Moriah House Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 30 March 2016. Moriah House Limited is a care home (without nursing) for older people, some of whom are living with dementia. Moriah House Limited provides accommodation and personal care for up to 39 people. On the day of our inspection there were 25 people who were using the service.

The service had a registered manager at the time of our inspection and an acting manager who was planning to apply to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service in February 2015 we found there were improvements needed in each of the five key questions we ask of services; whether the service is safe, effective, caring, responsive and well led. We found at this inspection that the provider had made the necessary improvements to the service.

People felt safe and were protected from the risk of abuse by staff who had a good understanding of their roles and responsibilities if they suspected abuse was happening.

The risks to people were reduced as staff understood risks that people may face and took action to ensure people's safety. People received their medicines as prescribed and these were managed safely.

There were sufficient staff on duty to meet people's needs and the number of staff required in the service was monitored by the registered manager.

People's right to make decisions was respected and legislation to protect people who lacked capacity was being adhered to. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

Staff received training and supervision to ensure they had the appropriate knowledge and skills to provide people with safe and appropriate care.

People were encouraged to have sufficient to eat and drink and their health was monitored. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were, attentive, kind and supportive in their interactions with people.

People's preferences as to how they received support were respected and we found that people were provided with stimulation and activities which reflected their interests and the level of support required.

People were given opportunities to express their views and be involved in the running of the service and there was evidence that action had been taken in response to people's views. There were effective systems in place to monitor the quality of the service.

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.

People were protected from the risk of abuse because staff were knowledgeable about how to respond allegations or incidents. There were sufficient staff on duty to meet people's needs.

We found that risk assessments were in place for aspects of people's care and effective action was taken in response to the risks people faced.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were well supported to maintain their hydration and nutrition and risks to health were monitored and medical attention sought when necessary.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring manner and their choices and preferences were recorded and respected.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

The service was responsive.

The care people needed and how they wanted this to be provided was clearly described in care plans to ensure people's care was delivered as they wished.

People felt comfortable to approach the management team with any issues and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to monitor the quality of the service

People felt that the registered manager was approachable and efforts were made to seek and act on people's feedback about the service. Staff felt they received a good level of support and could contribute to the running of the service.

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 30 March 2016. This was an unannounced inspection. The inspection team consisted of one inspector, a specialist advisor, who was a nurse, 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information as requested. We also checked the information that we held about the service such as information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with 15 people who used the service, three relatives, three members of care staff, the cook, housekeeper, the registered manager, the acting manager and provider. An acting manager was in the process of being trained up as the registered manager was due to be leaving the service. We observed the care and support that was provided in communal areas, including during lunchtime. We looked at the care records of seven people who used the service, as well as other records relating to the running of the service including audits and staff training records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I feel safe here," whilst another person's relative believed their relation to be safe because, "The doors are secure. You can just sense (service is safe), it's not overcrowded."

People could be assured that staff knew how to respond to any incidents of abuse. Records showed that staff had received training in protecting people from the risk of abuse. The staff we spoke with were knowledgeable about the types and signs of abuse of possible abuse and the action they should take if they suspected abuse was happening. This included the need to refer to external agencies, such as the local authority, if needed. We saw there was information displayed in communal areas on how to contact other agencies if people, staff or visitors had concerns about people's safety. We reviewed our records and found that the registered manager had shared information with the local authority and us, as appropriate, following incidents within the service.

People were protected from harm as risks had been identified and acted upon. One person told us the staff were quick to respond when they noticed that a person may be at risk, stating, "[Staff] are on to it straight away." We found that staff were knowledgeable about the need to report incidents and accidents which occurred at the service and that measures were taken to reduce risks to people and prevent a reoccurrence. One staff member gave an example of a person who had fallen and a review of their medicines was requested from their doctor. The person had not fallen again since their medicines had been changed.

