had positive experiences. This included looking at the support that was given by the staff, and observing practices and interactions between staff and people who used the service.

We also reviewed records including, three staff recruitment files, three medicine records, safety certificates, three support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Good

Is the service safe?

Our findings

People who used the service we interacted with were unable to tell us with words if they felt safe in receipt of care at the service. We were able to observe people and we saw that they were relaxed and seemed secure within their home environment. We spoke with peoples' relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was safe. One relative told us, "I have no doubts that [name] is safe". And "[Name] is very safety conscious and aware of dangers".

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These included; medicines, personal care and epilepsy.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse.

We saw there were enough staff on duty to support people on a one to one basis. Rotas confirmed there was a consistent staff team and a low turnover of staff.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

People's medicines records contained their photograph and allergy information. Medicines administration records were completed when medicines were administered to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed.

There were systems in place for continually monitoring the safety of the home. These included recorded checks in relation to the fire alarm system, hot water system and appliances.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored. Staff had regular access to personal protective equipment for carrying out personal care, medicines and preparing food and was trained in infection control.

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, relatives we spoke with felt that staff knew people and their support needs well. They told us, "The staff are well trained and some have been there over 20 years, as long as the people. They all know everyone well." And, "Where you have a settled staff team there is harmony."

People were supported to access other healthcare services and we spoke with a healthcare professional who regularly visited the service and they told us, "I do the staff epilepsy awareness training and care plan training for one of the people and the staff are always willing. They have to complete some complex recording of people's seizures and they manage this. The consistent staff team works well as they know everyone so well and the people have multiple needs, some very complex."

People were supported to make choices and this was observed during the inspection when watching staff interactions with people. We saw people choose what snack they wanted to eat when they came home and then what activity they wanted to do.

People were supported by trained staff and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; epilepsy and emergency rescue medicines for epilepsy and, learning disability level 2 (national qualification). These were in addition to mandatory courses; first aid, health and safety, dignity and respect and safeguarding.

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know the people who used the service before working with them.

People were supported to have a healthy diet and we saw that fresh fruit was available and people were given choices at meal times. We spoke with staff who told us, "We don't have a set menu. Some days we help people decide on the day what they want to have. [Name] asked for meatballs so we are doing those today."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families. This meant people's rights to make particular decisions had been upheld.

Good

Is the service caring?

Our findings

People were supported by caring staff and during our inspection we observed kind and considerate interactions between staff and the people who used the service. People who used the service were unable to tell us what they thought of the staff using words but we observed plenty of smiles and positive expressions. One relative told us, "The staff are caring, there is definitely no problem there."

People's privacy and dignity was respected by staff who were discreet and knocked on people's doors before entering. Personal interactions took place privately to respect people's dignity and maintain their confidentiality.

Professionals we spoke with gave us positive feedback regarding the care and support offered by staff at the service. One professional told us, "The home feels like [Name's] home when I visit it doesn't ever feel like I am visiting a residential home, it definitely feels like their home. That is because the staff are so person centred and know everyone so well. It is a lovely homely atmosphere I can't imagine [name] living anywhere else."

Independence was promoted and we observed staff offering support to people and encouraging them to be independent, for example, by letting them show us around their home themselves, and making choices as part of everyday life. One person was going to show the inspector their bedroom but then changed their mind when we went upstairs. This decision was fully respected by the staff who asked us not to enter and we didn't.

People were involved in their care as much as they could be. One of the professionals we spoke with told us, "The staff get [name] involved as much as they can. They have very complex needs and the staff still know them well, they look for facial expressions when trying something new and discuss the reaction and decide if it's working."

We asked the staff how they supported people to make choices and one member of staff told us, "Not everyone communicates in the same to make a choice, [name] doesn't respond to pictures but will choose from two different objects so we bring things to them, they will push away what they don't want. Sometimes we can get eye contact and [name] has some words and then one person uses their thumb to let us know if they are in pain." This was documented in people's care plans and showed us that people were supported to make choices and information was presented to them in an individualised way to suit their preferences.

People who wanted or required advocacy support were supported by staff where necessary to access. The registered manager told us. "We know where to access advocacy, say if there were any issues or concerns with decision making we would get one on an impartial basis to support."

Good

Is the service responsive?

Our findings

People were supported in a person centred way. Support plans were developed in partnership with the person and were a very accurate reflection of their personalities, likes, dislikes and choices. These gave a detailed insight into people's background and included a one page profile with photographs for quick reference.

People were invariably empowered to set themselves goals that were personalised and were supported to achieve them. When we spoke with staff they confirmed that they always encouraged people to achieve their goals no matter how small. Staff were able to give us many examples of this. We could see in one person's care plan how lots of small achievements were encouraged. For example to have improved health and for others outcomes included to have a holiday.

Person centred care plans were reviewed regularly. We could see how the service approached care planning and reviews in an easy to understand way to engage people in the process. This process included the following statements; 'This is what I can do myself', 'This is what I need assistance with', and 'This is how I want you to do that'. The plans covered areas of daily care including; diet, communication, mobility, medicines, health and personal care.

People took part in meaningful activities that were valued including; going out for walks, trips to the seaside, visits to the local pub for lunch, listening to music and playing with tactile objects such as magazines and plastic shapes. The registered manager told us; "[Name] likes smooth radio on, [name] likes to chill out on the couch and they all enjoy going out for food." People were supported with individual outings and activities and didn't do everything together. This promoted their individuality.

People were supported to plan activities and had enjoyed trips away to log cabins, the sea side and the Lakes. The registered manager told us. "Two staff spent some time going through brochures looking at pictures looking for people's reactions to help them choose." One staff member told us, "We have gone out for day trips which people enjoy."

People's preferences were adhered to and staff knew how to respond if a person didn't like something about the service. Relatives and staff knew how to complain if they needed to. One relative told us, "If I needed to I'm sure it would be sorted out if I had to raise anything. We would just get together with the staff and the manager and talk it through."

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the registered manager. We saw that one person that used the service had a plan in place regarding arrangements. The registered manager told us, "End of life is something we have tried to discuss and some family members and staff have all received training."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in post. We asked for views on the management of the service and received positive feedback. One relative told us, "The manager has started the place from scratch and I have seen things move on greatly."

The healthcare professional who visits the home was complimentary of the service and its management and told us, "I have a very high opinion of Moordale Court and the manager is brill they are really hands on, she has got it sussed and I can always get hold of her."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw the minutes of these meetings and could see how the people who used the service were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager explained to us how the staff supported people to maintain links with the local community and make use of local amenities regularly, for example using the local shops and pub and when we spoke with staff they confirmed this and told us; "We go to anything that's going on locally and accessible, we are definitely part of the local community."

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing staffing, health and safety and the building/environment. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, relatives and stakeholders of the service.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

People were supported by staff who worked together on the same principles and values that included; privacy and dignity, promoting independence, access to health services and supporting people to lead

fulfilling lives.