

# Mrs Michelle Smith & Mr David Hodgson Smith

# Moorlands Residential Care Home

## Inspection report

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26 September 2018

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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

The inspection took place on 24 and 26 September 2018 and was unannounced. At our last inspection in April 2016 we awarded an overall rating of Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The care home accommodates 19 people across three floors. At the time of the inspection 17 people were being supported in the home. The service also provides domiciliary care registered at the same location which provides care and support to older people in and around Darlington. At the time of the inspection the service was supporting 63 people in the community.

The service had a registered manager. '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.'

Relatives felt staff provided exceptional care and support and demonstrated a high level of compassion and kindness to people at the end of their lives. Relatives were supported during the time up to and following the death of their loved ones.

Care records were written in an extremely person-centred way. In depth assessment and exploration of people's life history was used to develop support and guidance for staff to ensure people lived a fulfilling life in Moorlands. People's individual wishes, needs and choices were considered. People's care and support was reviewed on a regular basis using a holistic review which included family and health care professionals where possible.

The provider ensured people were supported to attend a broad range of activities and entertainment within the setting and in the community to maintain an active and rewarding life.

The provider had policies and procedures in place to keep people safe. Staff were trained in safeguarding.

Accidents and incidents were recorded and monitored for themes and patterns.

The provider had a robust process in place to ensure the safe recruitment of new staff.

Risks to people and the environment were assessed with control measures in place for staff support and guidance.

Medicines were managed by trained staff whose competency to administer medicines was checked regularly. Medicine administration records (MAR) were completed correctly.

There was enough staff on duty to meet people's needs. Staff were appropriately trained and received regular supervisions and appraisals.

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

People enjoyed a varied health diet and had their nutritional needs assessed regularly. People's health was monitored and when necessary staff ensured people had access to health care professionals.

Staff treated people with dignity and respect. People's privacy was maintained. Staff supported and helped people to maintain their independence by encouraging self-care where possible.

The provider had a complaints procedure in place. People who used the service and visitors were aware of how to make a complaint.

Health and safety checks were completed regularly and records maintained.

The registered manager and staff worked with local commissioners and other stakeholders. Community links were maintained with people accessing local amenities on a regular basis. Members of the clergy made regular visits to the home.

The provider had an effective quality assurance process in place and maintained a development plan to drive improvements.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service remains Outstanding.

### Is the service well-led?

Good ●

The service remains Good.

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity took place from 24 to 26 September 2018. We spent time both in the home and the domiciliary care office.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG).

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We included feedback CQC gained from questionnaires completed by many people using services.

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During the inspection we spoke with six people who lived in the home and one visitor. We also spoke to two people who received domiciliary care. We spoke with the registered manager, general manager, deputy manager, two care staff, the chef and cleaning staff.

We looked at six people's care records and records relating to the management of the service including the recruitment records of five staff.

# Is the service safe?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

A person who used the service told us, "Oh yes, very safe and they look after me in here." Another person said, "I'm safe enough." A third person told us, "I'm safe, I have my buzzer they pop in and out all day. I also have a check at night." One visitor we spoke with felt the person they visited was safe in Moorlands. They told us, "[Name] is absolutely fine here."

People and visitors felt the staffing levels were appropriate. Buzzers were answered in a timely manner. One person told us, "I just ring if I need help and they come, no waiting." One visitor said, "There are plenty of staff about, it is a calm place."

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS) and two references.

The provider had systems and processes in place to keep people safe, such as safeguarding policies and procedures. Staff were trained in safeguarding and understood how to report any concerns and were clear about what constituted abuse and how they could recognise if someone was being abused.

Accidents and incidents were recorded and analysed for patterns or themes. Lessons learnt from any incidents were discussed in staff supervisions or team meetings.

Risk assessments were in place for people, with control measures available for staff guidance to reduce the risk. Such as how to support people with their mobility.

We found the provider had policies and procedures in place to manage medicines. Medicine administration records were completed correctly with no gaps.

Health and safety checks were carried out on a regular basis. For example, gas safety checks and electrical installation checks.

The provider had personal emergency evacuation plans (PEEPS) in place for staff support and guidance, these were held in people's care files. We felt these would not be easily accessible to staff in an emergency and discussed this with the registered manager who advised copies of the PEEPS would also be kept in the fire file.

There were some areas of the home which required some updating. The general manager told us of the programme of refurbishment and redecoration the home had in place. Plans to decorate bedrooms were

underway commencing with larger rooms.



