

Moor Park House Limited

# Moor Park House Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Moor Park House Limited is a 53 bedded purpose built home, situated on a main road position near to the city centre of Preston and opposite a large park. Other amenities are within easy reach. The home provides personal and nursing care for young adults and older people, specialising in care for people needing support with complex needs, physical disability and acquired brain injury. There were 48 people living at the home when we visited.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

We looked at how accidents and incidents were managed at the service. There was no central record for accident and incidents to monitor for trends and patterns and to ensure the management had oversight of these. We have made a recommendation about this.

We found people's capacity to consent to care had not always been fully assessed and information was at times conflicting. For example, in one person's care file their next of kin had signed for the consent to the service. We have made a recommendation about this.

Everyone we spoke with told us they felt safe with staff who supported them. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. Systems were in place that showed people's medicines were managed consistently and safely by staff.

We found staff recruitment remained safe. People told us and we could see for ourselves that there was enough staff available to meet people's needs and to keep them safe. Staff were aware of their responsibilities in relation to infection control.

People we spoke with expressed their confidence in the staff and felt they knew their needs. Peoples needs for nutrition and fluids had been considered. People were supported by staff to live healthier lives. The staff training is ongoing and evidence has been seen of staff completing training.

We received consistent positive feedback about care provided at Moor Park House Limited from people who lived at the home and their relatives. We saw staff speaking with people who lived at the home in a respectful and dignified manner. People we spoke with told us they were offered a variety of choices, which promoted independence.

People we spoke with told us they felt staff were responsive to their needs. We saw people and their relatives had been involved in the planning and review of their care. People told us they were encouraged to give their views and raise concerns or complaints.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. People told us that they were provided stimulation and opportunities to go on day trips in the mini bus.

There was a clear vision and credible strategy to deliver high quality care and support at the service. There was a positive staff culture at the service. Systems were in place which continuously assessed and monitored the quality of the service.

We found the management team receptive to feedback and keen to improve the home. The registered manager worked with us in a positive manner and provided all the information we requested.

Further information is in the detailed findings below.

## 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?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Moor Park House Limited

## **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.

This comprehensive inspection took place on 11 May 2018 and was unannounced. A further announced visit took place 16 May 2018. The inspection team consisted of one inspector, a specialist advisor with experience in acquired brain injury and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people and three relatives. We spoke with the registered manager and three care staff and two nursing staff.

We reviewed eleven people's care records, looked at three staff files and reviewed records related to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe with staff who supported them. One person said, "Oh yes, I feel safe because people keep coming in to ask if you are alright." Another person told us, "Yes, the staff make me feel safe. They look after you, make sure you are ok, check on you and if you have any problems they deal with them for you."

We looked at how accidents and incidents were being managed at the service. There was no central record for accident and incidents to monitor for trends and patterns and to ensure the management had oversight of these. We saw accident forms were completed, however we found no documented evidence of the actions taken following the identification of issues

We spoke to the registered manager about this and they were able to inform us of the actions taken. The management recognised the need for further documentation for this to be fully audited and allow for lessons learnt to be easily identified.

We recommend this information is documented in line with best practice to allow for an audit trail of the evidence and collation of lessons learned.

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

The service had a 'zero tolerance of bullying and harassment policy' for both staff and people who used the service. Systems were used to reduce the risk of harm and potential abuse to people who used the service.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management, including the use of pain scales to identify severity of pain.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us and we could see for ourselves there were enough staff available to meet people's needs and to keep them safe. This was confirmed in discussion with people on the day of the inspection. One person we spoke with told us, "Yes sometimes there are too many staff, one will come in and then another asking if you are ok which is very nice." We saw there was a lot of agency staff being used at the home. We spoke with

the registered manager who told us there is an active recruitment drive at the home. They also told us consistent agency staff are requested in order to maintain continuity of care for people.

Staff were aware of their responsibilities in relation to infection control and they told us they were provided with personal protective equipment.

## Is the service effective?

### Our findings

People we spoke with expressed their confidence in the staff and felt they knew their needs. One person told us, "They seem to be well trained, they know what they are doing. They have some trainees at the moment. They are observing what they are doing."

We found people's capacity to consent to care had not always been fully assessed and information was at times conflicting. For example, in one person's care file their next of kin had signed for the consent to the service. There was no documentation to support if the next of kin had any legal power of attorney for that person. The MCA stipulates if a person lacks capacity to consent to a decision, where there is no legal power of attorney, then a best interest process needs to be carried out. Therefore the correct processes had not been followed.

We spoke with the registered manager about this and they stated that they would ask the next of kin for proof of legal power of attorney.

We recommend the service ensures the principles of the MCA are followed for each person and the documentation is completed in line with best practice.

The staff training is ongoing and evidence has been seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training to care for people effectively. For example, a staff member said, "There is lots of training, the support I get is excellent." We saw evidence of formal supervision taking place for staff, all of the staff told us they felt supported in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. The people we spoke with said they were given choices on what meals they wanted making and choices of drinks. One person told us, "You get a choice of meals each day and they are good." Another said, "The food is very good. If you don't like it you can have something else."

People were supported by staff to live healthier lives. Staff supported people to healthcare appointments and arranged these if necessary. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs.

## Is the service caring?

### Our findings

We received consistent positive feedback about care provided at Moor Park House Limited from people who lived at the home and their relatives. People we spoke with told us, "The staff are patient, they give me time to get up and move around." And, "The staff are kind, they will pass me anything, if I want anything they will go and get it."

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Care records included documented visits with advocates. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

## Is the service responsive?

### Our findings

People we spoke with told us they felt staff were responsive to their needs. One person told us, "If I wanted to change anything they [staff] would, they are very accommodating." Another person told us, "When they have new starters they will come supervised so that they can get to know my relative and what is important to them."

We saw people and their relatives had been involved in the planning and review of their care. The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard, particularly in using technology to ensure records were accessible to people with different communication needs.

People told us they were encouraged to give their views and raise concerns or complaints. None of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered provider and a full response provided to the complainant. Where complaints were raised about the level of care, we saw these had been discussed with staff at meetings, at handover and during supervision.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. We were made aware of one example where the person's room was adapted to be more family friendly to accommodate their end of life wishes.

We saw that people had Do Not Attempt CPR (DNACPR) orders in place, this was highlighted in their care file. The purpose of DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

The service employed a full-time activity co-ordinator. People told us that they were provided stimulation and opportunities to go on day trips in the mini bus. During our inspection we did not observe any group based activities. We spoke with the activity co-ordinator who told us that they put on activities such as arts and crafts, seasonal events and movie matinees.

## Is the service well-led?

### Our findings

There had been a change in the registered manager since our last inspection. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and credible strategy to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared. There was a positive staff culture at the service. Managers were aware of and reviewed the staff culture; this was evidenced in the support offered. Staff told us they felt supported and valued by the management team. Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

We observed the staff being supported throughout the day with individual decisions and saw the manager and team leaders actively give verbal guidance on tasks and support relatives with concerns or queries.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The audits completed had highlighted areas for improvement and action plans had been devised. The learning from audits was shared within staff team meetings.

Staff and management meetings took place regularly and were open forums for information to be shared. Staff reported a good working environment, they told us they were happy in their work and felt well supported.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted the home decorated.

We looked at policies and procedures related to the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

The service had on display in the reception area their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.