Moorhouse Care Services Ltd

Moor House Residential Care Home

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

About the service
Moor House Residential Care Home is a service providing personal care without nursing for up to 24 people across two floors. The service provides support to older people, some of whom were living with dementia. At the time of our inspection, there were 18 people using the service.

People's experience of using this service and what we found
People and their relatives told us staff were kind and caring towards them and that they felt safe living at the service. There were sufficient staff to support people. Staff were aware of risks related to people's care and how to support people whilst they respected their wishes. People received their medicines on time and medicines were stored safely. Staff knew how to whistle blow and raise concerns should they need to.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care records were person-centred and included information on risks associated with people's care. Risk assessments were undertaken which provided staff with instructions on how to reduce risks.

Safety checks of the premises and fire equipment were undertaken and there were plans in place in the event of an emergency evacuation.

People told us they had access to healthcare professionals and care records we reviewed confirmed this. Staff had received regular training and supervisions in order to perform their roles. Staff were supported in their progression and supervisions gave them the opportunity to request support from their line manager.

People were provided with a range of activities which included group activities and some one-to-one activities. Staff had considered the risk of social isolation and people confirmed that there were regular welfare checks where they had consented to these.

There were systems in place to monitor the quality of care provided. People and their relatives told us they knew how to complain and that the registered manager would listen to their concerns. They told us that they were given the opportunity to feed back on the service.

People, their relatives and staff told us that there was a positive culture at the service which actively engaged them. They told us that the service is managed effectively and were complimentary about the registered manager.

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.

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

Rating at last inspection
This service was registered with us on 6 November 2019 and this is the first full inspection. We previously inspected the service using our targeted infection prevention and control inspection approach, but we did not provide a rating as we did not inspect all areas of the service. The last rating for the service under the previous provider was good, published on 7 October 2017.

Why we inspected
This inspection was prompted by a review of the information we held about this service and based on the date it first registered with the Care Quality Commission.

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.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Moor House Residential Care Home

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 Health and Social Care Act 2008.

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 team consisted of one inspector.

Service and service type
Moor House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moor House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We reviewed four people's care records, ten people's medication administration records (MARs) and five staff files.

After the inspection
We spoke with five relatives about their experience of the care provided. We spoke with one member of staff. We received feedback from a healthcare professional who had engaged with the service. We received further feedback from the local authority. We reviewed care records, quality assurance documentation and training records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living in the service and with staff. One person told us, "I do feel safe here. That's the good thing about it: I'm not worried." Another person told us, "No problems in the way of safety." A relative told us, "From a safeguarding point of view, the care staff are excellent and very approachable."
- Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "[Abuse] could be marking on the body, bruising, cigarette burns. [I would] report it straightaway to the manager. I would check the whistleblowing policy."
- We reviewed documentation which showed staff had undertaken training for safeguarding. One member of staff told us, "We did safeguarding training as well."
- The registered manager had completed accident and incident reports and shared these with the local authority appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. We saw staff had discussed risks and the least restrictive ways possible to manage these by involving people, their relatives and relevant healthcare professionals and authorities.
- Staff knew how to keep people safe from harm and knew their needs and preferences well. One member of staff told us, "I do a visual risk assessment, I check the area where the person is and that the equipment is safe."
- We reviewed records which showed that people's risks had been assessed and there were clear instructions for staff to follow. For example, care plans highlighted the medical conditions of an individual and the actions staff should take to provide the appropriate support.
- The provider had an emergency evacuation plan and people had individual personal emergency evacuation plans (PEEP) in place. We observed fire exits were free from obstruction and clearly marked. We saw from documentation that regular fire drills and checks had taken place to ensure equipment was functional in the event of an emergency. We saw that mobility equipment was inspected appropriately to ensure it was safe to use.
- The registered manager had regularly monitored accidents and incidents to identify trends and reduce the risk of them happening again. For example, the analysis showed the steps staff had taken to reduce the risk of a person falling and the healthcare professionals who were involved in the person's care.