# Is the service effective?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs were assessed before they started using the service. Assessments were used to develop support plans with involvement of people and their relatives. The provider used legislation and best practice to inform their assessments. For example, moving and assisting guidance.

Mandatory training was completed as part of the induction process. Mandatory training is training that the provider deems necessary to support people safely. We found training was refreshed on a regular basis.

Staff told us they felt supported and received regular supervision and an annual appraisal. We saw supervisions were detailed and contained discussions about personal development. One staff member told us, "We are supported at work, [general manager] is always about and so is [registered manager]. Everything is covered in supervisions."

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 Act.

We found the service was working within the principles of the MCA. The registered manager had a good understanding of the mental capacity, and staff had been trained in the MCA and Deprivation of Liberty Safeguards (DoLS). Where the person had a Lasting Power of Attorney (LPA) in place. Copies of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.

People were supported with their nutritional needs. Where necessary speech and language therapist (SALT) guidance was included in the person's support plan for staff to follow. Staff we spoke with understood the need for food to be of a specific consistency and how to prepare thickened fluids.

Care files contained records to identify when professionals had been requested by the home as part of people's health care. For example, referrals to community nurses, chiropody and GP's.

The premises were suited to people's needs, with dining and communal spaces for people to socialise. Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture brought from home. Bathrooms were designed to incorporate needs of the people living at the home. The garden area was accessible to people and relatives.

# Is the service caring?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We observed many caring and respectful interactions between staff and the people living at Moorlands. Staff did not rush people to make decisions and were led by what the person wanted to do. People appeared comfortable and relaxed in the presence of staff. We saw staff also had a good relationship with those who visited the home, staff were open and welcoming offering tea or a coffee.

All the staff that we spoke with showed genuine interest in people's wellbeing. We observed staff knocked on people's doors and waited to be invited in. Staff spoke with people in a respectful manner, we observed appropriate humour was used and people enjoyed a laugh and a joke with staff. It was obvious from discussion that all staff knew people very well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships.

Care records described how staff were to respect people's privacy and promote their dignity. People were supported to be as independent as possible. One staff member told us, "We always knock and wait to be invited in. Doors and curtains are shut when helping with personal care." Another said, "I treat people as I would want to be treated, I always encourage them to do for themselves."

People's preferences and choices were recorded in their care records. For example, food choices and personal care preferences. Communication support plans were in place if people required support with their communication needs.

We saw that records were kept securely and were only accessible by staff. This ensured the confidentiality of people's personal information.

We found the provider supported people with their rights. For example, contact with family members was supported by social media, people were supported to vote either by post or in person.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager advised that contact would be made with the person's social worker if necessary.

## Is the service responsive?

### Our findings

At our inspection in March 2016 we rated this domain as Outstanding. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We found the staff continued to give exceptionally responsive care, designed around the needs of people who used the service.

People had detailed care plans which were reviewed every month. The person using the service and people important to them were involved in setting up the plan of care. Care plans clearly illustrated people's needs and wishes and were extremely detailed. They included information about the person's background, interests and hobbies and what staff should take into account when delivering their care. People's care preferences were included, and any religious or cultural considerations staff needed to be aware of. Staff understood the importance of having 'life history' information. They told us this helped support people and to be able to get to know them better.

Monthly reviews were carried out with the person and their relatives, this gave the opportunity for concerns, issues, changes of support and a review of outcomes to be discussed and agreed. One person told us, "It's important to me that we have these meetings, I feel more supported." This meant care plans were continuously developed to be person-centred and showed what support each person required and the steps staff should take to support the individual with this, in line with their personal preferences.

One person's outcome was 'to make choices and lead a normal life'. This included the person being able to access the community independently which was something they felt was important. By introducing technology such as the Buddy system the person could have the freedom they wanted. The service felt they provided a safety net for the person by providing safe accommodation whilst supporting them to move forward with a fulfilling and rewarding lifestyle.

We saw how the service had developed plans to support one person whose wish was to return home. Person centred support plans around mobility set out how to encourage and support the person to become more independent building on progress. Records showed how the person's mobility had improved from being immobile to walking with a Zimmer frame. Moving and assisting equipment was no longer required.

The service continued to be extremely dedicated to protecting people from the risks of social isolation and recognised the importance of social contact, friendships and family contact. Since our last inspection the provider had introduced a 'writing class'. The general manager told us, "We don't want people to lose the ability to write, this way they can continue to write cards for family members. It is about us taking extra steps." Staff supported people to use WhatsApp and Skype to keep in touch with family.

