Mr & Mrs S Brown

Moorfield House

Inspection report

132 Liverpool Road
Irlam
Manchester
Greater Manchester
M44 6FF

Tel: 01617753348
Website: www.moorfield-house.co.uk

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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
Moorfield House is a two storey purpose built home that provides personal care for up to 33 older people, including people living with dementia. The home has various communal and lounge areas and provides accommodation in single rooms, many of which are en-suite. An extension to the original building accommodates 13 bedrooms. At the time of the inspection 29 people were using the service.

People's experience of using this service and what we found
People continued to be supported to express their views; people told us they had choices and were involved in making day to day decisions.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs continued to be thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and appraisals.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff supported people to access other healthcare professionals when required and supported people to manage their medicines safely.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

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

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

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 31 March 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.

Moorfield House

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 was carried out by one inspector on both days of the inspection.

Service and service type
Moorfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
During the inspection, we spoke with three people who used the service and four visiting relatives to ask

about their experience of the care provided. We spoke with the registered manager, deputy manager, three care staff members, a staff member administering medicines, a DoLS assessor, an independent mental capacity advocate (IMCA), a district nurse and an advanced practitioner. We reviewed a range of records, including four people's care records, risk assessments and three people's medication administration records (MARs).

We looked at four staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

Good

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

- There was a safeguarding and whistleblowing policy in place; and people were protected from the risks of abuse and harm.
- Staff understood the principles of safeguarding and how to safeguard people. One staff member said, "Safeguarding issues could relate to family issues, financial abuse, incorrect moving and handling techniques or speaking negatively to people. I would speak to the manager and feel confident they would listen. I know I can also contact the local authority directly." Records we saw confirmed staff had received appropriate safeguarding training and refresher courses.
- People continued to tell us they felt safe living at Moorfield House. One person said, "Staff are very professional and make me feel comfortable. I feels safe enough living here and I have asked for my bedroom door to be locked at night which is done, and I can sleep like a baby."
- All relatives we spoke with were satisfied that [their relatives] were safe and well cared for; many relatives praised the service provided. One relative said, "I feel [my relative] is very happy and safe here, I am pleased with the care provided and I have no complaints at all."

Assessing risk, safety monitoring and management

- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as physical health, mental health, medicines and mobility.
- Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire which reflected each person's needs.
- Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

Staffing and recruitment

- Robust staff recruitment procedures were followed, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- A dependency tool was used to organise staff rotas; staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- There were enough staff on duty to meet people's needs. One staff member said, "I think we have enough staff on duty and we have enough time spend with people and to read and update their care records." During the inspection we saw staff using hand-held electronic devices to update people's care records.

Using medicines safely

●We looked at how medicines were handled and found they continued to be stored, administered and disposed of safely. This included controlled drugs, which are subject to additional legislation.

●All staff who administered medicines had the relevant training and records showed staff received competency checks. Regular audits of medicines took place. Staff could clearly explain the process for giving medicines.

●We looked at three people's MAR's and found these to be completed correctly, with no gaps, which we confirmed by checking the stocks of medicines.

Preventing and controlling infection

●The service was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken to ensure compliance. Staff received training in the management of infection and food hygiene.

●We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection. Staff washed their hands every time they came into the premises from outside.

●The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency in relation to hygiene levels.

Learning lessons when things go wrong

●The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.

●Risk assessments were reviewed following incidents; there were no identified themes or trends in the incidents recorded.

Good

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
●People's needs were comprehensively assessed and regularly reviewed.
●Care records identified people and their relatives were involved in care planning.
●People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
●People's past life histories and background information were also recorded in the care documentation.
●Care plans had a pre-admission assessment which was carried out before a person moved into the service; this enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
●People's relatives told us they were also involved in care planning and they had confidence in the staff making the right choices for [their relatives]. A relative told us, "I have a good rapport with the staff; they have a good 'banter' with people and I hear people laughing all the time. Staff know about [my relative] and what she used to do and support her with following her interests now."

