

HC-One Limited

Moorhouse Farm

Inspection Report

Moorhouse Lane
Ashington
Northumberland
NE63 9LJ
Tel: 01670 857727
Website: standards@hc-one.co.uk

Date of inspection visit: 29/04/2014
Date of publication: 08/06/2014

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8
Action we have told the provider to take	13

Summary of findings

Overall summary

Moorhouse Farm is a residential home registered to accommodate up to 24 people. At the time of our inspection there were 13 people living at Moorhouse Farm.

Our inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Below is a summary of what we found. The summary is based upon observations during the inspection, speaking to people who used the service and the staff supporting people.

At the time of our inspection there was no registered manager in post. However a manager had been recruited to the home and had been in post for number of weeks. The manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the same site; Moorhouse Farm and Ashington Grange. When looking at the accidents, incidents and complaints recorded we noted that this information was not recorded separately for Moorhouse Farm and therefore it was difficult to distinguish which home the incidents or accidents had occurred in.

In addition we noted the records for complaints received in the past 12 months were not complete.

We saw that no documentation was available to show investigation or action had taken place and in seven cases the original complaint letter was not available to view.

This meant there had been a breach of the relevant legal regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of the main report.

During our inspection staff we spoke with had a good understanding of safeguarding and could describe to us

the training they had received and what they looked out for when working in the home. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We noted that in the lounge there was only one buzzer available and this was not located in a central area of the room. Due to people's mobility needs we observed that they were unable to reach the buzzer and therefore would be unable to request assistance when required.

We saw medication within the home was stored appropriately and monitored on a regular basis.

When looking at care records we saw that people were involved regularly and where they could not express their views the service ensured that friends or family members were involved. We saw the activities at the home were varied in both ability required and location to try and engage as many of the people who used the service as possible.

Staff told us they had received training in all mandatory areas such as infection control and moving and handling. The manager told us they were aware supervisions had fallen behind prior to them starting in post. However, we noted 70% had been completed in the three months since they joined and they confirmed the remaining supervisions were planned to be completed by the end of the following month.

We saw staff were kind and caring and had developed positive relationships with the people who lived at Moorhouse Farm. People told us they were happy with the care they received at Moorhouse Farm. One person said, "This company is called HC, HC stands for High Class." Another person said, "I feel very well looked after here."

We saw staff knocked on peoples doors and asked permission before entering any rooms. We observed staff were discreet when talking to people about personal care requirements and made sure this was carried out in private.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We noted that in the lounge there was only one buzzer available and this was not located in a central area of the room. Due to people's mobility needs we observed that they would be unable to reach the buzzer and therefore unable to request assistance when required.

People who lived at Moorhouse Farm told us they felt safe. We asked staff members what they would do if they suspected abuse and they were confident in their answer and were able to tell us the correct action to take.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We noted that although staff had received training in the Mental Capacity Act 2005 we saw no mental capacity assessments had been complete.

We saw medication within the home had been stored appropriately and monitored on a regular basis. We noted that each person's Medication Administration Record (MAR) had a photo of the person and clearly indicated any known allergies. We saw MAR records and the control drugs register had been audited regularly and no signatures were missing.

Are services effective?

People told us they could make choices regarding how they spent their time and the care they received.

When looking at care records we saw that people had been involved regularly and where they could not express their views the service ensured that friends or family members had been involved. The manager told us that if people didn't have someone to support them they would help the person to get an advocate.

Staff told us they had received training in all mandatory areas such as infection control, moving and handling. We noted that as well as mandatory training staff completed National Vocational Qualifications and received training in specialised areas such as end of life care.

The manager told us they were aware supervisions had fallen behind prior to them starting in post. However, we noted 70% had been completed in the three months since they joined and they confirmed the remaining supervisions were planned to be completed by the end of the following month. Staff told us they felt supported in their role and they were confident they could speak to the manager if they had any concerns.

Summary of findings

Are services caring?

We saw staff were kind and caring and had developed positive relationships with the people who lived at Moorhouse Farm. People told us they were happy with the care they received. One person said, "This company is called HC, HC stands for High Class." Another person said, "I feel very well looked after here."

Staff we spoke with knew people well. They were able to describe people's individual preferences and traits and they knew information about their personal histories and what mattered to them. We reviewed four care plans and saw they were written with the needs of each person in mind

We saw staff knocked on peoples doors and asked permission before entering any rooms. We observed staff were discreet when talking to people about personal care requirements and made sure this was carried out in private.

Are services responsive to people's needs?

We noted that each person had a 'room profile' document which summarised their individual preferences, we saw this included what people like and admire, important things about people's life, what they liked to do during the day and their personal care needs. People told us that staff supported them to do what they want. One person told us how they were supported to go and visit places that interested them.

