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Moorlands 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 23 March 2016 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Moorlands Residential Care Home provides personal care and accommodation for up to 19 older people. The care home has been developed through converting three large terraced town houses near the centre of Darlington. It is situated overlooking a park and within walking distance of Darlington town centre. The service also provides domiciliary care registered at the same location which provides care to elderly people with physical, emotional or mental health needs in and around Darlington.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service is a family run service and retained a very homely and family feel which people, staff and relatives confirmed was the case.

Moorlands Residential Care Home was last inspected by CQC on 8 September 2014 and was compliant.

There were robust systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and the correct action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety for people and staff was maintained. We saw accidents and incidents were closely monitored by the registered manager.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were extremely positive interactions between people and staff. People told us they were cared for and supported in an exceptionally responsive way. The service had devised a systematic approach and recording tool to ensure that people's needs were reviewed with them each month and that they were asked for their views of the service in all-encompassing document. People told us they were fully involved in these reviews of their care and relatives were also invited to attend this monthly review meeting and to contribute in a meaningful way to their loved ones care and support at Moorlands.

People's independence was actively encouraged through a range of imaginative, person-centred approaches to activity-planning. The service also accessed external activity support from trained professionals and we witnessed people enjoying fitness sessions with a trained instructor. People were supported to have an active part in the local community, from the service having a very active social media

presence to people being involved in cleaning the local park and being supported to attend local hobby clubs. People also told us the service had worked with them to use technology to enable people to go out by themselves but to remain safe and to attend hobbies and clubs with staff support. This had a huge impact on people who were still physically able to access the community independently but were vulnerable. One person told us how they loved being able to go out when they wanted and to feel safe.

The service also used advocacy services to enable people to have their rights upheld and voices heard. We saw people being praised for carrying out any task for themselves no matter how small and we saw the positive impacts on people who used the service of this person-centred approach to activity planning, delivery and review.

We witnessed staff spending quality time in meaningful interactions with people. We saw that staff treated people with dignity and respect. Staff were attentive, observant, showed compassion, were patient and gave encouragement to people.

End of life care was care planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. The service supported the Growing Old in Darlington (GOLD) scheme and actively fundraised for this service. This showed the service was caring and open in ensuring people and their family were supported well at the end of their life.

People's nutritional needs were met, with people being involved in decisions about meals and being supported in an environment that enabled people to eat in a calm and positive way. The service provided a meals on wheels service to people living in the community and also offered a fine dining experience for people, relatives, friends and staff members to access. People who used the service told us that they got enough to eat and drink and that they could have different choices without a problem. Staff told us that they closely monitored people and we saw appropriate dietician or speech and language therapy was sought where required.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People's changing healthcare needs were identified and supported.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported. All of the care records we looked at contained evidence of consent being obtained from people or family members and the service had developed a wide-ranging review programme that ensured the person and their family were actively involved in not just reviewing their care but also exploring their views of the service and any other issues or concerns they may have.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff and the management would respond and take action to support them. We saw that people were asked individually as part of their monthly review about any concerns or improvements they wished the service to make and also people were part of a committee planning events and coming up with ideas for the service to implement.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture and we saw the management team being actively involved in all aspects of running the home from making sandwiches to running marathons for

fundraising as well as all day to day duties.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff training was up to date and relevant to the needs of the people who used the service. Staff received regular supervisions and appraisals which were meaningful and which supported staff to gain qualifications and experience.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was working within the principles of the MCA and people were supported to have their rights upheld.

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 by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment. There were safe systems for managing medicines.

Staffing levels were appropriate to the needs of the people using the service.

Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of nutritious food and the staff team ensured mealtimes were well supported.

People at Moorlands experienced positive healthcare outcomes through the regular involvement of a range of healthcare professionals.

Is the service caring?

Good 

The service was caring

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

Staff at all levels interacted warmly with people who used the service and had formed positive bonds with people, who consistently told us they felt at home.

The registered manager and all staff we spoke with had an excellent understanding of people's needs, preferences, likes and dislikes.

People were involved in their care planning, signing documents where they had capacity to consent and contributing documents like a life history document so that staff knew their background.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People received care and support to enable them to maintain an active part in the local community. The registered provider used social media, assistive technology and a range of imaginative projects to ensure people kept in touch with their families, retained their independence and took pride in completing meaningful activities.