We found that risk assessments had been completed in relation to nutrition, falls, pressure ulcers and using equipment, and measures to reduce the risk of harm had been identified and were acted upon. For example, a person had been assessed as being at high risk of falls and their care plan contained guidance to reduce the risk of the person falling again. We found that staff were following guidance contained in care plans. For example, people were being checked for their safety at required intervals and people's weight was monitored in line with care plans.

People's independence and freedom within the service was encouraged through the use of mobility aids. We observed that equipment was available and was being used safely to assist people to move around the service. Guidance as to the support people would require in the event of an emergency such as a fire was available to staff. We saw that people had personal emergency evacuation plans (PEEPS) in place which contained detailed information about the person and their likely whereabouts in the building at different times of the day. We also found that checks were being regularly carried out on the environment and equipment to ensure that the risks to people's safety were reduced.

Staff were able to describe how they responded to people living with dementia who may display behaviours which could cause themselves or others distress or harm. The staff we spoke with described how they would respond to situations which corresponded to information provided in people's care plans and effectively reduced the risk of harm to people.

People told us that staff were available if they required support. The relative of a person who lived at the service described staff as, "Attentive." We observed that there were sufficient numbers of staff to respond to people's needs in an attentive and timely way. For example, we observed sufficient staffing levels ensured that people were provided with a high level of encouragement and support to engage in activities or eat their meal if required.

Staff told us that they felt there were sufficient staff on duty to provide the level of care and support that people required. We found that care workers were supported by housekeeping staff and dedicated activities co-ordinators to ensure that the cleanliness of the building was maintained and people were provided with stimulation and activities. The registered manager told us they considered people's needs when deciding how many staff needed to be on duty to meet these. We looked at staff rotas which showed the planned staffing numbers were provided.

We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of three members of staff. These files had the appropriate records in place. We saw that criminal records checks were undertaken through the Disclosure and Barring Service (DBS) before staff had commenced working at the service. The DBS supports providers to make safer recruitment decisions.

People were provided with their medicines when they required them. All of the people who lived at the service required support with the administration of their medicines from staff. We observed the administration of medicines and saw that staff followed appropriate procedures to administer them to people in a safe manner. For example, staff checked the medicine against the medicines administration record (MAR) and stayed with the person until they had taken them. We found that MAR sheets contained information relevant to the safe administration of medicines, such as a photograph of the person to aid identification and a record of any allergies.

Staff had received training in the safe handling and administration of medicines and had their competency assessed. Regular medicines audits were being undertaken by the acting manager and provider audits had also been completed. An independent audit of medicines management had been carried out by the pharmacy supplier to the service two weeks prior to the inspection. Compliance in all these audits was good. Medicines were stored in a locked cupboard and locked refrigerator within locked rooms. Daily temperature checks of the storage areas were documented and were within acceptable limits. However, liquid medicines and eye ointments were not always labelled with the date of opening. This is necessary as these medicines have a limited life span once opened. We received confirmation following our inspection that all staff who administer medicines had been reminded of the importance of dating medicines upon opening.

Good

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Moriah House Limited had not ensured people received the healthcare support they required. This was because staff had not always made healthcare appointments for people as required or responded to the advice of healthcare professionals. During this inspection, we found that the required improvements had been made.

People told us they were supported with their healthcare and to see healthcare professionals if required. One person told us, "I am constantly asked I am ok." Another person's relative confirmed that their relation was supported to attend medical appointments and was visited by a chiropodist on a regular basis.

People's care records confirmed that they had access to healthcare professionals when required including the doctor, optician, community nurse and chiropodist. We saw from one person's records that a change in their physical health had been recognised and responded to swiftly and staff had ensured the person received appropriate medical attention. We saw that the advice of visiting healthcare professionals was acted upon by staff. For example, one person had been referred to the community dietician due to changes in their weight. We found that the person's food and fluid intake was being monitored in line with guidance given by the dietician and the person's weight was being monitored by the community nurse. We spoke to a visiting healthcare professional who told us that staff were knowledgeable about the people living at the service and would ask for advice if required or respond to guidance when it was provided.

