

Moriah House Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected the service on 17 February 2015. Moriah House Limited is a care home (without nursing) for older people with or without dementia. Moriah House Limited provides accommodation and personal care for up to 39 people. On the day of our inspection there were 28 people who were using the service.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager left the service in June 2011. There was an acting manager in post to manage the service who had not applied to become the registered manager. 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 and associated Regulations about how the service is run.

When we last inspected Moriah House Limited in August 2014 we found there were improvements needed in relation to staffing, assessing and monitoring the quality of service provision and records. The provider sent us an action plan telling us they would make these

Summary of findings

improvements by 30 November 2014. We found at this inspection that this had been completed and the provider had made all of the improvements in line with their action plan.

There were systems in place to provide people with the healthcare they required but we found examples where these had not been followed, which meant people did not receive the healthcare they needed. Staff understood the risks people could face through everyday living, but they did not always follow the actions needed to ensure their safety.

Staff knew how to keep people safe and to raise any concerns if they suspected someone was at risk of harm or abuse.

There were sufficient staff on duty to meet people's needs. More staff had been employed since our last visit and action had been taken to ensure the right number of staff were on duty.

People received their medicines when they needed them. These were administered safely and in a sensitive manner.

People's right to make decisions when they were able to was not protected because the legislation for this had not been correctly implemented. Staff received training and supervision to ensure they had the knowledge and skills to provide people with safe and appropriate care.

People were encouraged to have sufficient to eat and drink so that their health and well-being was maintained. Systems were in place to monitor and respond to any unwanted changes in people's weight.

Whilst we saw people being treated with compassion and respect we also saw occasions where people did not receive their care and support in a compassionate way or have their dignity respected and promoted. People were not as fully involved in planning their care as they could be.

There were occasions when people did not receive their care and support when they wanted this, and there were not enough opportunities for people to follow their hobbies and interests. We found examples where people's care plans were not accurate and these did not provide staff with the direction about people's care they should.

People felt their concerns were acted upon and taken seriously, and we saw where complaints had been made these had been addressed and acted upon.

People who used the service, relatives and staff were able to express their views on how the service was run and felt there had been improvements made since our last inspection. There were systems in place to monitor the quality of the service and identify what was working well, and if any improvements were needed.

You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 not always safe.

People may not be protected from avoidable risks because actions that could prevent these were not followed.

People were protected from the risk of abuse because staff knew how to recognise and respond to any allegations or incidents that occurred. There were sufficient staff on duty to meet people's needs.

People's medicines were managed safely and they were given these by staff who had been trained to administer these.

Requires Improvement



Is the service effective?

The service was not always effective.

People were not provided with the support they needed to promote their well-being and on occasions they did not receive the healthcare they needed.

Staff supported people to make decisions and give their consent to their care and support, but they were not protected from decisions being made against their wishes because they were not fully protected under the Mental Capacity Act 2005.

People were supported by staff who received training about their role and responsibilities and had individual support about their work. People were supported to have sufficient food and drink to maintain their health and hydration.

Requires Improvement



Is the service caring?

The service was not always caring.

People were not always treated with respect when receiving support and did not always have their dignity promoted.

People were not being involved in planning their care and support or expressing how they wished this to be provided.

Requires Improvement



Is the service responsive?

The service was not always responsive.

The care people needed and how they wanted this to be provided was not always clearly described in their care plans, so they may not receive this as they wished or needed.

There were systems in place for people or their relatives to raise any complaints or concerns, and any complaints made were acted upon.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The provider had not complied with the requirement of their registration for the service to be managed by a registered manager.

There were systems in place to identify, assess and monitor the quality of the service people received, but these were not always effectively followed.

Requires Improvement



Moriah House Limited

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.

We inspected the service on 17 February 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with eight people who lived at the service, two district nurses and a visiting GP. We spoke with the cook, housekeeper, five members of care staff, the head of care, a trainee manager, the deputy manager, the acting manager and the regional manager. We observed the care and support that was provided in communal areas, including at lunchtime. We looked at the care records of five people who used the service, as well as other records relating to the running of the service including audits and staff training records.

Is the service safe?