Staff support: induction, training, skills and experience
●Staff received induction, training, observations and ongoing supervision to support them in their different roles. Any staff new to social care followed the requirements of the Care Certificate, which is an agreed set of minimum standards that define the knowledge, skills and behaviours expected of staff new to care.
●Staff continued to feel supported. One staff member told us, "I get regular supervisions and it's a two-way process; we get to ask questions and you can put your opinion across, but we do this day to day informally anyway. I feel very supported by the registered manager and deputy manager."
●People and their relatives felt staff were competent. One person said, "The staff are very good when helping me with the hoist and allow me to take my time." A relative told us, "I feel staff know what they are doing and are respectful when caring for [my relative].

Supporting people to eat and drink enough to maintain a balanced diet
●People's dietary needs and preferences were met, and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at lunch time half an hour in advance. A menu was on display to help people choose.
●There was a calm and unrushed atmosphere during the mid-day meal. People took as much time as they liked to eat their meal and staff were available to provide any assistance needed.One person told us they enjoyed their dinner of cottage pie, and said it was hot.
●We found specialist diet types were provided for people to meet their dietary requirements, such as diets

with food fortification for those nutritionally at risk. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon.
●There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
●Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals.
●Where necessary, the service supported people with arranging healthcare appointments. A visiting health care professional told us, "I have been visiting the home for several years; the staff refer appropriately and follow my advice, they document well, and creams are stored safely. Staff have a good attitude and I've never had any concerns; people's skin is well looked after."
●Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors.

Adapting service, design, decoration to meet people's needs
● The premises were well maintained. There was plenty of space for people to get around freely without restriction, and people could move around as they wished.
● People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects; bedroom doors had a picture of the person and their name on them
● The home was 'dementia friendly,' and there was signage to identify different areas. The garden of the home had been redesigned since the last inspection to make it more accessible to people. Hand rails and skirting boards were painted in different colours to the walls for ease of recognition and different areas of the home had different names, such as Ruby Road and Emerald Avenue, and these were painted in different colours to help people orientate around the building.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Staff received training in MCA and DoLS. Staff understood consent, the principles of decision making, mental capacity and the deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "It's all about asking people what they want to do and where they prefer to be, whatever makes them more

comfortable."

●Records showed people signed to consent to their care and treatment where they had the mental capacity to do so.

●Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS conditions were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.

●During the inspection a DoLS assessor visited the home to hold a meeting with one person and their relatives; they told us they had no concerns about the service and felt people's care plans followed MCA principles and the service referred appropriately. We also spoke with a social worker who was attending the same meeting; they said, "Staff have a very good understanding of MCA and are confident in this; they follow any conditions attached to DoLS and we have no concerns. They refer appropriately to us, paperwork is very good and follows MCA principles."

Good

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

- Staff continued to demonstrate a caring and kind approach towards the people they supported. We saw numerous occasions when staff enquired about people's welfare, for example when people got up in the morning staff asked everyone if they were feeling well and if they wanted a drink before breakfast. It was clear staff had developed good relationships with people and their relatives; we saw people smiling and enjoying the interaction that took place.
- The home had a privacy and dignity policy and policies on equality and diversity, supporting independence and anti-bullying; staff were aware of these policies and how to follow them.
- Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against. A relative told us, "Staff are very respectful when supporting [my relative]."

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

- We saw staff respected people's wishes, for example about what activities to take part in or what they wished to eat that day. One person was supported to access the community during the inspection and we saw they were wearing a t-shirt which reflected their personal hobby and interest.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day decisions. All relatives said they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. One person, in the presence of their relative, told us, "We're all involved in care planning and we meet about every three months to discuss this."
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed, or covering up parts of the body when supporting people with personal care.

●Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could. People and their relatives told us staff promoted their dignity. One person told us about how staff had helped them to independently order items from the internet in relation to their personal hobby and interest; they told us, "Staff are always very dignified when helping me, they never rush and take time to talk to me each day and I have felt comfortable and safe since being here."

●Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely.