Another initiative since the last inspection was to engage more with the community to promote people's recreational activities. People had attended and taken part in the town's annual carnival. The general

manager told us, "As it was the 100-year anniversary of the suffragettes someone from the carnival did some craft sessions, everyone made a rosette to wear." One person told us, "It was absolutely fantastic, the whole day I have never had such a good time." People had also been involved in the litter picking in the local park. Comments about the activity included, 'it's great to get outside', 'we do have fun in here' and 'the park is beautiful to get out in the summer was lovely, we can see it every day from here.'

People had taken part in a Reiki session. The general manager told us, "We are always looking for something different for people so we booked a trial session." We found one person had particularly enjoyed the experience. They told us, "I enjoyed it and am certainly going to have another try. They are so good at organising things for us."

The provider recognised that people required a level of in house entertainment and provided this on a regular basis. We found entertainers including singers visited the home often. Theme nights were planned such as 'James Bond evenings', 'Fish and Chip supper nights' and Halloween parties. To ensure people who preferred to retire early also had access to themed activities, we saw a pyjama party day had been planned. The general manager told us, "Everyone wants to stay in their pyjamas, even staff. There are face masks, nails done that type of thing." One person told us, "I'm really looking forward to that [pyjama party]."

Christmas was celebrated throughout December with something festive happening every day. The service produces a 'Christmas Entertainment Guide' which is given to people and relatives so they know what is coming up. The guide is discussed at resident meetings ahead of its publication.

Moorlands has a Facebook page where events and news about the service is posted. People had been asked if they were happy for their images to be used on the social media site. We found signed documents held in people's files to give consent.

We saw how responsive the service had been in supporting the local community. The service had provided hot meals to those who were not able to get out due to the bad weather over the winter. The general manager told us, "We just felt it was important to make sure people ate well."

We found the service provided an extremely high standard of end of life care. End of life discussions had taken place with people. We found details were available for staff to follow to ensure the person's wishes were respected and acted upon. The registered manager and staff were committed to providing people with the best end of life care they could possibly give and provide support to families at this sad time.

We found numerous compliment cards and letters to demonstrate outstanding acts of caring and empathy. Relatives described how at the most difficult of times, the situation was made more bearable for them because staff displayed, "kindness and compassion which was insurmountable." Comments included how staff had 'become an extended part of the family', 'thank you for the five-star treatment' and 'the friendliest, most caring, helpful people possible.'

Staff paid tribute to people who had passed away in Moorlands by developing a memory book. The books contained personal messages from staff about their relationship with the person. These were given to family members as a way of showing how much their loved one meant to staff. We found written confirmation that relatives were touched by this gesture.

The home celebrated the significance of people's national heritage following their death. Staff lined the front of the home and displayed flags in tribute to one person as the funeral procession went past. The person had been fiercely proud of their heritage and staff supported them by hanging the national flag on

their bedroom door.

We found the providers supported and acknowledged people's cultural needs as part of the recreational provision in the home. We saw posters to celebrate St David's day and St Patrick day. People, relatives, visitors and staff were encouraged to wear something green, by doing so the provider donated £1 for each person who wore green to the resident's fund.

Regular meetings were held with people and relatives. These were recorded and made available for those who could not attend.

Quality surveys were carried out so people, relatives, other stakeholders and staff could give their views and opinions. We saw the provider acknowledged any concerns raised and set an action plan to address the concerns.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. The complaints procedure was issued to people on commencement of their support. No formal complaints had been made to the service. People, we spoke with knew how to make a complaint. All the people we spoke with told us they had nothing to complain about.

## Is the service well-led?

### Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and visitors told us they felt the registered manager and general manager were open and approachable. On the day of the inspection we found management were easily accessible to people and staff. One person told us, "They are like my family, I can talk to [general manager] anytime. I have known him for years." Another told us, "They are so kind and always listen to us." One visitor told us, "Nothing is a problem they are good."

The registered manager and general manager were supportive of the staff team and took their responsibilities in supporting staff seriously. Processes were in place to ensure staff were supervised, training organised and rotas developed to meet the needs of the service.

Regular team meetings were held. These were recorded and made available for those who could not attend so important information was disseminated to all staff. The minutes of meetings demonstrated these were open and encouraged discussion with the staff team. Ideas and suggestions were acknowledged and discussed during meetings.

Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service.

The provider had a quality assurance process in place to drive improvement. People and family members provided feedback on the quality of the service via questionnaires. The results were analysed and any actions where the service could improve were disseminated to staff and discussed at team meetings. Actions were monitored by the registered manager and signed off when completed.

The service worked in partnership with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. We received positive comments from the local authority in terms of the management of the service.