We saw on the day of our inspection that two people were gardening and planting bulbs. People told us that there were a wide variety of activities arranged within the home. We saw the activities arranged by the home had been advertised on the notice board and included a plan of activities available for the next four weeks. We saw that the activities were varied in both ability required and location to try and engage as many of the people using the service.

We saw that people had care plans in place for end of life care. We noted that this included information about any advance decisions as well as personal preferences.

Are services well-led?

At the time of our inspection there was no registered manager in post. However a manager had been recruited to the home and had been in post for number of weeks. The manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the site; Moorhouse Farm and Ashington Grange. When looking at the

Summary of findings

accidents, incidents and complaints recorded we noted that this information was not recorded separately for Moorhouse Farm and therefore it was difficult to distinguish which home the incidents or accidents had occurred in.

In addition we noted the records for complaints received in the past 12 months were not complete.

We saw that no documentation was available to show investigation or action had taken place and in seven cases the original complaint letter was not available to view.

This meant there had been a breach of the relevant legal regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of the main report.

At the time of our inspection there were 13 people living at Moorhouse Farm. We looked at the rota for the previous four weeks and noted there was a consistent level of staffing provided.

We noted that the home had effective plans in place for emergencies. A service user evacuation register was available and covered all aspects of evacuation including equipment requirement, staff required to support each person and a risk rating per person.

Summary of findings

What people who use the service and those that matter to them say

People we spoke to were positive about living about Moorhouse Farm. One person said, "This company is called HC, HC stands for High Class." Another person said, "I feel very well looked after here."

People told us they felt safe in the home. Their comments included, "I feel very safe here" and "I would not change anything about the care home."

People spoke highly of the activities available at Moorhouse Farm. They said, "There was a singer the other week, he was really good, he sang lots of songs that we

liked. He did requests too", "I can get up and go to bed when I feel like, I go out in the garden when I want to. I wouldn't change anything about the home." Another person told us how they liked to go out on day trips and the service supported them by facilitating this.

People were positive about the support they received from the staff, they said, "They always ask permission before they do anything. I feel well looked after." Another person said, "I get the privacy I need, the staff are really good at that, they are really nice and helpful."

Moorhouse Farm

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited this service on 29 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care in the communal area and used the Short Observational Framework (SOFI), which is a specific way of observing care to help us understand the experience of

people who could not talk with us. We spoke with members of staff and people who used the service. We also looked at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of two Inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service and contacted the local safeguarding authority and local commissioning. The provider submitted a 'provider information return', which we reviewed prior to the inspection.

Moorhouse Farm is registered to accommodate up to 24 people. At the time of our inspection the service provided care for 13 people.

Are services safe?

Our findings

People living at Moorhouse Farm told us they felt safe. One person said, “I feel very safe here, they always explain things too.” Another person said, “I feel completely safe.” Staff told us they had received training in safeguarding and records confirmed this. We asked staff members what they would do if they suspected abuse and they were confident in their answer and were able to tell us the correct action to take.

We noted that the safeguarding policy, along with policies for Mental Capacity and Deprivation of Liberty Safeguards (DoLS) were displayed on a notice board in the corridor of the home. We saw that the telephone contact details for the local safeguarding authority were also displayed.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place, however the manager knew the correct procedures to follow to ensure people’s rights were protected. We saw that each person had a DoL screening checklist in their file which staff had reviewed monthly. We noted that although staff had received training in the Mental Capacity Act 2005 we saw no mental capacity assessments had been completed. We spoke to the manager who had recently been appointed and she talked us through the plan she had put in place to ensure Mental Capacity Assessments were completed, where applicable, within the next four weeks.

We spent some time in the lounge of the home. The lounge was located off the main corridor and therefore staff had to intentionally go into this room, they could glance in as they walked by. We noted that in the lounge there was only one call bell available and this was not located in a central area

of the room. Due to people’s mobility needs we observed that they would be unable to reach the call bell and therefore unable to request assistance when required. We observed that at busy times of day the time between staff visiting the lounge was greater, due to them supporting other people at the home, therefore posing a risk to people using the service who were unable to access the call bell system.

We spoke with the Quality Assurance Manager following the inspection and they advised that the home would ensure that further call bells were installed in the lounge so that people would be able to call for assistance should it be required.

We saw that medication in the home was stored in a locked treatment room and controlled drugs were stored in a secure wall mounted cupboard. We noted that the service had a good system of ordering medication and medication was checked daily to minimise any risk. We saw that following each daily check a form was submitted to the manager for review. We found that a register was in place for controlled drugs, there were no gaps in signatures and a daily count was evident.

We saw that each person’s Medication Administration Record (MAR) had a photo of the person and clearly indicated any known allergies. We saw that each MAR record was colour coded for morning, lunch, tea and evening medication, which helped to minimise any errors with medication administration.