Good

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's care plans provided information to staff on how to manage specific health conditions and individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure sores. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals.
- We continued to find comprehensive assessments and care plans had been completed which reflected each person's needs, wishes and preferences; any cultural or religious preferences had been recorded which ensured the service was aware of how these needs should be met.
- Care plans were person centred and provided detailed information to staff on how to support each person, dependent on their individually assessed needs.
- The service had a service user's handbook which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service such as the philosophy of care, principles and values of the service, the standards of care that people should expect.

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.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication and accessible information care plan included information on mental capacity, individual abilities and needs, the staff support required and the objectives to be achieved.
- Information could be provided in different formats, such as large print, on request.

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

- Relatives continued to tell us they were encouraged by staff to maintain relationships, and it was clear that relatives were more than welcome to visit the home anytime. The interactions we observed during the inspection were indicative of the good relationships between people, staff and relatives and friends. A relative told us, "I feel very good every time I come here, and I'm always made to feel welcome."

●We saw people's rooms contained items in relation to their individual hobbies.
●People's interests and hobbies were noted in their care planning information. Historical pictures were available showing people taking part in activities. A pictorial activities board was on display and showed there were planned activities including, music, sing along, exercise, reminiscence, hairdressing.

Improving care quality in response to complaints or concerns
●There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority and a copy was available in the entrance lobby to the home. People told us they had never had reason to make a complaint but would feel confident in doing so.
●People also had access to a 'service user guide' which detailed how they could make a complaint and people told us they knew how to make a complaint. If people needed an advocate to help them make a complaint, this was identified in their care plans.
●We saw evidence within the complaints and concerns log that complaints had been followed up appropriately and in a timely manner. People who used the service and their relatives told us that they knew what to do if they had a complaint.
●The service had received a high number of compliments since the last inspection
●We saw complaints and concerns were minimal and no complaints had been recently received. The registered manager had acted on any concerns appropriately. There was a suggestions box in the entrance hallway for people to post any comments.

End of life care and support
●People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives, and advanced care plans were in place. Information around end of life care was also audited by the registered manager to ensure it was up to date.
● At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order (DNACPR) in place, which were signed by the person or their relative.
●A visiting nurse told us, "All staff are very competent with end of life care; they refer to us appropriately and the registered manager and deputy manager genuinely care about people"
●We saw the home had received lots of positive feedback from the relatives of people previously supported at the end if life.
●Moorfield House was accredited to the Six Steps to Success, North West End of Life Care programme for care homes.The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

Good

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout the inspection we saw the registered manager and deputy manager walking around and observing and supporting staff and people which meant they were immediately aware of updates to people's circumstances.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives, for example via annual surveys or questionnaires and as part of the process of care plan reviews.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service.
- A wide range of audits were undertaken by the registered manager and these were used by the service to monitor health, safety, welfare and people's needs.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection report was displayed within the home and was available for all to see.

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

- Staff told us that the deputy manager ensured they attended both the morning shift handover and the evening shift handover on different days of the week. This assisted management to keep in regular contact with all staff members.
- We saw the registered manager and deputy manager were very visible within the home and actively involved in the provision of care and support to people living at Moorfield House.
- Staff at all levels understood their roles and responsibilities; managers were accountable for their staff and understood the importance of their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; continuous learning and improving care

●Our discussions and observations during the inspection demonstrated there was an open culture which empowered people and staff to plan and be involved in the care provided at this service. This meant that people who used the service continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a comprehensive service which focused on them receiving individualised care.

●People and their relatives spoke positively about the registered manager. One person said, "[Registered manager] comes to have a chat with me every day and she is very nice." A relative told us, "The registered manager updates me regularly and I have confidence [they] know what they are doing."

●The registered manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in people's care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.

●Staff meetings were held regularly which discussed people and their needs. A handover meeting was held in between staff shifts to ensure staff had the latest up to date information about people.

●Review meetings with people and their relatives were undertaken regularly to discuss people, their needs and any concerns which enabled people and their relatives to have a say in how care was provided. People told us they had every confidence that any concerns they may have wold be listened to and acted upon.

Working in partnership with others

●The registered manager had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.

●The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice. Local schools and churches visited the home and people were supported to access local community facilities.

●Records showed other health and social care professionals were involved in people's care.