Darbyshire Care Limited

Moorlands Residential 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

Summary of findings

Overall summary

Moorlands Residential Home is a care home for up to 16 people. The home specialises in the care of older people. At the time of this inspection there were 14 people living at the home.

At the last inspection of the service in July 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

There were adequate numbers of staff to make sure people felt safe at the home. One person told us, "Knowing there is always someone here when I need them makes me feel safe." The provider had policies and procedures which helped to minimise the risks of abuse to people. People's medicines were safely administered by staff who had received appropriate training to carry out the task.

People received effective care and support because staff were well trained and supported. One person commented, "I don't think it could be any better. The staff are very good and make you comfortable in every way." 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.

People were cared for by staff who were kind and caring. People's right to privacy and dignity was upheld and staff respected people's wishes about how they spent their time. People were involved in decisions about the care and support they received by formal care reviews and informal chats with staff. One person said, "They always ask what you want and fit around you."

Care and support was responsive to each individual's wishes and needs. People continued to make choices about all aspects of their day to day lives. One person told us, "It's up to me what I do. I'm still my own person." People were able to take part in a range of organised activities or follow their own interests and hobbies. People told us they would be comfortable to make a complaint.

The service was well led by an experienced registered manager and the provider. People described the management of the home as very approachable. One person said, "From day one they have said - if there is anything wrong let us know." There were regular checks to make sure the building and equipment was safe for people, staff and visitors.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Moorlands Residential 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 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.

This comprehensive inspection took place on 7 August 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home, four members of staff, the registered manager and the provider. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, one staff personal file and health and safety records.

Good

Is the service safe?

Our findings

The service continued to be safe.

People told us they felt safe at the home and that there were always staff available to support them with their needs. One person told us, "Knowing there is always someone here when I need them makes me feel safe." Another person said, "I'm not a good sleeper. Someone pops in during the night and if I ring the bell they come very quickly. So yes I do feel safe here." One member of staff said one of the things they loved about working at the home was, "You never feel you rush people. There's always time to chat."

Risks of abuse to people were minimised because the provider had a recruitment process which made sure all new staff were thoroughly checked before they began work. This made sure they were safe to work with vulnerable people and had the skills required to safely support them. Staff said they had not been able to begin work until the provider had carried out checks and records seen confirmed this.

People said if they had any worries they would talk to a member of staff. One person said, "You can always talk with one of the girls [staff] and they listen to you." Staff had received training about how to recognise and report abuse. Staff were confident any concerns would be fully investigated to make sure people were safe. One member of staff told us, "Anything you reported would be investigated. I'm very confident of that."

Risk assessments were completed to make sure people received care safely and maintained their independence where they were able. One person said, "They help me to have a bath because I have trouble getting in and out." One person was assessed at being at high risk of pressure damage to their skin. When we met this person they were sat on a specialist cushion to minimise the risks. They said, "I sit a lot and I'm quite comfortable."

People received their medicines safely from staff who had received specific training and supervision to make sure they were competent to carry out this task. Records were kept of all medicines entering the home and staff signed to say when people had taken or refused their medicines. The registered manager carried out regular checks on medication administration records to make sure they were correctly signed. This ensured there was always a correct record of the medicines on the premises.

People told us they received the right medicines at the right time. One person said, "I only have one tablet. They bring it to me every day like clockwork." Another person said, "I didn't want to be bothered with remembering my tablets. The staff sort it all out for me."

Good

Is the service effective?

Our findings

The service continued to be effective.

People received their care and support from a consistent staff team who knew them well and had received training to make sure they worked in accordance with up to date good practice guidelines. Staff were happy that the training they received gave them the skills required to effectively support people. One member of staff said "If anyone has specific needs, like diabetes, then extra training is arranged so we have more confidence in helping them."

People had confidence in the staff who supported them. One person told us, "The staff here are excellent. I am very well looked after." Another person commented, "I don't think it could be any better. The staff are very good and make you comfortable in every way."

Staff monitored people's health care needs and sought advice from healthcare professionals where needed. On the day of the inspection staff supported a person to attend a hospital appointment, one person was seen by an optician and another person was treated by a district nurse. One person said, "If you need a doctor they arrange it all. Never a problem there."

People received meals in accordance with their needs and preferences. One person told us, "They ask you about the things you like and don't like. There's always a choice of meals but if you don't like anything they get you something else."

Where people had lost weight there was evidence that staff monitored the food they ate and discussed any concerns with the person's doctor. Some people were prescribed food supplements and these were offered to people in accordance with the prescription. One person told us before moving to the home they had lost a lot of weight. They commented, "The food here isn't bad. I've started to put on some weight which is good."

Most people who lived at the home had the mental capacity to fully consent to their care and make decisions about the support and treatment they received. One person told us, "It's up to me what I do. I'm still my own person." The staff respected decisions made by people who had capacity even if they may not be considered to be in their best interests. For example, refusing food supplements or deciding against medical investigations.

Where people lacked the mental capacity to fully consent the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us they always tried to involve people in making choices. One member of staff said "Sometimes it's the way you ask people. Even people who have trouble can usually make a choice if you present it in the right way. Sometimes you have to show people things or give them lots

of time." Another member of staff told us, "If people really can't make a choice then we would involve the family and maybe their doctor."

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). The registered manager had made appropriate referrals where people lacked capacity and required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

The service continued to be caring.

