

Mr & Mrs S Brown

Moorfield House

Inspection report

Moorfield House
132 Liverpool Road, Irlam
Manchester
Greater Manchester
M44 6FF

Date of inspection visit:
18 February 2016

Date of publication:
14 March 2016

Tel: 01617753348

Website: www.moorfield-house.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 09 October 2015. During that inspection we found three breaches of Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Moorfield House is registered to provide accommodation and personal care to up to 33 people. The home is located in Irlam, on the corner of Moorfield Road and Liverpool Road, close to local shops and bus routes.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

As part of this unannounced focused inspection we checked to see that improvements had been implemented by the service in order to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorfield House on our website at www.cqc.org.uk.

During this inspection, we found that the registered person had not protected people against the risk of associated with the safe management of medication. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

The assistant manager confirmed that all staff had now received medication training, which we verified from training records. This enabled the home to administer medication at any time within a 24 hour period, such as in circumstances where people required pain relief.

We found that the home had introduced body maps to assist staff when applying prescribed creams, however not all records where creams had been prescribed had body maps attached. A number of records we looked at showed people were prescribed at least one medicine to be taken 'when required.' We still found that not all medicines prescribed in that way had adequate information available to guide staff on to how to give them. We found there was no information recorded to guide staff on which dose to give when a variable dose was prescribed.

We found some medicines were not always given as prescribed by the doctor. We found that five people who had been prescribed certain medicines had ran out of stock for a period of between two to four days. One person who had been prescribed a medicine, had ran out of stocks on the 13 February 2016 and the medicine was still not available on the day of our inspection. We spoke with the registered person about these concerns, who told us that the failure to receive replacement stocks were due to either the GP failing to sign the prescription or the chemist not delivering stocks on time. The registered person assured us that they would contact the GP and pharmacy to ensure that medicines were provided when people needed them.

In one record we looked at where a person had been prescribed food supplements, there were no records on the MAR to demonstrate that the medication had been given to the person who used the service. In another record we looked at, where a person had been prescribed a medicated shampoo, no records existed to demonstrate that it had been administered. In both instances, the assistant manager told us that the medication had been administered, but staff had failed to maintain appropriate records.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because the registered person had not protected people against the risk of associated with the safe management of medication.

At our last inspection we found that the registered person had failed to provide person centred care that reflected personal preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. This specifically related to choices around meal times and included the absence of choice for people on pureed diets.

During this inspection, we found the provider was now meeting the requirements of the regulation. We looked at a menu board outside the dining rooms, which indicated two choices of main meals and deserts were provided. During our visit we watched staff and the cook ask people what they wanted for their lunch, which included the options available. The cook also explained to us that if people were not happy with choices available, they would provide other options and people could have what they wanted.

For pureed diets, we saw that people has chosen chicken, mashed potatoes and mixed vegetables. These meals were presented in an appetising manner on individual plates. People on pureed diets were individually asked by the cook what they wanted. We also looked at a four weekly menu that the service used, which had involved input from people who lived at the home.

During our last inspection we found that the provider had failed to assess and monitor the quality of service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

During this inspection we found that the service was able to demonstrate that they were meeting the requirements of regulations. The service had implemented a system audits including environments and food hygiene. Other audits included cleaning, mattresses, pressure cushions and other equipment such as hoists and wheel chairs.

The home had introduced a system of monitoring accidents and incidents including falls, which were reviewed by the clinical lead on a monthly basis. This ensured appropriate action had been taken to address increased risks to people following incidents or falls. The home had also introduced checks to ensure that written consent had been obtained from people who used the service in order to ensure that care files accurately reflected people's written consent or that of their representatives.

We looked at minutes from resident meetings, which included families. Issues debated included fundraising for the benefit of the home, activities and establishment of a 'tuck shop' for people who used the service. We were told that resident meetings would be scheduled for the remainder of the year, with the next meeting arranged for April 2016. The home had introduced a suggestion box in the reception area and had distributed questionnaires to people and families. We looked at some responses that had already been received, which spoke favourably of the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that people were still not protected against the risk associated with the safe management of medication.

We found some medicines were not always given as prescribed by the doctor. We found that five people who had been prescribed certain medicines had ran out of stock for a period of between two to four days.

We found that some records relating to the administration of medicines had not been maintained accurately by staff.

Requires Improvement ●

Is the service effective?

We looked at a menu board outside the dining rooms, which provided two choices of main meal and deserts.

During our visit we watched staff and the cook ask people what they wanted for their lunch, which included the options available. The cook also explained to us that if people were not happy with choices available, they would provide other options and people could have what they wanted.

We could not improve the rating for 'effective' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects relating to the breach of regulations, rather than looking at the whole question relating to 'effective.' We will review this during our next planned comprehensive inspection .

Requires Improvement ●

Is the service well-led?

We found the provider was now meeting the requirements of the regulation and had introduced systems to assess, monitor and improve the quality and safety of the services provided.

We looked at minutes from resident meetings, which included families. Issues debated included fundraising for the benefit of the home, activities and establishment of a 'tuck shop' for people who used the service.