The service had proactive procedures for enabling people to share their views of the service through one to one monthly reviews, resident meetings, comment books in people's bedrooms and a residents committee.

People's care plans were very person centred and contained meaningful information about how a person wished to be supported. Reviews were held monthly that involved not just the person on a one to one basis but also their family. People told us they felt really involved in their care and in all aspects of life at Moorlands.

Is the service well-led?

Good 

The service was well led.

The service was an active part of the local community and encouraged people to maintain their independence and access the local area and facilities.

The service had a registered manager and supportive management structure. The service was family run and felt very homely. Staff and people and their families who used the service had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Moorlands Residential Care Home

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.

We inspected Moorlands Residential Care Home on 23 March 2016. This was an unannounced inspection. The inspection team consisted of one adult social care inspector. The service operates as a care home and a service within the registered location provides home care to people in the Darlington area.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. We also contacted the local authority safeguarding team, the local authority commissioners for the service and the local Healthwatch group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

The provider was not asked 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 discussed the service's plans and improvements with the general manager and registered manager during the course of our visit.

At the time of our inspection visit there were 18 people who used the care home service and approximately 45 people using the homecare service. We spent time talking with people who use the service and staff members. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with nine people who lived at the home and two people who used the homecare service, there were no relatives present during the course of our visit.

During the visit, we also spoke with the registered manager, deputy manager, general manager, the chef and five care and activity staff from the home and homecare service.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and five medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered providers.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People who used the homecare service and people living at Moorlands told us they felt safe. One person told us; "Yes, I do feel safe, I am totally happy here." People told us they had no issues about safety and care in the service.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Records we saw confirmed this and staff we spoke with confirmed this to be the case. One staff member told us; "It's about making sure we protect vulnerable adults. Any concerns I'd follow the process and report to the manager."

We saw that the service had supported staff in dealing with behaviour that may challenge by providing external training which all staff had completed. We saw staff calmly distracting someone who was becoming vocal and anxious and they assisted them to a quieter area within the home.

Staff told us that they had received safeguarding training within the last three years. Staff could tell us about safeguarding and whistleblowing. The staff we spoke with all stated they would report any concerns they had as they felt they had the full support of the registered manager. Staff also told us the route to go to if they felt their concerns were not being listened to.

The service had submitted safeguarding concerns to the local authority and CQC in a timely manner.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure people's health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, lift, moving equipment, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. On the day of our inspection there was the registered manager, the general manager, the deputy manager, a senior carer and another carer on duty for 18 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Staff at the home care service told us their rotas were issued to them weekly on a Friday before it commenced on a Monday. People who used the homecare service told us that if there were any issues with their homecare they could contact Moorlands at anytime of the night or day and we saw there was an effective communication system in place between the two

services to ensure staffing cover and messages were shared. Both staff and people using the service told us they felt there was enough staff available. In addition staff members said when they needed more staff then they were provided.

We observed that people's call bells were answered quickly and there was always a member of staff in key communal areas such as the lounges. We asked people if they were responded to if they needed help. One person told us; "Yes I think there are enough staff."

We saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff. The service had worked with people using the service following feedback from them to increase their awareness of fire evacuation procedures.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The general manager said that they carried out a monthly check of safeguarding and accident and incident forms to ensure that all incidents had been reported and that appropriate actions had been taken. We saw analysis had taken place and had led to learning and changes within the service following events such as falls.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service (DBS) check which was carried out before staff started work at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. Medicines were securely stored and were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. The deputy manager demonstrated the system the service used of different coloured pens on the MAR chart to highlight non-administration, refusal of and 'as required' usage of medicines and antibiotics. We found this system to be logical and working well.

We saw written guidance kept with the medicines administration records (MAR) charts, for the use of "when required" (PRN) medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief.

We saw evidence of topical medicines application records to show the topical preparations people were prescribed, including the instructions for use, the associated body maps and the expiry date information. The registered manager showed us medication audits which were undertaken on a weekly basis, to check that medicines were being administered safely and appropriately.

We witnessed staff using personal protective equipment appropriately and the home appeared clean. We saw there were cleaning rotas in place to ensure items such as mattresses and chairs were deep cleaned on a regular basis.