Staffing and recruitment

● People and their relatives told us there were sufficient staff to meet their needs. One person told us, "They do come up quickly. It's very reasonable." Another person told us, "They come within a certain time. It's the same at night." A third person told us, "I don't have to wait really." A relative told us, "I think they've got enough carers." Another relative told us, "There's always somebody in the lounge with the residents. That's what impresses us."
● We observed staff attended to people quickly and there were regular checks in place for people who liked to remain in their rooms. People's needs were assessed and the provider adjusted staffing levels to meet people's needs.
● The provider followed safe recruitment practices. We reviewed recruitment files which showed the provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People's medicines were received, stored and administered safely. People's medicines were recorded in Medication Administration Records which included a recent photograph of the person, allergies, contact details of healthcare professionals involved and preferences on how they wished to take their medicines.
● There was guidance for 'as required' medicines available for staff. This included the maximum dose, the minimum time between doses and the reason it was prescribed.
● We saw in documentation we reviewed that staff had undertaken training and competency checks to ensure they had the skills required to administer medicines.
● There were clear instructions in place for medicines that were required to be applied to the skin. The instructions provided staff with the information required to apply these in line with the prescriber's instructions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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 using PPE effectively and safely.
● 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.

● The provider facilitated visits for people in line with current government guidance. People were able to see their family and friends at a time that suited them and staff supported people where they needed this. A relative told us, "They're always accessible."

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.

This is the first inspection of this newly registered service. This key question has been rated good.

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
● The provider had undertaken assessments to ensure they were able to meet people's care and social needs prior to admission to the service. One person who used the service told us, "They did check that they could accommodate me." One relative told us, "[Person] had an assessment before [person] moved in."
● Pre-admission assessments included information on the individual's mobility needs, medical history, nutritional needs, communication needs and contact details of relatives who were involved.
● Care provided was in line with national guidelines and the service's policies and procedures reflected this. For example, staff had received training in the use of mobility equipment and the steps they could take to best support an individual.

Staff support: induction, training, skills and experience
● People and their relatives told us they felt staff were competent and had the skills required to perform their roles. One person told us in relation to staff skills, "They can't do anymore than they do. They're dedicated to it." Another person told us in relation to staff knowledge of their needs, "They're very good. It's reassuring." A relative told us, "I am happy with how they handle everything. I'm happy with the care [person] gets there."
● We reviewed training records which showed staff had undertaken inductions and various training in relation to moving and handling, dementia awareness, behaviours that challenge and emergency first aid at work. One member of staff told us in relation to their induction, "I did shadowing, I did all my online training and face to face."
● The service had a training matrix in place to ensure staff had completed training and regular refreshers. Where staff were due to complete a refresher, this was highlighted and discussed in supervisions with timelines by when staff should complete any outstanding training.
● We reviewed records which showed staff had received supervisions and included plans for the future, reviews of performance and any support required from management. One member of staff told us, "We do have them (supervisions). I do have it regularly."

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they were able to choose what they wished to eat and that the food provided was of an acceptable standard. One person told us, "The food is alright. I've nothing to complain about." Another person told us, "The food is presented well: it's fine." A relative told us, "The food is all home cooked on the premises."
● We observed staff supporting people to eat and drink in a kind and respectful manner. People were

offered a choice of meals and snacks and were able to request an alternative if they preferred. We saw training records which showed staff had undertaken training for 'Fluid and Nutrition' and 'Food Safety and Hygiene Essentials'. One person who used the service told us, "It's alright at night. They bring me tea when I want."

● Staff had followed national guidance in food preparation for people at risk of unplanned weight loss before they undertook a referral for dietician. This included guidance for kitchen staff on how to fortify foods and when to raise this with the relevant healthcare professional.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People told us they were able to access healthcare professionals when they wished to and when they needed it. One person told us, "They do all my medication and they call the doctor when there's a problem." A relative told us, "[Person] had bloods [taken] and [staff] followed it up. The doctor comes on a Tuesday."

● We saw in care records that staff shared information with healthcare professionals when this was appropriate. For example, where a person required input from physiotherapists or the community nursing team, staff had contacted them to ensure the person was receiving appropriate care.

● The registered manager had worked with other agencies, such as the local authority, to ensure changes to people's health were shared appropriately. The local authority told us that management had made relevant referrals to them.

Adapting service, design, decoration to meet people's needs

● The service was set across two floors and was decorated appropriately to meet people's needs. This included handrails in toilets to help people stand independently and a library for people who preferred a quieter environment. People had access to the garden via a lift and staff supported them to access the outside areas should they wish to. A relative told us, "It's bright. The place is cared for and the people are cared for."

