

Pro Care Homes Limited

Moor Villa

Inspection report

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Tel: 01772682884

Date of inspection visit:
28 September 2016

Date of publication:
31 October 2016

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

This inspection visit took place on 28 September 2016 and was unannounced.

At the last inspection on 25 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Moor Villa provides accommodation and 24 hour care and support for up to 16 older people. The home is located on a main thoroughfare of the town and is close to local community services. Moor Villa is a detached property with shared communal space. Individual and twin bedroom accommodation are located on the ground and first floors. Accommodation is provided on a short to long term basis. At the time of our inspection visit there were 12 people who lived at the home.

There was a registered manager in place. 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.

The environment was generally clean and tidy. However, we found areas of the home had not been properly maintained and kept clean. We have made a recommendation about this.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. However, we found staff had not always recorded details about how support should be delivered to people. We have made a recommendation about this.

The provider used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews.

We looked at the recruitment of four staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We found the registered manager had systems in place to record safeguarding concerns, accidents and

incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

People we spoke with told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

We found people had access to healthcare professionals and their healthcare needs were met.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely..

The home was generally clean and tidy. However, some areas of the home had not been properly maintained.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided. However, important details about how staff should support people were not always recorded.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Moor Villa

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 checked 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.

This inspection took place on 28 September 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Return (PIR) we received prior to our inspection. 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 spoke with a range of people about the service. They included four people who lived at the home, the home manager and five staff members. Prior to our inspection we spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of four people, four staff personnel files, staff training records, records relating to the management of the home and the medication records of four people. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Moor Villa. Comments we received included, "Yes I feel safe here. I am well cared for." And, "The girls [staff] make sure we're all ok." During our inspection, we observed people were comfortable when receiving support from staff.

We looked around the home and found it was generally clean and tidy. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed, which helped to show the home was kept clean.

We found minor issues with cleanliness and safety in small areas of the home which may present a health and safety risk to people. For example, in one bathroom, we found the bath seat was corroded and could not be properly cleaned and disinfected. Similarly, we found the upstairs bathroom floor was not sealed properly around the toilet. However, we raised this with the home manager who assured us they would arrange for these issues to be addressed promptly.

We would recommend the provider reviews their maintenance and refurbishment systems and plans to ensure the premises are kept maintained.

We looked at how medicines were administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The home manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. This meant we would receive information about the service when we should do.

The service kept records of accidents and incidents. These showed what action had been taken by staff following events that had happened. The home manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person

who lived at the home.

Staff we spoke with had received moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported, whilst helping the person move around the home.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before four staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. References from previous employers also showed the service checked to make sure new staff were of good character before they were employed to work at the home. These checks helped to ensure new staff were suitable for the role for which they had been employed.

We looked at staffing roasts, observed care practices and spoke with people who lived at the home to see whether there were enough staff. We found staffing levels were sufficient, with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised, for example people who required support with their personal care needs received this in a timely and unhurried way. We observed staff had time to sit with people and engage them in conversation. People we spoke with confirmed this happened every day. The atmosphere in the home was calm and relaxed. Staff we spoke with told us there were always enough staff on duty and they had plenty of time to support people. They told us they could sit and talk with people which helped them to get to know them well.

Risk assessments had been undertaken with regard to risks to individual people and the environment. These included fire, flood and utility loss. Where potential risks had been identified the action taken by the service had been recorded. The action taken to reduce risks to people had been recorded in their written plans of care, which provided staff with guidance to help keep people safe.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of the needs of people who lived at the home. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. People were able to choose how they spent their time and whether they made use of communal areas or chose to spend time on their own.

We looked at individual training records and the home's training matrix. We saw most staff had achieved or were working towards national care qualifications. Records we looked at confirmed training provided by the service covered a range of subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, dementia awareness, challenging behaviour and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills to meet their needs effectively. Staff told us they received a good level of training to enable them to carry out their role effectively.

Discussion with staff and observation of records confirmed they received regular supervision and an annual appraisal of their work. These are one-to-one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by management.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people, allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

People we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments we received included, "The food is good quality"; And "I really like the food we get. There's plenty of variety".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

We spoke with four people who lived at the home about how caring they thought the service was. Comments we received from people included, "We're really very well looked after, all the staff are very nice." And, "All the staff are smashing. Nothing is ever too much trouble."

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans gave them information about people who lived at the home, and they had got to know people well over time, so they knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of the support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. We observed the home manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example, we saw people being given drinks on request and assisted to the toilet where needed.

We observed staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who regularly asked if people were comfortable and if they needed anything. People we spoke with told us they received a good level of care.

We looked at care records of four people. We saw evidence they or a family member had been involved with developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records which staff completed were up to date. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. For example, we witnessed staff speaking with people softly, knocking on doors before they entered, and ensuring curtains and doors were closed during the delivery of personal care.

We spoke with the home manager about access to advocacy services should people require their guidance and support. They had information and contact details that could be provided to people and their families if this was required. This helped to ensure people's interests would be represented and they could access appropriate services outside of the service to act on their behalf, if required.

People we spoke with told us they could receive visitors and the home without restriction and could choose whether they received visitors in their bedroom or in the communal areas.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the home manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

We looked at the care records of four people to see if their needs had been assessed and met consistently. Care plans had been developed by the home manager. Staff and the home manager gave us examples of details they knew about people's preferences and how they supported people, that were not always included in people's care plans. The home manager told us and people confirmed they were involved in reviewing their care plans, but this was not formally recorded. This showed although the home manager and staff knew people well, knew people's preferences and supported them accordingly, this detail was not always available in people's records. This would, for example, assist new staff in getting to know people and ensuring their needs were met.

We would recommend the provider review their care planning system to ensure people's involvement in reviewing their care was recorded and that important details about how staff should meet people's needs, in line with their preferences, is recorded in their written plans of care.

The care records we looked at showed they were regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake, where required. People were having their weight monitored regularly. We saw where concerns had been identified, for example, with weight loss medical intervention had been sought.

People who lived at the home told us they were happy with the activities arranged to keep them entertained. Comments received included, "There is usually something going on. I like the quizzes and the armchair aerobics we do." And, "We are always entertained. Whether it's playing games or just talking with the girls, it's great fun." There were photographs in the lounge and dining room of activities that people had previously been involved in. People also told us staff supported them to go into the local town if they needed assistance.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The four people we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the home manager who they knew would listen to them. All four people said they were happy with their care and had no complaints.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the home manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "We all work together to make sure everyone is well cared for. [The home manager] is brilliant. It's a family run service and everyone gets on really well."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the home manager worked with them and showed leadership. Staff told us they felt the service was well-led and they got along well as a staff team and supported each other.

Moor Villa had a registered manager in place at the time of our inspection. However, they did not manage the day to day running of the service. This was undertaken by the home manager. The registered manager provided more of an oversight role and had gradually given more responsibility to the home manager. Staff we spoke with confirmed there were no issues with the management arrangements and they seemed to work well.

The provider had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the home manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the provider had sought views of people about the service provided using variety of methods. These included resident and relative surveys. We saw the results of the most recent survey which had been consistently positive about the service. People said staff were courteous, polite and respectful. They said staff provided help when their relative needed it and the quality of meals was good. Comments recorded included, 'The attitude of the staff and carers put the quality of care to the foremost'; '[Relative] is kept warm and comfortable and given reassurance'; and 'Happy with the quality of care'.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Residents' and relatives meetings were held every few months. This helped people who lived at the home to influence how the service was delivered to them. We saw from the minutes of meetings topics such as food

and activities had been discussed. The home manager told us they found

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.