

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 ●

Summary of findings

Overall summary

About the service

Moorleigh Residential Care Home, hereafter referred to as Moorleigh is a residential care home that provides personal care and support for up to 20 people who are experiencing severe and enduring mental health conditions. At the time of our inspection, 17 people were living at the service.

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

People told us they were happy and felt safe living at Moorleigh. Staff were seen to be kind, caring and respectful of people's needs and relatives were complimentary about the care and support provided. People benefitted from a service that was well-led and received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well.

Risks associated with people's complex care needs had been appropriately assessed and staff had been provided with information on how to support people safely.

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 home supported this practice.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable by their circumstances.

People had confidence in the registered manager, knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

The service was clean, and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Moorleigh Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Moorleigh 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

The inspection took place on 9 March 2020 and was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with five people living at the service, three members of staff and the registered manager. To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought views from relatives, staff and asked the local authority, who commissions care services from the service, for their views on the care and support provided. We received feedback from four relatives and one healthcare professional.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- People told us they felt safe living at Moorleigh. Comments included, "I do feel safe," "Very safe" and "It's much better than my last home. I feel safer here."
- Policies in relation to safeguarding and whistleblowing were in place.
- Staff had received training to enhance their understanding of how to protect people from any form of discrimination and were aware of when and how to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People continued to be protected from the risk of harm.
- Risks such as those associated with people's complex mental health and/or medical needs had been assessed and were being managed safely. Risk management plans described what needed to happen to keep people safe and were regularly reviewed and updated as people's needs changed.
- Specialist advice from healthcare professionals was sought where necessary and staff had a good understanding of people's individual risks, potential triggers and/or signs that might show the person was becoming unwell.
- Regular checks were undertaken in relation to the maintenance and safety of equipment and the environment.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. However, we noted that one of the basement store/office rooms did not have any form of fire detection. Following the inspection, the registered manager confirmed additional smoke detectors were to be fitted within the basement store/office.

Using medicines safely

- People continued to receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked a sample and found them to be correct.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow.
- Where people were required to have additional health checks because of medicines, we found these were happening. For example, regular blood tests.
- Staff had received training in the safe administration of medicines and were having their competency

regularly assessed.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were suitable to be supporting people who might potentially be vulnerable by their circumstances. Pre-employment checks included references, identity and Disclosure and Barring Service checks (DBS). A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- People, staff and relatives told us the service had sufficient staff in place to meet people's needs safely. One person said, "There is always somebody around if I need them."

Preventing and controlling infection

- People continued to be protected against the risk of infection.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Established laundry processes helped to prevent the spread of infection and reduce the risk of cross contamination.
- The service had developed a Coronavirus contingency plan, which was based on Government and World Health Organisation (WHO) guidance to reduce the spread of infection. People and staff were aware of this plan as well as any action they should take such as washing their hands, using a tissue for coughs and avoid touching their faces. Hand wash and sanitizer were readily available for people staff and visitors.

Learning lessons when things go wrong

- The provider had systems to learn and make improvements when something went wrong. Staff recorded accidents and incidents. The registered manager analysed these on a regular basis to identify any trends or themes. Any lessons learnt were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
Healthcare support:

- People's needs were assessed before they started using the service to help ensure their expectations could be met. Support plans guided staff on how best to meet people's needs in line with best practice guidance.
- Oral healthcare needs were assessed, and detailed guidance was available for staff on how to support the person to maintain good dental hygiene.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- People continued to be encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's and community nursing and mental health services when needed and people had opportunities to see a dentist or optician regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to be supported and encouraged to maintain a balanced healthy diet, but staff understood people's individual right to choose.
- People told us they enjoyed the food. Comments included, "It's very nice," "There is plenty to eat and you don't have to have what's on the menu," and "It's ok if anything there is too much you can have breakfast, dinner, tea and snacks."
- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a modified diet, this was provided.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved, to support people and staff.
- People could help themselves to food and snacks throughout the day and we saw tea, coffee, and soft drinks were freely available.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found staff had a good understanding of the mental capacity act and people were supported and encouraged to make decisions for themselves.
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- We found where some restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience

- People continued to be supported by skilled and competent staff.
- The registered manager confirmed that all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The homes training matrix showed staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs. For example, Autism, epilepsy awareness and positive behaviour support.
- Staff had opportunities for regular supervision and appraisal of their work performance. The registered manager had good systems in place to identify which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported, valued and appreciated by the service's management team. One staff member said, "Many of us have worked here for a long time and that's because of the way we are supported. They treat us all like family." Another said, "You couldn't ask for better support."