Our findings

The last time we inspected the service we found there had been a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified and experienced persons to safeguard the health, safety and welfare of people who used the service. The provider sent us an action plan detailing the improvements they would make. During this inspection we found the required improvements had been made and there were sufficient staff to meet people's needs.

People told us they felt there were sufficient staff on duty to meet their needs. One person told us, "They are very busy, but there seem to be plenty of them." Another person said, "I think they have enough staff."

We found there were enough care staff to meet people's needs in a timely way and sufficient staff to carry out the household duties including cleaning the service and managing people's laundry. The acting manager told us they had implemented a sickness monitoring scheme which had improved staff attendance at work. They also told us they had recruited more staff and had carried out the required recruitment checks to ensure they employed staff who were suitable to work with people who used the service.

The acting manager told us they considered people's needs when deciding how many staff needed to be on duty to meet these. The layout of the building was considered and people who had higher dependency needs had rooms closer to communal areas so staff could respond promptly to them. We looked at a sample of staff rotas and these showed the planned staffing numbers were provided.

A staff member told us, "I feel there are enough staff, when there is sickness the manager makes every effort to cover shifts." Another staff member told us there were two staff allocated to help people eat their breakfast which worked well with the staggered times people came down for breakfast. A housekeeper told us they were in their third week and everything was going well. The housekeeper told us their team of ancillary staff were sufficient for fulfilling their duties.

People who used the service told us they felt safe. One person told us, "I feel quite safe, they look after all of us." Another person said, "I am not frightened by anything here."

Staff we spoke with, including the recently appointed housekeeper, told us they had been trained to recognise signs of potential abuse and knew what to do should they have safeguarding concerns. A staff member told us, "I have never witnessed any abuse."

The manager told us all staff had received training in keeping people safe and how to identify and report any signs of abuse or risks of harm and the staff training records showed they had done so. There was information displayed in the office and communal areas on how to contact other agencies if staff needed to report any concerns to people's safety.

People were not fully protected from avoidable harm. One person we visited in their room told us they were unable to walk and we saw the call bell was not left within their reach. The person told us this had happened previously. They said, "I can reach it sometimes." This meant the person would be at risk of falling if they tried to get to the call bell to call for assistance.

We saw one person cry out in pain and said their hip hurt when being assisted by staff with their mobility. The risk assessment did not mention the person had previously had a broken hip and this still caused them pain, which would have provided staff with the information on how to support the person without causing them pain.

People living with dementia who may act in a way that could cause themselves or others harm or distress were being supported in a safe way. Staff told us they took positive action to protect people from harm if the person's individual behaviour could cause harm to themselves or others. A staff member told us, "We always consider the impact people's behaviour can have on others and we separate their seating areas if needed to keep them safe."

People were provided with their medicines when they required them. A person who used the service told us they were given painkillers when they needed these. The person said, "I am asked if I am in pain." A person on bed rest told us they received their medicines as needed.

The staff member administering medicines was wearing a red tabard to indicate they should not be interrupted. We

Is the service safe?

heard a staff member say you do not interrupt staff when administering medicines so they were not distracted and made a mistake. This showed that staff understood the importance of concentrating when administering medicines and followed this process. We saw people were given their medicines safely and in a sensitive and caring manner, which included allowing the time they needed to take these. We heard the staff member encourage one person to take a medicine by reminding them they liked the taste of it.

The head of care described the arrangements to ensure people's medicines were ordered, stored and administered to them safely. There was no one at the service who could administer their own medicine and all staff who

administered medicines had received the training needed to ensure they knew how to do so safely, and had been assessed as competent to do so. There was information in people's care plans detailing how they liked their medicines to be administered.

The acting manager told us there was not always a staff member who was trained to administer medicine during the night on duty. The acting manager told us this had not led to anyone not having medicines when they needed them, but training had been arranged for night staff so they could administer any medicines needed in the future. The acting manager told us they planned to ensure there was always a staff member present overnight who could administer medicines.

Is the service effective?

Our findings

Some people told us how they received support with their healthcare. A person who used the service said, “I do my hand exercises.” Another person told us, “I can see a doctor if I need to, I did so recently.”