Moorlands Residential Home is a small care home with a very stable staff team. This had enabled people to build relationships and friendships with staff and other people who lived at the home. Staff knew people well and throughout the day we heard friendly chatter between people and staff. One person commented, "It's all so nice and friendly. I've made a friend and it has all turned out very well." Another person said, "Everyone is very friendly which makes it very comfortable. I feel at home."

People told us staff were kind and caring towards them. One person said, "Everything here is very good. Anything you want they will get for you." Another person told us, "They are all very kind and very helpful."

Staff told us they always had time to spend with people. One member of staff said they had noticed one person appeared a little upset so they had spent time chatting with them and going through photographs. The staff member said, "Tasks can always wait. People come first here." We observed that staff spent time socialising with people. Because they knew people well they were able to chat about things that were important to them and their interests.

People had single rooms which they were able to personalise in accordance with their tastes and needs. One person said, "I've made a little home in my room. I have everything I need right here." Some people preferred not to socialise and staff respected people's privacy. One person said, "I'm not a joiner. Staff know I like to be in my room, they come and have a chat but there's no pressure to get social."

Staff supported people to maintain their independence with personal care. One person said, "They are very good. I like to do as much as I can but they are always happy to help when I ask." Another person told us, "I wash and dress myself but they help me to have a bath. They are very discreet about it all."

People who liked to take a pride in their appearance were encouraged to continue to do so. People were well dressed and clean showing staff took time to assist them with personal care. One person said, "Even the laundry service is good here." Another person commented, "Friday is pamper day. The hairdresser comes and [staff member's name} does my nails. I like to keep up with that sort of thing."

People were involved in decisions about the care and support they received. Each person had a care plan that was reviewed with them each month. Where people were able, they signed their care plans to show they agreed with how their care and support was provided. People were able to make decisions about the support they received on a day to day basis. One person said, "They always ask what you want and fit around you."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

Each person had their needs assessed before they moved to the home. This helped to make sure the staff were able to meet their needs and preferences. One person said they had visited the home before they made the decision to move in. They told us, "It felt right. I am enjoying being here very much."

From the initial assessments of people's needs care plans were drawn up which gave details of how staff would meet their needs. Since the last inspection the home had introduced an electronic care plan system. The system was password protected to protect people's personal details. As the care plan system was reasonably new care plans were basic but contained all the information required to enable staff to provide safe and effective care to people.

In addition to care plans which outlined how people liked to receive their care and support people were able to make choices on a day to day basis. One member of staff said, "We know about people's routines. Like who likes to get up early, but they can change their mind and stay in bed if that's what they want to do."

People said they made choices about all aspects of their daily lives. One person said, "You can really do what you like. They don't restrict you." Another person told us, "I really can please myself." Comments from staff showed they respected people's choices. One member of staff said, "We work around what people want." Another staff member said, "We want people to be happy and do what they want to do. It's not up to us to tell them what to do."

People were supported to take part in activities or follow their own interests. There were organised activities each day and the activities worker also spent time with people who preferred not to socialise with others. People were very complimentary about the activities and events arranged. One person said, "There's plenty to do. I enjoy most things." Another person said, "[Worker's name] comes up every day to tell me what's going on. It's usually something I like and has been a good way to get to know other people."

The activity worker had a good knowledge of people which enabled them to organise activities in accordance with people's interests. Where people made suggestions about activities these were incorporated into the programme where practicable. For example an exercise class had been suggested and this had become a regular activity.

The care home was located in a small village and people were supported to be part of the community. A number of people told us they enjoyed regular walks out and visited a local café. One person told us about a recent summer fete which had been held in the home's garden and open to members of the local community.

People we spoke with were happy with the care they received and did not raise any concerns or complaints with us. However everybody said they would be able to complain if they needed to. One person said, "I am

happy with everything but I would certainly make a noise if I wasn't." Another person said, "I've no need to complain. Anything you want you can talk to [registered manager's name] about."

Records showed that where concerns had been raised the provider had taken action to make sure the issues raised were fully investigated.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager who had been in post for a number of years. This provided consistent and stable management to the home. 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. The provider was actively involved in the running of the home and overseeing the quality of the service.

People described the management as very open and approachable. The registered manager and provider were very visible in the home and people looked very relaxed and comfortable with them. One person said, "From day one they have said if there is anything wrong let us know." Another person said "You can always talk to the manager."

The provider had systems in place to enable them to seek people's views and monitor the quality of care provided to people. The new care plan system enabled the provider to keep up to date with people's needs even if they were not at the home. The system also alerted them when accidents or incidents had occurred. This allowed them to constantly monitor people's care.

There were annual satisfaction surveys and residents meetings to seek people's views and make sure any changes made were in line with people's wishes and needs. Results of the last survey, and minutes of the last meeting, showed a high level of satisfaction with the service provided. Where comments had been made by individuals these were looked into by the provider to see if any changes could be made for that person.

There were regular health and safety checks carried out to make sure the building and equipment remained safe for people, staff and visitors. Checks included making sure the fire detection system was regularly checked and serviced and ensuring water temperatures were safe and minimised the risk of scalding. According to records we saw the assisted bath had not been serviced by outside contractors in accordance with the provider's risk assessment. We informed the registered manager of this and they told us they would make sure it was serviced without delay.

The home has been awarded five stars by the local environmental health department which showed high standards of food safety.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.