For medication that needed to be stored in a refrigerator we saw that the opened medication had had the date that it could last be used noted and the fridge and room temperature were monitored regularly.

Are services effective?

(for example, treatment is effective)

Our findings

People told us they could make choices regarding how they spent their time and the care they received. One person said, "I can get up and go to bed when I feel like, I go out in the garden when I want to. I wouldn't change anything about the home." Another person told us how they liked to go out on day trips and the service supported them by facilitating this.

We noted that people's care plans were written with their involvement. Where people could not express their views we noted that a friend or family member had been involved. We saw people had monthly reviews with staff where by they discussed any changes in their needs. Staff told us they asked people during these meetings if there was anything about the care they received they would like to be done differently. The manager told us that if people couldn't express their views and didn't have a friend or family member to support them they had details of local advocacy agencies that could come and support and represent people. We noted information regarding advocacy was available in the communal areas of the home.

We saw throughout the inspection that people's individual choices were respected. One person told us that they preferred to stay in their room and staff acknowledged that. They advised that they were still always told about events or activities that were taking place, to keep them involved, but they never felt under pressure and felt the staff respected their decisions. Another person told us they liked to go for a lie down in the afternoon and staff supported them to do so. One person said, "If I want something they always make the time to help me get it."

Staff told us they liked working at Moorhouse Farm. One staff member said, "I love working here. The manager is very supportive." Staff told us they had received training in all mandatory areas such as infection control, moving and handling. We spoke to the senior care worker on duty who confirmed they had received medication training and that this was updated regularly. We looked at records which confirmed this.

We noted that as well as the mandatory training, some staff also received training in specialised areas such as pressure care and end of life care. We saw 42 staff working between the two services at the time of inspection had completed an National Vocational Qualification (NVQ) Level 2 and a number of staff were working towards their NVQ Level 3. Staff told us the service supported them to gain qualifications related to their role.

The manager told us they were aware supervisions had fallen behind prior to them starting in post. They told us they had been making a conscious effort to ensure all staff received a supervision. We noted that across the two services there were 69 staff members employed and since the manager had started in February, 45 staff had received a supervision. The manager told us that they intended to get the remaining supervisions complete in May and then each staff member would receive a supervision every two months following this.

Staff told us they felt supported in their role and they were confident they could speak to the manager if they felt they needed training in a certain area. One staff member said, "The team works well together"

Are services caring?

Our findings

We saw that staff were kind and caring and had developed positive relationships with the people who lived at Moorhouse Farm. We noted that there was a relaxed atmosphere at the home and everyone was happy. We saw people were confident when making jokes with staff members, we saw that staff were always respectful and friendly in their interactions.

People told us they were happy with the care they received at Moorhouse Farm. One person said, "This company is called HC, HC stands for High Class." Another person said, "I feel very well looked after here."

Staff we spoke with knew people well. They were able to describe people's individual preferences and traits and they knew information about their personal histories and what mattered to them. We saw that where applicable people had a document entitled 'This is me' in place. The document was designed by the Alzheimers Society and it provides people with information about the person they are caring for, so they can ensure they are treated as individual and given appropriate care and support.

We reviewed four care plans and saw they were written with the needs of each person in mind. Each plan contained up-to-date information on how to care for the person and how to meet their individual preferences. They included what was important to people and how staff should maintain their privacy and, dignity. People had been involved in their reviews, which were set out in a way that focused on the person receiving care. They were easy to read and helped people who used the service to fully

understand what their plan contained. They talked about people's dreams and goals and showed that people had been supported to do the things they liked and were interested in.

During our period of observation we watched staff serve tea and coffee to people at the home. We noted that biscuits were available and that staff were encouraging people to have a look and pick the type of biscuit they preferred. We observed people were encouraged to be independent with staff support. We saw that each person had a care plan in place which recorded ways in which their independence could be respected and encouraged. For example, we saw one person was encouraged to choose different activities and outings they would like to go on, whilst another person was encouraged to wash their face and hands, whilst other areas were supported. Staff encouraged people to speak for themselves and gave people time to do so.

We saw staff knocked on people's doors and asked permission before entering any rooms. We observed staff were discreet when talking to people about personal care requirements and made sure these were carried out in private. People were well dressed and well looked after and told us they chose what to wear each day.

Staff we spoke with were able to explain and gave examples of how they ensured people's privacy, dignity and independence had been maintained. Staff had a good knowledge and understanding of equality and diversity and records showed all staff had received training in this area. One person we spoke with said, "They always ask permission before they do anything. I feel well looked after." Another person said, "I get the privacy I need, the staff are really good at that, they are really nice and helpful."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We reviewed four care plans and saw each had been evaluated monthly. This ensured the home responded to any change in people's needs. We noted that each person had a 'room profile' document which summarised their individual preferences, we saw this included what people like and admire, important things about people's life, what they liked to do during the day and their personal care needs. People told us that staff supported them to do what they want. One person told us how they were supported to go and visit places that interested them.