● People's rooms had been personalised with their own items and people were able to bring their own furniture should they wish to. One person told us, "This is my home."

● The floors were accessible and equipment required for people was checked and inspected regularly. For example, en-suite rooms were on one level with the bedroom making it easier for people to independently use them.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People who used the service and their relatives told us staff sought consent before commencing support and were respectful of people's choices. One person told us, "They do always ask." A relative told us, "[Person is] always given that choice."
● We observed staff interacting with people in a kind and respectful manner. For example, when a person was getting up, staff approached them and asked if they could assist them to stand before they guided them.
● We reviewed records which showed that staff had undertaken best interests decisions with the involvement of relatives and healthcare professionals where a capacity assessment indicated that a person lacked the capacity for a specific decision. A relative told us in relation to best interest decisions, "I am happy with that arrangement."
● Where a person lacked the capacity and a best interests decision was made, staff had submitted a DoLS application to the local authority which indicated who had been involved in the decision-making process.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People and their relatives told us staff were kind and caring towards them. One person told us, "The carers: I couldn't wish for them to be nicer." Another person told us, "They're very good. They're all cheerful and polite." A third person told us, "They're very lovely." A relative told us, "[Person] finds the staff very kind and very helpful. [Person] really does enjoy being there."
- We observed staff interacting in a kind and respectful way with people. Staff communicated at eye level with people and asked people if they required anything in order to be comfortable whilst they were sitting in the lounge.
- Staff had undertaken training for equality and diversity and staff we spoke with confirmed this. One member of staff told us, "It's always their choice. You can encourage and you get to know what they are interested in. Equality is important. I did the online training."
- People's pre-admission assessments included information on the individual's religious and spiritual needs, culturally important dietary needs, preferred gender and how they wished to be addressed. Information gathered from pre-admission assessments was used in people's care plans when they moved in.

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

- People and their relatives told us they felt involved in their care. One person told us, "They involve me at every stage." A relative told us, "I have a meeting about [person's] care. [Registered manager] and I are going over the care plans."
- Care records showed that people and their relatives had been involved in expressing their views in relation to their day-to-day care and they confirmed this. One person told us, "They do what I like." Another person told us, "You just ask them and they do it." A relative told us, "I'm definitely involved in [person's] care. They listen."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt staff promoted their independence and respected their right to privacy. One person told us, "They don't interfere with me. That's how I like it. I like to do it myself." Another person told us, "They do always knock before they come in." A third person told us, "They're quite good and they wait before entering." A relative told us, "They're all extremely friendly and respectful."
- We observed staff ensuring people's privacy and dignity was respected. For example, before entering a room, staff knocked and waited for permission to enter. When the person agreed to be assisted with

personal care, staff closed the door so that the person could be assisted in a dignified manner.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good.

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 and their relatives told us staff knew their needs and preferences well and provided people with the appropriate support. One person told us, "They do it for you if you want something done." Another person told us, "Oh yes, they know me well." A relative told us, "They don't seem to be condescending and they know what people like."
- People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included care plans for personal care, sleeping, maintaining a safe environment, emotional support and continence needs.
- Staff told us they had sufficient time to read care plans and undertook daily handovers to report on changes to people's needs and important events happening during that day. One member of staff told us, "We have handovers for if people slept well or if someone's gone into hospital." Another member of staff told us, "We read through their care plans to get to know the residents."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they were able to provide policies and other documentation in an accessible format such as in large print.
- We reviewed care records which included information on people's communication needs and the steps staff should take to communicate with the person. For example, there was information on how a person may express themselves verbally and using body language.
- People told us staff supported them to communicate effectively and that they could ask staff for support if they needed this. One person told us, "They make sure the batteries work in my hearing aids."

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

- People and their relatives told us they were happy with the number and types of activities on offer and that they were able to suggest ideas based on their preferences. One person told us, "They ask me [to attend activities]." Another person told us, "There are plenty of things going on. I tell them which ones I like." A

relative told us, "[The activities staff are] absolutely fantastic. [Person] loves [them] to bits. [They] kept the place going for the families as well as the residents." Another relative told us, "They're entertained well. They do something morning and afternoons."