We noted the environment had some areas that looked tired in décor. We saw some relatives commented in

their feedback of the service that it was 'not modern' and 'sprucing up' would be helpful but that the home was clean. The general manager explained that they would be actioning a décor programme as part of their annual development plan for the forthcoming year.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided effective care and support. People told us; "We all get on really well here, any irritations, as there are so many of us, we just get them sorted, " and "We are very well looked after here."

Staff all stated they felt confident in their work. We were told by one member of homecare staff; "I know what to do in an emergency and put my training into practice when I went to one lady and I couldn't get in. We worked with the housing provider and I kept in touch with the coordinator back at the office and we finally got in and I waited with the person who had fallen until the ambulance arrived."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. Staff were all positive about training and one staff member told us; "The challenging behaviour training we did at West Park hospital was excellent, and the oral health training was also really good." We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. Staff had received training specific to the needs of the people they supported and people told us about training in dementia. Each staff member had a training needs analysis completed which detailed the person's previous experience and qualifications and also recorded what training needs they had and a training plan for the forthcoming year.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. All staff we spoke with said they felt supported by the registered manager and management team. One member of staff said; "It's lovely here I feel very supported and appreciated." Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. We saw the appraisal process reviewed staff achievements, problems, actions, objectives and training in relation to their roles and both the registered manager and staff member showed considerable involvement in the process. Induction processes were available to support newly recruited staff and one staff member who started as an apprentice told us the induction was "Very good." We saw new staff received monthly supervisions along with support from their college. This included reviewing the service's policies and procedures and shadowing more experienced staff. The general manager told us that induction packages were now linked to the Care Certificate and we saw each new staff member was given information about the history and philosophy of the service. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

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). CQC had received appropriate notifications of DoLS authorisations being put in place.

We checked whether this service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that assessments had been undertaken to check whether a care plan would amount to a deprivation of the person's liberty and it was deemed necessary for a written application to be submitted to the local authority. Eight people were currently subjected to a DoLS authorisation. We saw a record of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

We saw that people had been supported to access advocates and had their rights upheld. People who used the service were supported to access and remain safe in the community. One person told us; "They don't stop me from doing anything. I go to the park every day with the dog," and another person told us they used to accompany this person but their health now prevented this.

The management team and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions.

We saw a recognised nutritional tool was in place for every person and people's weights were monitored regularly. Where people were identified as being at risk of poor nutrition staff completed daily 'food and fluid balance' charts. The food charts used to record the amount of food a person was taking each day, accurately documented the amount of food a person consumed, for example portion sizes. Fluid intake charts recorded the fluid intake goals and there was consistent completion of the totals recorded.

We saw for one person with a visual impairment that the home was working with the Society for the Blind and had sought a bowl that was specifically for someone with this impairment. We observed the deputy manager asking the person after lunchtime how they had coped with it and whether it was beneficial. This showed the service sought specialist advice to keep people as independent as possible and to ensure their needs were met.

We joined in the lunchtime meal. We sat with one person who told us they were vegetarian and two other people at the service also were. Whilst most people chose home-made lamb and mint sausages, these people had vegetarian sausages and told us their dietary choices were well provided for by the service. People told us; "The food is nice," and "We get a choice of food and plenty of it."

The food was well presented and we observed throughout the course of the day that drinks were offered regularly and snacks such as buttered scones were offered at least three times. For people who needed assistance with eating, this was done by a specified member of staff giving one to one attention. Staff members were encouraging with regard to food and drinks and comments we heard included; "We'll have something little to eat, you don't need to at a big meal if you don't want one," and "Nice and steady, no rush, your cup of tea will wait and if it goes cold we'll get you another one."

People were asked for their choices and staff respected these. For example, people were asked where they

wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their eating needs. The atmosphere was calm and very chatty.