People were supported by staff who were provided with training and support appropriate to their role. Staff told us they were provided with an induction before providing care. One staff member told us, "It covered lots of things such as moving and handling and fire safety. The training really helps. I then shadowed (an experienced member of staff) for a week before I started working on my own." All of the staff we spoke with felt that they were provided with the right level of support and training for them to carry out their roles effectively.

We reviewed training records and saw most staff were up to date with the provider's mandatory training requirements. Records showed that staff had received mandatory training in a variety of areas such as safeguarding adults, managing challenging behaviour, infection control and fire training. Some staff had also completed additional training in areas such as falls prevention, diabetes and pressure ulcer prevention. Staff spoke to us about the dementia awareness training they had received and demonstrated how they had implemented their learning within the service. For example, staff had used the training to help determine what activities a person who was living with dementia may benefit from.

Staff told us that they received regular supervision and an annual appraisal and the records we saw confirmed this to be the case. One staff member told us the supervision was a two way process, stating, "we read it through and sign if we agree."

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.

We checked whether the service was working within the principles of the MCA. We saw that people's capacity to consent to care was considered. We observed that staff asked for people's consent before providing care. Mental capacity assessments had been completed for people who lacked capacity to make certain decisions. The assessments were detailed and included information about the person's communication. For example, one person did not communicate verbally and it was recorded that the person was able to express their wishes using gestures. The assessments showed that when people lacked capacity, best interest decisions had been made appropriately and in line with legislation, following consultation with people's relatives.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made a number of applications for people who had been identified as being at risk of being deprived of their liberty and was acting in accordance with legislation to protect people's rights.

We looked at the care records for three people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place. We found that two of the DNACPR orders may not have been valid. We were provided with evidence by the acting manager following inspection which showed that appropriate action had been taken following our feedback to ensure that all DNACPR forms were valid.

People told us that they enjoyed the food at the service and confirmed that they were offered choices. People's comments included, "It's alright" and "not bad at all." One person's relative told us, "I'd eat here, it's as simple as that," whilst another relative said that the "food looked nice" and commented that their relation "had tucked into it straight away."

We observed people being offered a choice of meal prior to the lunchtime meal. The cook was present during lunch and we saw them check with people whether they were happy with the food and offering a person an alternative meal when it was observed they were not eating. We observed that tables were well presented and people ate their meals in a pleasant atmosphere with the attentive and unhurried support of staff. For example, we saw that one person was being helped to eat their meal by a care worker who was engaged in talking to the person throughout their meal. Where people needed a special diet, such as a soft diet, this was provided and menus took into account people's individual likes and preferences.

People's care records contained nutritional risk assessments and care plans which identified people's support needs and preferences. We observed that people received the support they required in line with their care plans. For example, records confirmed that a person was being weighed weekly due to previous weight loss, that their food was being enriched and they were being offered additional snacks to increase their nutritional intake. We saw that the person had recently gained weight. People had food and fluid charts in place if required to monitor their nutritional and fluid intake and we saw that people were offered plenty of drinks throughout the day.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness by staff and it was evident that positive relationships had been developed between people and staff. Comments from people about the staff included, "Very nice" and, "Absolutely marvellous" whilst another person said that staff, "Make you feel you are wanted."

Our observations confirmed what people had told us. We saw numerous positive interactions between people and staff throughout the day of our inspection. Staff responded to requests from people but also initiated contact and activities. For example, we saw that one person, did not wish to engage in the planned activity and a member of staff spent time sitting with them, engaging in conversation and supporting them to brush their hair and apply lipstick. We saw that the person responded positively to staff interaction. We saw that all of the staff, including housekeeping and kitchen staff had a good knowledge of the people they were supporting in relation to where people liked to sit, their friendship groups and their interests. This enabled staff to engage positively with people and treat them as individuals.