Adapting service, design, decoration to meet people's needs

- The design and layout of Moorleigh was suitable and appropriate to meet the needs of the people living there and was clean throughout. The property was a spacious building, spread over two floors with a large rear garden, which was safe and accessible. On the ground floor there was a large lounge/dining area and a separate area where people could smoke if they wish to do so (fully ventilated).
- At the time of the inspection we saw the provider was upgrading the ground-floor bathroom to a fully accessible wet room as this was what people had requested. The registered manager told us that a planned extension would also incorporate extra bathroom and toilet facilities as well as communal space.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who wished to share their views with us said they were happy living at Moorleigh. Comments included, "I'm very happy here", "It's much better than where I used to live", and "it's ok the staff are really good".
- Staff supported people with sensitivity and compassion. Throughout the inspection we saw staff responding to people through touch and with affection. Staff were observed to be kind, caring and considerate towards the people they were supporting.
- Support plans contained information about people's past, cultural and religious beliefs and people were supported to follow their individual faith's.
- The home respected people's diversity and was open to people of all faiths and belief systems. There was no indication that people protected under the characteristics of the Equality Act would be discriminated against. One person said, "I don't feel discriminated against here, I have in the past, but not here, not in this home".
- We saw cards the service had received from relatives who had expressed their gratitude and thanks for the support staff had provided. Comments included, "You are all fantastic," "Thank you for everything you did for [person's name]." One person wrote, "Thank you all for the love and kindness you showed my dad, you are all lovely and do an amazing job".

Supporting people to express their views and be involved in making decisions about their care

- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. People were fully involved in all decisions and were encouraged to share their views through regular reviews and house meetings.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality continued to be respected.
- People's personal records were kept secured and confidential and each person had a key to their own room, which they were able to keep locked when they were not present if they wished.
- Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information about them.
- Support plans contained information about what each person could do for themselves and people were

supported to be independent and to develop their skills where possible. For example, people were encouraged/prompted to do tasks for themselves and were freely able to come and go as they pleased.

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 good. At this inspection this key question has remained the same. 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

- People continued to receive individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well. Support plans were informative and described the person's skills as well as the support needed from staff and/or other services.
- Risk management plans guided staff on how to support people in managing their complex needs in a way which caused the least amount of distress to them and others.
- Support plans were regularly reviewed with people to ensure they remained current and provided accurate information about how to meet the person's needs.
- The provider had continued to invest and develop their computerised care planning system. Staff had access to an electronic device or a fixed terminal from which any information they needed about each person was readily available. This also allowed any aspect of care/support provided to be recorded immediately. This meant people's care could be closely monitored in real time, day or night and planned care could not be missed without being 'flagged' on the system as needing to be addressed or reviewed.

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 identified, recorded and highlighted in people's support plans. This helped ensure staff understood how best to communicate with each person.
- Staff told us about the different ways they communicated with people and had a good understanding of how people's mental health affected their ability to communicate their needs if they were anxious or upset or experiencing poor mental health.

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

- People continued to be supported to lead full and active lives, follow their interests, and take part in social activities. The provider organised a number of activities and arranged for external entertainers to come into the service.
- Support plans included a list of their known interests and people were able to make choices about how they spent their time and were freely able to come and go as they wished.
- People were supported and encouraged to maintain relationships with friends and family.

End of life care and support

- Where discussions had taken place with people regarding their end of life wishes, these were documented, and care plans recorded if a person had a 'do not resuscitate' document in place.
- Staff told us the service was committed to supporting people's wish to remain at the service whenever possible. Staff had received training in end of life care and described how they worked in partnership with community healthcare professionals to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns and were confident these would be listened to and acted upon. One person said, "I would talk to [registered managers name]. Another said, "We all have to take personal responsibility for our own actions, but if I had any concerns, I could speak to any of the staff, and I know they would help me." Relatives were confident the provider would take the right action to address any concerns they might have.
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received.
- People had access to advocacy support if needed and contact details were displayed within the home should they need them.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff had confidence in the registered manager and told us the service was well managed. Comments included, "We have always been very impressed," "It's very well run" and "The registered manager is very experienced and runs a tight ship".
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Staff's competence was regularly monitored through observations of their practice.
- Learning took place from accidents and incidents.
- Concerns and complaints were listened to and acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided and drove improvements through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- The management and staff structure provided clear lines of accountability and responsibility. Staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The provider was committed to protecting everyone's rights in relation to equality and diversity and staff told us of the importance of ensuring people was supported equally and respected.
- The registered manager and staff had good working relationships with partner agencies. This included working with other health and social care professionals. For example, Moorleigh was part of the 'Red Bag' scheme project working with South Devon and Torbay NHS Foundation Trust. The scheme aims to reduce the amount of time people have to spend in hospital by helping to ensure people receive the right care, in the right place, at the right time.
- Annual satisfaction surveys provided people, relatives and staff with an opportunity to express a view about the quality of the service provided. Information was analysed to identify themes, patterns or improvements that may be needed.

- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff felt listened to, supported and had input into the running of the service.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.