We spoke with the chef who told us about providing choices and foods appropriate to the needs of people. Both the chef and their assistant were knowledgeable about the needs and likes and dislikes of people living at the service. They showed us how most meals and snacks were freshly prepared and fortified foods such as cream and butter were added to foods to increase their calorific value. The kitchen also provided a meals on wheels service and we saw delivery drivers collecting meals ready to take to people in their own homes. There was a specific meals manager employed to manage the community meals service.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. People told us they were confident in telling staff if they felt unwell and that it would be acted upon straight away. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. The home was aligned to the community matron service which meant they were available on call to respond to any concerns from the home. The general manager told us; "We have consistency with them and they also came and worked a shift at the home so they have got to know the people and our staff team, it has definitely helped reduce hospital admissions." We saw one person was supported to attend a regular hospital appointment and we saw staff ensure they had their appropriate paperwork and were warm and comfortable. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

Every person with whom we spoke told us they were happy with the care they received and described staff as kind, respectful and caring. One person said; "I like being here, it's friendly."

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were working with them rather than for them. People told us; "The staff here are all marvellous, we are a family and all share each other's trials and tribulation." Another person told us; "I like it here, the staff are all nice, they don't hassle you. I'd like more beer though! [laughing]." There were lots of smiles and expressions of pleasure.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. We observed when one person became anxious in the lounge area that staff gave them immediate reassurance and gently re-directed them towards another area.

Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. We saw staff giving appropriate physical interaction when people needed reassurance.

We observed staff explaining what they were doing, for example in relation to medication. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

Staff were motivated to offer care that was kind and compassionate. The deputy manager told us; "The staff here don't need cajoling to do anything, they offer to do all sorts of things." They told us about staff coming in their own time to support activities. They also told us about fundraising activities for the Growing Old in Darlington network and local community initiatives such as cleaning the park opposite the home.

Staff respected people's privacy. They made sure people had the opportunity to have time in their own rooms during the day that was undisturbed. Staff were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. Staff were very discreet when discussing people's needs, moving to quiet areas to discuss tasks or a handover session which took place between each shift, or talking privately in the office. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected. Staff at the homecare service told us how they supported people to retain privacy and dignity when providing them with personal care.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised and for those people for whom this was safe, we saw people had kettles in their own room to maintain their independence.

When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes. They could also tell us about people's families. There was a relaxed

atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us; "This is their house and we respect their choices." We saw instances of people's independence being valued and upheld. For example, one person had brought their cat with them from home and their relative stated they were pleased as the cat; "Sometimes caused a problem but the staff deal with it."

At the time of the inspection one person who used the service had an advocate sought for them by the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The management team was aware of the process and action to take should an advocate be needed.

We saw DNACPRs and Emergency Health Care Plans (EHCP). An EHCP is a plan designed to share important information about a person's care needs in the event of an emergency. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest. We saw that people with a DNACPR in place had this reviewed regularly and that relevant healthcare professionals and relatives had been involved in the decisions.

End of life care was planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. One staff member told us; "I have dealt with it and liaised with the district nurses. I enjoyed it and found it rewarding." During the course of our visit, two members of staff had come in their own time to attend a funeral of someone who had used the homecare service. One staff member told us; "I had worked with this person for a year and I classed them as my friend. I want to show them and their family my support." This showed the service was caring and open in ensuring people were supported at the end of their life.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One person said; "My family come regular, they are welcomed and offered a cuppa straight away." Family visitors were also able to have a meal with their family members if they so wished. The general manager told us that keyworkers had developed 'great' relationships with families and the person.

Is the service responsive?

Our findings

We asked people about the personalised care they received at Moorlands. People told us; "I used to get the meals on wheels from here at home but I wasn't managing. I decided to come here as I knew the service a little from when I used to ring up and I brought my cat, which meant the world to me. She [the cat] stays in my room." One person told us; "I meet with the deputy manager every month for a review, it's lovely, we just talk about things and I know I can tell [name] anything." One relative said; "I am really happy to be involved in the reviews of my relative's care and to be listened to." One relative had stated in written feedback; "Moorlands is a family run care home, the staff and residents are like a big extended family which is a vibe first felt when you enter. The staff treat all the residents with great dignity and go out of their way to do everything they can to make their residents house, a home!"

People received consistent, personalised care and support. Their care and support was planned proactively with them and the people who mattered to them. Relatives who advocated on behalf of people were fully involved in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in comprehensive monthly reviews of each person's care plan. The deputy manager explained they had developed the review format and they met with the person and their family were invited (either in person or they were asked to contribute via telephone or in writing) each month. The reviews we saw were detailed and didn't just include feedback about people's physical health but also asked people about social activities and suggestions. Any action or feedback triggered a new update or risk assessment in the care plan and we saw the deputy manager followed up any action points at each monthly review.