We noted the home had a large number of notice boards which contained information for people using the service. This included information for the local advocacy service as well as details about trips the home was planning, community centres and local activities that people could participate in.

We saw that people were encouraged to maintain personal relationships and attended activities in the community. We noted that one person attended a community centre twice each week. We saw on the day of our inspection that two people had been gardening and planting bulbs. Staff told us that one person liked to help the staff and regularly asked to help clear the tables. Due to this the staff had arranged for the person to have a HC One name badge for when they were helping out.

We saw that there were two activity staff employed to work between Moorhouse Farm and the neighbour home Ashington Grange. Each staff member worked Monday to Friday and shared their time between the two services. The manager told us that she was looking at varying the working hours so that there would be opportunities for

activities on evenings and weekends. People told us that there were a wide variety of activities arranged within the home. One person said, "There was a singer the other week, he was really good, he sang lots of songs that we liked. He did requests too." Another person told us that they had been on a trip to Carlisle the previous week and everyone had enjoyed their evening meal out.

We saw the activities arranged by the home were advertised on the notice board and included a plan of activities available for the next four weeks. We saw that the activities were varied in both ability required and location to try and engage as many of the people using the service.

The manager told us that monthly residents meetings were held and people were encouraged to share their views. People told us they also had menu meetings where they discussed the food for the previous month and gave feedback or any areas they would like to see changed. People told us they could put forward any meal ideas for consideration. We saw that at a recent meeting people had requested a change to the food menus and the manager showed us how these changes were being drafted so they could include people's feedback.

We saw that people had care plans in place for end of life care. We noted that this included information about any advanced decisions as well as personal preferences. We saw that one person had requested that staff sit with them when the end of their life was approaching if their family member was not available. We noted another person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. We saw staff had documented the conversation and the personal choice made by the person regarding their right to choose not to be resuscitated.

Are services well-led?

Our findings

At the time of our inspection there was no registered manager in post. However a manager had been recruited to the home and had been in post for number of weeks. At the time of our inspection the manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the site; Moorhouse Farm and Ashington Grange. When looking at the accidents, incidents and complaints recorded we noted that this information was not recorded separately for Moorhouse Farm and therefore it was difficult to distinguish in which home the incidents or accidents had occurred.

In addition we noted the records for complaints received in the past 12 months were not complete. 10 complaints had been received across the two services and although all had received a written response we noted that for seven complaints the original letter of complaint was not available. No documentation was available to show investigation or notes taken in response to the 10 complaints. The manager who was in charge of the service at the time the complaints were received was no longer in post, therefore we were unable to discuss this further. We noted that there appeared to be no learning or documentation actions from the complaints received.

We saw that all accidents were logged on to the providers central system, 'Datix', however we saw that they were all logged under Ashington Grange and that no profile was set up for Moorhouse Farm information to be recorded separately. The manager told us that they could search the accidents and incidents, for example to see how many accidents happened between a specific time period, however they did not receive this information automatically. No trends identified from the data entered into the system were recorded automatically which meant that the service was not learning from the mistakes that occurred to prevent repeat incidences.

The manager advised that for the month of April they had started to complete a falls analysis outside of the central system so they could look at how many falls had happened per person. We noted however, that this again was done as

one document for both services together and there was no separate set of information. We concluded the service could not identify trends in falls or propose any learning points as the information was not able to be viewed per service.

This meant there had been a breach of the relevant legal regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of this report.

At the time of our inspection there were 13 people living at Moorhouse Farm. We saw that each day there had been one senior carer and two care assistants on the day shift and two care assistants on the night shift. We looked at the rota for the previous four weeks and noted that this level of staffing cover was constantly provided.

We saw that although the same staff worked in the home on a daily basis which helped to ensure care received was consistent, the manager also managed another home on the same site. They explained that if there were any staff shortages they would be able to cover these with the permanent staffing team.

We noted that the home had effective plans in place for emergencies. A service user evacuation register was available which listed all people who lived at the service and gave them a risk rating for evacuation procedures between low and high risk. The register also contained information about whether any assistive equipment would be required and the number of staff that would be required to assist. In addition we noted that staff telephone numbers, next of kin details and contact for the local GP was recorded.

The manager explained that they had in place reciprocal arrangements with other care homes in the event of any emergency that made it impossible for people to stay at the service. We noted that the evacuation information included addresses and telephone numbers for the backup services and a map on how to get there. We noted that in order to support the staff in the event of an emergency an emergency red bag was stored in the office which contained torches, batteries, notebooks, pens, a high visibility vest and identity bracelets for people using the service.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks as the provider did not have effective systems to regularly assess and monitor the quality of service that people receive.. Regulation 10(1)(a)(2)(b)(i)(c)(i).</p>