

Moriah House Limited

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Inspection report

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Date of inspection visit:
18 November 2021

Date of publication:
19 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Moriah House is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 50 people in one building across two floors.

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

The provider had taken action to reduce the risk open stairwells posed to people. This risk had been assessed and mitigated with the installation of gates to all open stairwells and robust risk assessments were now in place.

Staff were undertaking a comprehensive training programme and improvements had been made however the training programme would need to be fully completed to ensure the risk of harm to people was mitigated.

We saw evidence of improved auditing which identified issues and action plans that addressed and monitored progress and improvements, however further improvements were still needed to ensure they can be sustained. Staff told us they were listened to and felt valued by the management team.

People were treated with dignity and respect. People and their relatives told us they were actively involved in making decisions about their care.

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

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

Rating at last inspection and update

The last rating for this service was inadequate (published 28 October 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however further improvements were still needed to ensure they can be sustained by the new management team.

This service has been in Special Measures since 15 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 8 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, overall governance and systems that safeguard people from risk of abuse.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moriah House on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Moriah House Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor 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.

Service and service type

Moriah House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager. The home manager was currently in the process of applying to become registered. This means that, when registered, 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. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, the area manager, senior care worker, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted a further nine members of staff, however only three spoke with us. We spoke with eight relatives of people using the service and we also sought feedback from healthcare professionals who have worked with the service.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure there were adequate processes in place to safeguard people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

- The majority of staff had completed safeguarding training and we saw evidence that the remaining workforce had a planned date to attend this training session.
- The safeguarding policy contained a comprehensive safeguarding procedure for staff to follow. Staff were able to demonstrate a thorough understanding of this and told us they received support and feedback from management when concerns were raised.
- Systems and processes in place were effective. Internal audits were completed, and actions were identified and acted upon to prevent reoccurrences of incidents. For example, one person was referred to dementia outreach for support with behaviour that may challenge which reduced the risk of harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure people received care and treatment in a safe way and protect them from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider implemented an action plan to address the shortfalls in training to ensure care was provided safely. Further time was required to ensure all staff completed the required training.
- We found some people did not have detailed personal plans for evacuating the home in an emergency. This was addressed with the area manager on the day and all documents were reviewed and updated immediately during the inspection.
- The risk to people's safety had been assessed and mitigated. For example, action had been taken to address issues with the hot water temperatures to mitigate the risk of scalding. Records we reviewed evidenced consistent monitoring of water temperatures.
- The risk of falling to people living with dementia had been mitigated by the installation of gates to all open stairwells.

Staffing and recruitment

At our last inspection the provider failed to have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- Management had implemented a systematic method to ensure there were enough staff on shift to meet people's needs.
- People told us staffing levels had increased and they no longer had to wait for staff to support them. One relative told us, "I've been surprised by how many staff there are. I don't even ring the bell because I know someone will walk by in a minute or two."
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working with vulnerable people.

Preventing and controlling infection

At our last inspection the provider failed to protect people from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections. We saw evidence of lateral flow tests and temperatures being recorded prior to visitors being admitted.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We saw staff donning and doffing PPE correctly and changing PPE between tasks.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives told us they were able to book appointments and visit. One relative said, "Staff could not be more helpful in setting this up."

Using medicines safely

- Medicines were managed and administered safely.
- A concern was raised with the area manager surrounding the risk assessment not being detailed enough within diabetic care plans, this documentation was reviewed and updated during the inspection. This ensured staff knew how to monitor people safely who were self-administering medicines.
- One relative described how staff had taken their loved one to a hospital appointment and they were

updated following the appointment with the outcome and changes to the medication.

Learning lessons when things go wrong

- Openness and transparency about safety was promoted and encouraged.
- We saw minutes of meetings for people and staff promoting communication and engagement. A staff member told us, "The new manager is really approachable, communication and feedback has really improved."
- We saw evidence of management taking appropriate action to protect people when incidents occurred. Any learning from investigations were shared with staff in order to mitigate the risk of reoccurrences.