However we found people did not always receive the health care support they required. Although healthcare professionals visited the service regularly this did not ensure people received the health care they required. We saw one person who was unable to express themselves was in urgent need of a healthcare appointment, but this had not been responded to by staff, who should have noticed the need when providing the person with personal support on a daily basis. Another person told both members of the inspection team separately that they had a concern about their health following a recent illness, and would like to see the doctor. They said they had also told this to staff. Staff we spoke with were unaware of this and no doctor’s appointment had been made for the person.

A district nurse told us that on occasions they had to remind staff to follow plans that were put into place to promote people’s well-being. Staff had been advised that one person should be provided with bed rest during the day, however there was no care plan to provide staff with the guidance that this should happen and the person did not have bedrest on the day of our visit. We also found records to identify what healthcare people required had not always been updated to reflect changes in people’s needs over such things as falls, accidents and wounds. This meant staff may not provide people with the correct care or support.

We found that Moriah House Limited had not ensured people received the healthcare support they required. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if

there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found people were not always protected under the MCA.

We found some decisions had been made for people without following the legal process to determine if people had the capacity to make these decisions themselves. These included people having a flu vaccination. We saw some people who used wheelchairs had a lap strap used. Staff told us they had been told to use these, but there were not any assessments, including mental capacity assessments, to determine if people needed to be restricted in this way. We also saw decisions had been taken in people’s best interest when they had not been assessed to determine if they could make the decision for themselves.

We saw people were asked for their consent before they were provided with any day to day support and were able to make choices and decisions about daily matters that affected them. A person who used the service told us, “I do the things I want to do.” Another person said, “I chose what I’m wearing, my necklace goes really nicely with this (outfit).” A third person said, “I was asked if I wanted my hair doing. I said no as it doesn’t need doing.” We saw one person had their lunch later than other people did. The person told us, “I have been out for a smoke, I can have one when I want.”

People told us they felt staff had the right skills to meet their needs. A person said, “I think the staff are very good.” A relative told us staff knew how to meet their relation’s needs.

Staff we spoke with confirmed they had been provided with an induction and shadowing period until they felt confident to undertake their role and make sure they were not left in situations they could not handle. We saw a staff induction checklist sheet that all new staff were asked to complete.

The acting manager said all staff had now either completed the training they needed to carry out their duties or they were due to attend training in the near future to do so. A staff member told us, “Yes I do feel skilled, I do training every year to keep my skills up to date.” Staff told us their training included providing care for people living with dementia and we saw dementia training was included in the staff training plan. Some staff had completed a professional qualification in health and social care.

Is the service effective?

Staff confirmed that they received appraisal and supervision regularly from managers, and told us they had received an appraisal within the last six months. There was a record kept of when staff had supervision to discuss their work role and responsibilities. This had not been updated so did not show when staff had this support provided. The acting manager showed a new system where they held and recorded an “Immediate discussion” with staff if there was any piece of good practice or where practice needed improving. A staff member told us, “I feel safe and confident in my role.” Another staff member said, “I regularly discuss my progression with the manager at supervision.”

People who used the service told us they enjoyed the food they were given. A person who used the service told us, “I had a lovely dinner.” We saw the cook had regular contact with people where they could talk to them about their likes and dislikes. We saw people being offered drinks and snacks regularly during the day. A staff member told us, “We take time to make sure people have enough to eat and drink, we always provide whatever they want.”

Kitchen staff were involved in planning meals to increase people’s nutritional intake. A member of the kitchen staff told us, “We are told about dietary needs as soon as people are admitted. We are able to produce different diets.”

Each person had a nutritional assessment and was weighed regularly. Where there were concerns about the amount people who used the service were eating and drinking staff completed food and fluid monitoring charts. This meant they monitored people’s nutritional intake and supported them to increase this if needed. A member of the kitchen staff told us, “The staff also tell us if people have weight loss and we give them a fortified diet.” We saw how one person with weight loss had been referred to the dietician and was prescribed a supplement to increase their nutritional intake. The acting manager told us how they supported and encouraged people to eat well. This included involving a dietician and speech and language therapist to provide advice on diet and ways of overcoming swallowing difficulties.

Is the service caring?

Our findings

We saw occasions where people were spoken with by staff in a friendly and respectful way and staff showed knowledge of each person's likes and preferences. For example one staff member greeted people nicely as they came to the dining room for lunch making comments such as, "Your hair looks nice today" and "It is nice to see you here." A person who used the service told us, "I like it here, they (staff) are so kind to you." However we also saw occasions where staff supported people with a particular task such as eating their meal, but did not use this as an opportunity to talk with the person.