Staff told us that care plans contained sufficient information about people to enable them to provide personalised support. We saw that people's care plans contained information significant to the person such as important relationships, previous employment, significant life events and their preferences in relation to food and appearance. Staff were knowledgeable about people's religious preferences and were able to describe what may cause people to display agitation and what action they would take to alleviate people's distress. One staff member told us that they loved having the time to sit and talk with people and our observations confirmed that staff spent time interacting with people in an individual manner.

People were able to make choices about how they spent their day and people's preferences were respected. We observed people choosing where they would like to sit, being supported to access an external patio or spend time in their room if they wished. It was documented in one person's care plan that they enjoyed a particular beverage after lunch and we observed that this was provided by staff.

People we spoke with were not aware of being involved in planning their own care but we did see staff providing people with appropriate explanations and offering choices as they were providing care. The records we saw reflected people's preferences about care delivery and views regarding decisions that needed to be made. One relative told us that they had been involved in an assessment and planning of their relatives care and felt that "things were getting sorted." We also saw that relatives had been communicated with when there were any changes in their relation's health. We spoke to the registered manager about records not reflecting that people were routinely involved in developing care plans and reviews of their care and they agreed that this remains an area for improvement.

The registered manager told us that no-one was currently using an independent advocate but we saw that information was available for people using the service and the registered manager told us that they would support people to access an advocate if required. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us that staff respected their privacy and dignity. We observed that staff were mindful of people's privacy and dignity such as knocking on people's doors before entering and assisting people to relocate to their bedroom to support them with personal care tasks. We observed interactions between staff and people who used the service were respectful. We spoke with staff about how they would respect people's privacy and dignity and staff showed they knew the appropriate values in relation to this.

We found that staff were discreet and respectful when discussing people's care needs and saw that people's relatives were welcomed into the service without restriction to spend time with their relations. Staff were given training in privacy and dignity values and we saw information about the dignity values were displayed in the service.

Good

Is the service responsive?

Our findings

People were supported by staff who knew their individual preferences. Our discussions with staff showed they had a good knowledge of the people they cared for. Staff told us that they kept up to date with people's needs and preferences through reading care plans and talking to people. One member of staff told us, "Care plans are straightforward and really help you get to know the person."

People could be assured that their individual preferences as to how they wished to receive support would be recorded and acted upon. We found that care plans were in place describing people's care and support needs and preferences in relation to their care. These demonstrated a good understanding and knowledge of the person. For example, information was included as to whether the person liked to have a light on at night, what they chose to wear in bed and preferences around how they liked to have their hair and what cosmetics they liked to use. We saw that people's choices were respected, for example one person spent their time in their room and liked to have the radio on and we observed this to be the case during our inspection. We found that care plans were reviewed on a regular basis and updated as required.

Where people had problems in communicating verbally, care plans provided guidance to staff to understand the difficulties the person had and how they could facilitate effective communication with themto involve them in their care. One person spoke to us in two different languages and we observed that a member of staff spoke to the person using both languages. We were told by the registered manager that a number of staff employed by the service were able to speak to the person using both of their languages. This demonstrated that the service was responsive to people's individual needs.

People were encouraged to maintain a level of independence by staff. We found that care plans reflected and respected people's level of independence and informed staff of what people were able to do for themselves. People's independence was actively encouraged within the service. For example, we observed that one person was compiling a newsletter for people using the service and it was clear that this contributed to the person's well-being. Another person was being assisted by staff to attend to their laundry.

People were engaged in regular activities at the service which were reflective of their interests and the level of support they required. One person told us, "We seem one lot of people, no one is left out." One person's relative told us that the service responded to, "the little things" and gave the example of the piano being retuned once this had been brought to the registered manager's attention.

Our observations confirmed a programme of activities at the service which was well staffed and resourced. Each person's care plan contained information which evidenced that the service sought to identify activities that were of interest and reflective of the needs of people, such as those with dementia. On the day of our inspection a visitor arrived with their dogs for people to stroke and there was a weekly arm chair exercise session run by another external visitor. These were both enjoyed by a large number of people using the service and the exercise session was participated in actively with clear pleasure and enjoyment. At other times during the day, care staff initiated activities with people, for example, a game of throwing bean bags

into a container. We heard staff singing with people and taking their cues from the people themselves, responding to their likes and interests. We saw that a number of people using the service chose to access the external patio throughout the day and saw evidence of trips out which were planned.