Each person's individual care plans were based on a detailed profile of the person and assessment of their needs. This provided in depth information about the person's background and social history and relationships that were important to them. We also saw assessments not only included people's care and physical needs but also people's wishes, aspirations and expectations. We were told by the management team; "Because we are a small family service, we need to make sure we can accommodate people's social needs." People's care and support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. There was detailed guidance for staff to follow in relation to all aspects of people's support needs. There were detailed activity plans and guidance about the person's choices and preferences in relation to routines and activities of daily life. For example we read for one person that their appearance was very important to them. Later in the day we witnessed a staff member applying nail varnish and talking with this person to plan an outfit they would wear for a family event the following day. This showed the service knew what was important to people and facilitated this to happen. There were clear and detailed instructions for staff about how to protect each person's dignity and how to support them to move around, at the service and outside in the community.

We saw how people were involved in their care plans. Everyone who spoke with us knew about their care plan, their reviews and their keyworkers. One person told us; "Yes the plans are all about us", and another person joked; "They are our crime records!" Each person had a keyworker and people we spoke with knew who their keyworker was. Each person had a photo of their keyworker in their rooms with a short profile of their background and hobbies that was personalised for each person. For example, one keyworker had

written "I am very happy to be [name's] keyworker. [Name] likes to call me her little friend." This showed the service was personalised to each person and caring positive relationships were encouraged.

People were supported to take part in a wide range of activities regardless of their ability. We participated in an exercise session carried out by an external trained therapist. They encouraged people to do whatever they could no matter how small the movement and offered lots of support and praise. It was evident from the number of people attending that people thoroughly enjoyed the session. One person told us; "Because I have done these exercises regularly I'm now able to walk down the street to the shop, I couldn't get out before."

Staff worked enthusiastically to support people to lead fulfilled lives; as a result their quality of life was enriched and optimised to the full. One of the care staff who was a qualified and experienced chef ran a regular gourmet dining evening which was publicised for people, staff and families to attend a three course meal. One relative said; "There's a 'Boycey's' evening, which is a three course a la carte menu and the residents and staff dress formally and all funds raised go towards the residents and different trips, such as the beach and the theatre." People were provided with excellent support that enabled them to experience both familiar and new experiences to the fullest possible extent. People told us about a chick hatching experience where people had eggs in an incubator that they then watched hatch over time before the young chicks were then rehomed. We saw photos of this experience all over the home with everyone holding the chicks. One relative stated; "I think it's great that they are open to letting pets come in with new residents to make their transition into their new environment as easy and comfortable as possible. There are always good activities going on such as singers, magicians and plays, at Easter they get eggs and an incubator in for the chicks to hatch, they often have Shetland ponies in too."

The general manager told us they shared the experiences of people and the activities at the service on Facebook with their permission and people told us their family enjoyed seeing the photos of them at various events and activities. The service also encouraged the use of social media for people using the service to keep in touch with their friends and families. The service enabled one person to talk to relatives in Australia via Skype and another person had expressed an interest in online learning and again, the service facilitated this for them. One person told us they had an electronic buddy system that their family used to track their location when out of the home. They said; "I wear it round my neck and it tells people where I am, it's very innovative." This had been agreed with the person and was managed by their family. The device let them maintain their independence whilst enabling risks arising from their vulnerability to be reduced. The general manager told us; "This has enabled [name] to have their freedom and feel safe in the community. They can press the panic button on it and it also has a falls detector."

During the course of our inspection two external activity providers visited, one in the morning and one in the afternoon. One undertook twice weekly armchair fitness sessions which the majority of people attended and which was fun and motivating. The trainer knew people well and was very encouraging of everyone to do whatever they could manage.

People were supported to access local community facilities and take part in local community events. Activities were planned to enable people to lead as full a life as possible and a residents committee had planned a variety of entertainment such as a weekly film night. People took part in fundraising activities for charities that benefitted older people in Darlington. People told us they took part in events such as activities in the neighbouring park and local theatre productions. The service had organised a drama student to come in and talk to people about their lives and it was hoped some of these stories may be used a part of a production at the Putney Playhouse in London. People were supported to attend church services and one

person regularly attended a "Lunch and Listen" event at a local church and had also invited two other people along with them on the last visit, along with a care staff member.