People felt valued and listened to. We saw staff responding in a way that demonstrated they knew people's likes and preferences. A person who used the service told us, "They (staff) do know me, we talk about all sorts." Another person told us they felt their religious needs were met. They said they had visitors from their place of worship and were able to read about their faith. There was information in people's care files to help staff know people and what was important to them.

Staff told us they did not think people were involved in preparing their care plans. One staff member said, "I have seen one person explaining about a care plan to a resident but I'm not sure if they are involved." The acting manager said people were not routinely offered the opportunity to be involved in preparing their care plans and described their involvement in planning their care as, "Hit and miss." We saw a form that had been used previously to show when and how people were involved in preparing their care plans, and the acting manager said they intended to reintroduce this to use to involve people in planning their care in future.

The records we viewed did not reflect that people were consistently involved in planning or discussing their own care. Some of the information contained within people's care plans was useful but not presented in a way that people who used the service could follow.

People who were able to comment to us said their privacy and dignity were respected. One person told us, "I am

respected. They (staff) knock on my door and say who they are. They ask if they can come in and I say yes." However we saw examples of how people's dignity was not promoted. We saw occasions when people did not receive the support they required to manage their continence. We saw staff taking one person, who required staff to support them with their mobility to change after they had been incontinent. The person's care plan stated the person was, "Continent by day, regular toileting programme." Another person asked a staff member to be taken to the bathroom. The staff member, who was occupied, said they would get another staff member to help them. However no other staff came to help the person, and they had to wait for ten minutes until the staff member had finished what they were doing before they were helped to go to the bathroom.

People did not receive the support they needed to have their preferences over their appearance and dress respected. For example the majority of people were not wearing tights or socks. A person who used the service told us, "I didn't know I didn't have any stockings on, I would prefer to." Another person told us, "I don't have any tights or stockings to put on." We saw one person, who required staff to assist them to get dressed, had come down in the morning without any footwear. When we asked a staff member about this they told us they did not know why the person was barefooted as they had slippers and went and got these for them. The staff member said, "That's better." We asked the person if they had not been wearing their slippers due to their choice and they told us, "I prefer to have my slippers on."

We saw another person was wearing clothes that were significantly too big for them. A staff member told us the person had lost weight over recent months and had new clothes in their room which staff should have ensured they were wearing when they had helped the person get dressed that morning.

Dignity champions had been appointed to act as role models and promote good practice with regard respect, compassion and dignity within the service. Staff we spoke with could not provide examples of how these dignity champions had made a difference to the care being provided.

Is the service responsive?

Our findings

People did not always receive the care and support they needed in good time. A person told us they had been waiting for their breakfast for a long time. (We noted this had been for over 20 minutes.) The person said, “I often have to wait for my breakfast, but I’m not really bothered.” However the person added, “I would prefer not to have to wait so long.”

People felt there were not enough opportunities for them to take part in recreational activities or follow their individual hobbies and interests. A person who used the service told us, “We don’t play many games.” Another person said, “I don’t think there is really enough to do.” There were items of interest, such as musical instruments, period clothing and other memorabilia, located around the service for people to use if they wished to. We saw arrangements were underway to provide people with pancakes for tea to celebrate Shrove Tuesday.

A person who used the service told us, “I feel well looked after.” A relative told us they were quite happy with the care their relation received and that staff occasionally took them to a local supermarket which they enjoyed.

Each person had a set of care records to provide staff with guidance on how to meet their needs. Some of these were reviewed and updated, but we saw some people’s care plans were not reviewed and updated on a regular basis, so they would not show if the person had undergone any change of need. We also saw some care plans did not always contain the information needed to ensure staff provided people with the care and support they needed. We saw examples where people’s health and cultural needs were not recorded within their care records.

Records did not show people received the care that was planned to protect them or provide staff with information

about how people’s needs should be met. There were no instructions on the frequency of positional changes or the amount of fluid and diet that was planned to maintain people’s optimum level of health. For example one person who was cared for in bed was meant to be turned two hourly and have their diet and fluids monitored as they were losing weight. Their personal care charts did not show if they had to be repositioned regularly or what the person had to eat or drink. There was no record of any management oversight to ensure people received the care they needed. Therefore it was not known if the person received the care they had been assessed as needing to protect their skin integrity and promote their nutritional intake.