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 inadequate. At this inspection this key question has now improved to good. 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

At our last inspection the provider failed to ensure people were being supported in a caring, dignified and respectful way. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 10.

- People and relatives told us they or their family members were treated well and had a good relationship with staff.
- Relatives said there had been a change to the atmosphere within the service over the last six months and now felt their relatives were treated appropriately. One relative said, "Staff go over and above, they are always having banter with [relative] it's lovely to see and the atmosphere is great."
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were considered when care was planned with people.

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

- People were supported to express their views and they and their relatives were included in decisions about their care.
- Relatives told us they were kept up to date regarding changes to care plans and were invited to meetings to discuss their views and care planning. One relative told us, "Before if [relative] didn't eat the food, they weren't given alternatives. Now that's changed, staff make an effort to offer choice."
- Staff told us they had enough time to spend with people to build relationships and understand their wishes, meaning care could be delivered in a person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care, their privacy was respected, and they were encouraged to do as much for themselves as possible.
- Previously bedrooms windows were exposed, and the bedroom toilets did not have closable doors. At this visit all windows had been fitted with one-way blinds and doors had been modified. This ensured people's privacy and dignity were maintained.
- A staff member told us, "One person loves to help me with the dusting, it's nice to spend time with them and see them so engaged."
- Peoples social needs were understood, and they were supported to maintain relationships with those

close to them. For example, the service held a coffee morning to allow people and families to interact in a social setting, this reduced the risk of isolation.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Working in partnership with others

At our last inspection the provider failed to ensure the service was being managed effectively to maintain the quality of care and safety of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance and performance management process were somewhat effective. There has been a new manager in place since August 2021. They had introduced several audits to identify issues, however these needed to be more comprehensive. For example, the monthly home audit stated 10% of care plans had been reviewed but did not give outcome of review or any follow up actions.
- Staff told us they were clear about the new managers role, however felt that people living at the service were not clear on the role or the identity of the new manager. The area manager acknowledged this and provided assurances that action was being taken to remedy this by way of daily walk rounds and meet and greets.
 - Risks to people's safety were now assessed, monitored and mitigated against. For example, at our last inspection we identified risks associated with infection control prevention (IPC) The provider had implemented a robust IPC policy that included testing for staff weekly and visitors prior to admission which reduced the risk of infection.
- Most people's records were accurate, complete and reviewed in respect of each person's needs. Specific health care plans such as diabetic care needed more robust risk assessments as described earlier in this report. Review of this assessment following implementation would ensure issues are identified and actions implemented accordingly.
- Relatives told us they received regular communication and updates. One relative said, "Staff phone me every other week it's great. [Relative] needed a hospital appointment, they arranged it all and supported my [relative] to attend, nothing is too much trouble."
- We saw evidence of improved reporting to relevant authorities such as the local authority and the CQC. Staff have clear policies in place and understood their responsibilities and how to record incidents. This ensured the provider supported the development of an open and honest culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

At our last inspection the provider failed to ensure the service engaged and involved people. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were systems in place to involve people, staff and relatives in the running of the service.
- Staff told us that they felt the new manager was approachable and engaging. One staff member said, "Staff morale is at an all-time high and its lovely to see staff so engaged. The new manager is really nice, it's totally refreshing, they are very open with us."
- Relatives said they were able to have productive conversations with management and staff and had seen their requests acted upon and this had provided them with reassurance their loved one had received high quality care.

Continuous learning and improving care

- The provider has systems in place that were somewhat effective at promoting continuous learning and improvement of care.
- The manager and area manager described additional adjustments and improvements that would ensure continuous learning with more detailed audits and promotion of effective communication with staff.
- We saw evidence of staff and resident meetings that addressed suggestions and ideas for improvements to the service and an action plan was in place to implement these ideas.
- One professional who works with the service told us, "There has been lots of changes recently and all positive, the service welcomes feedback and acts on recommendations." This ensured risks were reduced and person-centred care was delivered in line with people's wishes.