We could not improve the rating for 'well-led' from requires

Requires Improvement ●

improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects relating to the breach of regulations, rather than looking at the whole question relating to 'well-led.' We will review this during our next planned comprehensive inspection.

Moorfield House

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.

We undertook an unannounced focused inspection at Moorfield House on the 18 February 2016. This inspection was undertaken to ensure that improvements that were required to meet legal requirements had been implemented by the service following our last inspection on 09 October 2015.

We inspected the service against three of the five questions we ask about services during an inspection, which were not meeting legal requirements at our last inspection. These included; 'Is the service Safe,' 'Is the service effective' and 'Is the service well-led.'

The inspection was undertaken by one adult social care inspector. Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also reviewed the action taken by the provider following our previous inspection, who wrote to us explaining what action the service had taken to meet legal requirements.

During the inspection we spoke with the provider, the assistant manager, the clinical lead, one senior member of care staff and the cook.

Is the service safe?

Our findings

At our last inspection, we found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

During this inspection conducted on the 18 February 2016, we checked the medicines and records for 20 people. We found that all the medication records of people we looked at had photographs and their allergies recorded. This reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance. The MARS (Medicines Administration Record Sheets) had been printed by a pharmacy, with a number of handwritten MARS. We were told by the clinical lead that the hand written MARS related to people on short term respite care.

The assistant manager confirmed that all staff had now received medication training, which we verified from training records. This enable the home to administer medication at any time within a 24 hour period, such as in circumstances when people required pain relief. The assistant manager also told us that competency spot checks would be introduced for staff to ensure that high standards of medication administration were adhered to.

We found the home had introduced body maps to assist staff when applying prescribed creams, however not all records where creams had been prescribed had body maps attached. A number of records we looked at showed people were prescribed at least one medicine to be taken 'when required.' We still found that not all medicines prescribed in that way had adequate information available to guide staff on to how to give them. We found there was no information recorded to guide staff on which dose to give when a variable dose was prescribed.

We found some medicines were not always given as prescribed by the doctor. We found that five people who had been prescribed certain medicines had ran out of stock for a period of between two to four days. One person who had been prescribed a medicine, had ran out of stocks on the 13 February 2016 and the medicine was still not available on the day out our inspection. We spoke with the registered person about these concerns, who told us that the failure to receive replacement stocks were due to either the GP failing to sign the prescription or the chemist not delivering stocks on time. The registered person assured us that they would contact the GP and pharmacy to ensure that medicines were provided when people needed them.

In one record we looked at where a person had been prescribed food supplements, there were no records on the MAR to demonstrate that the medication had been given to the person who used the service. In another record we looked, where a person had been prescribed a medicated shampoo, no records existed to demonstrate that it had been administered. In both instances, the assistant manager told us that the medication had been administered, but staff had failed to maintain appropriate records.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, safe care and treatment, because the registered person had not protected people against the risk of associated with the safe management of medication.

Is the service effective?

Our findings

At our last inspection we found that the registered person had failed to provide person centred care that reflected personal preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. This specifically related to choices around meal times and included the absence of choice for people on pureed diets.

During this inspection, we found the provider was now meeting the requirements of the regulation. We looked at a menu board outside the dining rooms, which indicated two choices of main meals and deserts were provided. During our visit we watched staff and the cook ask people what they wanted for their lunch, which included the options available. The cook also explained to us that if people were not happy with choices available, they would provide other options and people could have what they wanted.

For pureed diets, we saw that people has chosen chicken, mashed potatoes and mixed vegetables. These meals were presented in an appetising manner on individual plates. People on pureed diets were individually asked by the cook what they wanted. We also looked at a four weekly menu that the service used, which had involved input from people who lived at the home.

Is the service well-led?

Our findings

During our last inspection, we found that the provider had failed to assess and monitor the quality of service provision. The service was also unable to demonstrate how they regularly sought the views of people who used the service about their experience of and the quality of care delivered. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

During this inspection we found that the service was able to demonstrate that they were meeting the requirements of regulations. The service had implemented a system of checks including audits of environments and food hygiene. Other audits included cleaning, mattresses, pressure cushions and other equipment such as hoists and wheel chairs.

The home had introduced a system of monitoring accidents and incidents including falls, which were reviewed by the clinical lead on a monthly basis. This ensured appropriate action had been taken to address increased risks to people following incidents or falls. The home had also introduced checks to ensure that written consent had been obtained from people who used the service in order to ensure that care files accurately reflected people's written consent or that of their representatives.

We looked at minutes from resident meetings, which included families. Issues debated included fundraising for the benefit of the home, activities and establishment of a 'tuck shop' for people who used the service. We were told that resident meetings would be scheduled for the remainder of the year, with the next meeting arranged for April 2016. The home had introduced a suggestion box in the reception area and had distributed questionnaires to people and families. We looked at some responses that had already been received, which spoke favourably of the services provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Because the registered person had not protected people against the risk of associated with the safe management of medication.

The enforcement action we took:

CQC have issued a warning notice with conditions to be met by