People were given the opportunity to say if anything was not right for them. We saw evidence that when people had made suggestions these had been acted upon by the management. For example, one person had requested a lock and key for their bedroom. When we checked we were told that this suggestion was being acted upon. People were able to raise concerns or make suggestions at regular meetings.

We saw that a copy of the services complaints procedure was on display in a communal area of the service and contained information about how to raise a complaint within the service and externally. Staff were able to describe the action they would take if someone made a complaint and were confident that the registered manager would respond appropriately.

People could be assured that complaints would be recorded and acted upon where possible. We reviewed three complaints that had been received by the service since January 2016 and saw that appropriate action had been taken in response to these. We saw that the registered manager had notified and involved the local authority when required.

Good

Is the service well-led?

Our findings

People, and their relatives, felt that the service was well led. One person's relative told us, "[Registered manager] gets hold of things, just when you think something has gone down a little, it gets pulled up again." The relative gave us examples of the redecoration occurring in the service and the constant level of activity. Another person's relative told us, "I think it is excellent. If I had to stay anywhere – in a nutshell I'd stay here." Throughout our inspection we observed staff working in an effective, informal and engaging manner which resulted in a busy, friendly and supportive atmosphere.

People were supported by staff who were motivated and encouraged to develop and maintain the quality of the service. Staff told us that they felt that the service was well led. One member of staff told us, "The whole home has changed for the better, the atmosphere is good, there is more support and the morale is good." The staff member told us that the effect of good leadership in the service was, "The residents are smiling and the staff are happy." Staff told us, and records confirmed that, regular staff meetings were held and they felt able to voice views about the service and contribute freely. One member of staff told us, "I know I can say just what I want to say." Staff felt that their views and opinions about the service were respected by the management team. We found staff were aware of the organisation's whistleblowing and reporting procedures and felt confident in initiating these if required.

At the time of our inspection there was a registered manager in post. People and their relatives felt that the registered manager and acting manager were visible around the service and people were aware of planned changes to the management structure. People were able to name or describe the registered manager and knew who to talk to if they had any problems. People's relatives were aware that the acting manager was being trained up to replace the registered manager who was leaving the service. People, relatives and staff were complimentary of the leadership abilities of both the registered and acting manager. We observed that the registered manager and acting manager maintained a visible and approachable presence within the service. We checked records which demonstrated that the registered manager was aware of their responsibilities to notify ourselves and other external agencies of events within the service and had done so when required.

Internal systems were in place to monitor the quality of the service provided and a range of quality audits were carried out on a regular basis, in relation to areas such as infection control, medicines and care documentation. Most of the audits scored highly therefore there were few actions identified for improvement. We saw that action plans had been developed in response to an audit undertaken by the provider and external agencies. We saw that some of these actions had been addressed by the time of our inspection and that others were due to be completed within a defined timescale. This demonstrated that the registered manager was responsive to the feedback from other agencies and that the provider was actively monitoring the quality of the service.

We saw that processes were in place to respond to incidents or accidents. For example, we saw that information about the number and nature of accidents and incidents which occurred within the service was collated on a monthly basis and action taken when trends were identified. For example, one person had

experienced a number of falls and we saw that this person had been referred to the falls team appropriately to reduce the risk of reoccurrence.

People, relatives and staff were supported to comment on the running of the service via meetings and an annual a survey. We saw that action had been taken in response to suggestions, such as a copy of the newsletter being available on the noticeboard, a relative's communication sheet being placed into care plans and activity suggestions being acted upon. Developments and news within the service was reported on by a person living at the service via a regular newsletter. This demonstrated that not only were people invited to comment, but actively involved in the running of the service.