● We observed activities staff engaging with people throughout the inspection. People appeared to enjoy the activities on offer and people's choices were respected if they did not wish to attend.

● Where people wished to remain in their rooms, they were offered alternative activities on a one-to-one basis to reduce the risk of social isolation. We confirmed this in records we reviewed. A relative told us, "They have activities there and [person] can go if [person] wants."

Improving care quality in response to complaints or concerns

● The registered manager took people's complaints and concerns seriously and used the information to make improvements to the service. One person told us, "The [registered] manager explained [the complaints procedure]. [Registered manager] took it all in and spent time with me and explained it. I was happy with that."

● The provider had a complaints policy and procedure in place and the registered manager responded to complaints made to the service with a timeframe by which they would intend to complete the investigation.

End of life care and support

● We reviewed care plans relating to people's needs and preferences for their end of life care. Care plans included information on people's wishes should their health deteriorate and where they wished to be supported. Where decisions could be more complex, care plans also included information on the people making the decisions in relation to end of life care and support.

● Care plans included information on a person's cardiopulmonary resuscitation (CPR) wishes and where there was an order in place not to administer CPR if a person's heart stopped.

● Relatives told us they were involved in people's end of life care planning. One relative told us, "We initially discussed this. [Person's] wishes was that [they] did not want to go into hospital." Another relative told us, "[Person] doesn't want any interventions. We spoke about that with the care home."

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.

This is the first inspection of this newly registered service. This key question has been rated good.

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

- People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "The atmosphere is good. The carers are very jovial." Another person told us they knew who the registered manager was and, "I can go to [registered manager]. [Registered manager] is very pleasant." A relative told us, "[Management] are very approachable." Another relative told us, "First class care and management."
- Staff were complimentary about the leadership and culture in the service. One member of staff told us, "You can go up to anybody and ask for a hand. They're a good bunch. It's a happy atmosphere." Another member of staff told us, "I can go to [registered manager] at any time and discuss anything. The door is always open." A third member of staff told us, "[Registered manager] is really welcoming, friendly and knowledgeable."
- We observed the registered manager was visible and approachable throughout the inspection and knew people's needs and preferences well. A relative told us, "I've found [registered manager] very approachable. When [person] was first in the home [registered manager] came up to us to have a chat."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency. We saw in records that the local authority and other relevant agencies had been informed of incidents.
- Relatives told us they had been informed of significant incidents and changes in line with agreed communication plans. One relative told us, "They do keep us informed. Some of it is really minor." Another relative commented, "[Registered manager and deputy manager] have been exceptional with their communication. They couldn't have been better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear structure of governance in place for staff to follow and staff knew what their responsibilities were. One member of staff told us, "I would go to [registered manager] for help if I was unsure." Another member of staff told us, "We know what we are doing. They really do care."

● The provider had undertaken audits of the quality of care provided. These audits included the key lines of enquiry and where actions were identified, these were being addressed or were added to the service's long-term action plan. The registered manager told us they were in the process of transferring paper care plans onto an electronic system.
● The registered manager had undertaken audits of medication, infection prevention and control and health and safety. Where these had identified issues, there were plans in place to address this. For example, the registered manager implemented a daily check form to ensure staff were wearing the necessary personal protective equipment (PPE) to reduce the risk of COVID-19 transmission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives told us they felt engaged in the running of the service and that their comments would be considered. The provider had sought feedback from people which was analysed and there were meetings held for people to express their views. One person told us, "They have a monthly meeting for residents but you don't have to go down." A relative told us, "There was feedback not long ago. We filled it in and sent it off. It was anonymous. I'm very happy that [person] is there." Another relative told us, "They ask for feedback. I think they sent a questionnaire."
● Staff told us they felt engaged in the running of the service and felt valued. One member of staff told us, "The teamwork is very good. All the staff have been very helpful and they're open to ideas." Another member of staff told us, "I feel my work is valued."
● We saw in care records that healthcare professionals and the local authority had been involved in people's care to achieve good outcomes for people. Where a referral time was taking longer, we saw staff had followed this up with the healthcare professional. A relative told us in relation to a person requiring a referral to a healthcare professional, "They've been very prompt. They acted appropriately."