We were told about one person who had started to attend their budgie club which they had attended when they were at home but had not done so for some time due to ill health. This person was attending on a regular basis with a carer and had now been given honorary membership by the club. The general manager told us "[Name] has loved going again." This showed the service supported people to be an active part in their local community and to pursue interests they had previously.

The registered provider had made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed people's satisfaction with the service with them and their family members. The complaints procedure was also displayed in the entrance hall at the service. The registered manager was responsive to people's concerns. There had been no formal complaints about the service. Where people or relatives had answered any questions on the annual satisfaction survey with a response that indicated they were less than fully satisfied, we saw the management team had addressed the concern and fed back to the person who had raised the issue. Other mechanisms were also in place to raise concerns such as comment books in everyone's room and monthly review meetings were held on a one to one basis with people and family members were invited. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally.

Is the service well-led?

Our findings

People who used the service, visitors and staff we spoke with during the inspection spoke highly of the registered providers and the management team. Feedback we saw from recent relatives surveys said; "The staff are excellent. They do care and provide a great atmosphere," and; "The staff are professional, friendly and fun. The balance of these is perfect." The registered manager was also one of the registered providers and another family member was the general manager. Many of the staff had worked at the home for many years and everyone we spoke with and saw feedback from told us the homeliness and family atmosphere at the service was very important.

The management team displayed the values of the service which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The staff team were well directed and confident in their interactions. The staff told us about the registered manager; "[Name] is really approachable and all the managers are, they are always there when you need them." Another staff member said; "It's a happy and homely place to be. It's well organised and yet relaxed."

We saw recent written feedback from two healthcare professionals about the service. One was from a nurse at the local hospital commenting on the care and support provided by staff from Moorlands. They said; "It was obvious that the management are very committed to total care of the resident." The other feedback was from an NHS Health Promotion provider who shared their experience of delivering training to the staff team at Moorlands with the local authority and the service. They said; "We had 100% staff attendance; I was delighted to see how many staff attended. I witnessed and heard some areas of good practice with regards the oral care routines for people. All the staff remained professional throughout the training and all appeared to have the resident's best interest at heart."

Staff told us they were able to contribute to feedback about the service. We saw from staff meeting records that ideas from staff were discussed and implemented and we saw the deputy manager had developed and introduced a very comprehensive review system that involved the person and their family in their care. They told us they had been encouraged and supported by the registered providers so do this work and we saw in feedback questionnaires from relatives that this was important to them. This showed the service's management listened to the feedback of staff.

The law requires providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and Moorlands Residential Care Home had complied with this regulation.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. There was an annual development plan which was broken down into

monthly themes such as 'review training matrix' and 'check policies for review'.

The service was an active part of the local community in Darlington. As well as the registered providers being involved in local health and social care forums such as Growing Old in Darlington, people were also encouraged to be part of the local community and we saw that they had been involved in the local park support group and had attended cleaning days there. We also saw people were encouraged to maintain their hobbies, for example one person had been supported to attend their budgie club which they had done when they had lived at home and the service supported them to attend again with a member of staff.

Staff told us they had regular meetings and we saw that they were held every three months. At the last meeting in December 2015 the minutes showed that items such as safeguarding, supervision, feedback, activities and health and safety were discussed. We saw an item raised in the safeguarding discussion from a staff member around people passing money amongst them was raised. The general manager praised the staff member for raising what could be a safeguarding concern and informed them that an advocate and a care manager had already been involved with the individuals concerned to discuss the issue. This showed the service welcomed staff raising issues or concerns.

Relatives and people who used the service were involved in the review and planning of the service. We saw that regular meetings, online updates on social media and surveys were carried out. We saw that from feedback in April 2015 to the surveys, the service had seen that some people weren't sure where the fire doors were. We saw the service actioned to discuss this again in resident meetings but it also developed an easy read "What to do if the fire alarm goes off" poster, explained this to people and placed it on the back of doors. This showed the service acted to ensure people's feedback was listened to.

The administration of all aspects of the service were well managed. During the inspection we asked for a variety of documents to be made accessible to us and these were promptly provided and well maintained. Policies and procedures were regularly reviewed. We found records to be well kept, easily accessible, accurate and contemporaneous.