Staff followed a recognised approach for working with people who were living with dementia. This was designed to promote people’s dignity and their ability to continue to do as much as they could for themselves. We saw how this approach enabled a person to influence their living arrangements and provided them with the support they needed in the way that they preferred. We saw another person following an interest that had been identified through using this approach. We also saw consideration had been given as to how to make the environment assist people with their orientation through the use of colours, pictures and signage.

People we spoke with told us they had not needed to make a complaint as they felt their concerns were acted upon. A person who used the service told us, “If something is not right they soon sort it out.”

Staff told us if anyone told them about a problem they tried to resolve this for them. The acting manager said they looked to identify how they could improve the service through acting upon people’s complaints and concerns. There were two complaints recorded in the complaints file both of which had been resolved.

Is the service well-led?

Our findings

The last time we inspected the service we found there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider did not have systems in place to regularly assess and monitor the quality of service that people received. The provider sent us an action plan detailing the improvements they would make. During this inspection we found the required improvements had been made and we saw systems were now in place to monitor the service, although this was not always done effectively.

There were audits on different areas of the service which had been completed to varying standards. An audit of catering services showed improvements had been made by following an action plan prepared from a previous audit. However an infection control audit did not have an action plan drawn up to identify what improvements were needed and how these should be made. The acting manager said this should have been done by now so the improvements needed could be made.

Checks were carried out on equipment used to ensure this was in safe working condition. We saw other health and safety checks were completed and staff spoke of there being regular fire safety checks. We saw the housekeeper completing a cleaning schedule to show which areas had been cleaned that day. They told us this was done daily to ensure all areas of the service were cleaned regularly.

The last time we inspected the service we found there had been a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people who used the service were not protected from the risks of unsafe or inappropriate care and support arising from a lack of accurate records, including appropriate information and documents in relation to their care and support. The provider sent us an action plan detailing the improvements they would make. During this inspection we found the required improvements had been made, although some records still did not contain sufficient detail.

The acting manager told us they now carried out checks to ensure records were kept up to date. We saw staff, including night staff, had been reminded of the importance of keeping records accurate and up to date in staff meeting

minutes. We looked at a sample of these and found this to be the case. For example all staff on duty that day had signed the staff signing in book and the visitors' book was in order and used regularly.

People who used the service told us they found the acting manager approachable. A person who used the service told us the acting manager, "Seems nice and comes and talks to me. I would soon put them right if they didn't." Another person told us the acting manager, "Comes around and asks me if I am alright."

People also told us they were able to discuss issues and make suggestions in residents' meetings. A person who used the service told us, "I feel listened to when I say something." A staff member told us, "The residents have a regular meeting." We saw the minutes for a recent residents' meeting where there had been discussions held about what activities people would like, whether people were happy with the catering arrangements and if anyone had any concerns they wanted to discuss.

Staff felt valued and involved in the running of the service and able to express their views. Staff told us they found the acting manager approachable. A staff member said, "We have a couple of meetings a month and they are good at listening, it's an open culture and the manager is very good." Another staff member said, "We always have a handover."

The service was being managed by an acting manager, but they had not yet applied to become the registered manager. It is a condition of the provider's registration with us that the service is managed by a registered manager. The last registered manager left the service in June 2011, so the provider has not complied with the condition since then.

The acting manager was aware of their legal responsibilities to notify us about certain important events that occurred at the service. The acting manager had sent us notifications about events that had taken place.

A person who used the service told us, "I think the manager has turned the home around there have been lots of improvements." The acting manager told us they had made a number of improvements but they knew there were more improvements needed. They said they had definitely moved forward and knew where the gaps were that they still needed to improve on.

Is the service well-led?

A daily handover sheet had been implemented, but there were occasions where this was not completed with the care

necessary to ensure all the information intended was captured onto this. On other occasions we saw how this had been used to successfully pass information between staff and follow up on people's care needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The planning and delivery of care did not meet people's needs and ensure their welfare and safety.