

Moorhouse Care Services Ltd

Moor House Residential Care Home

Inspection report

Vicarage Road
Staines-upon-thames
TW18 4YG

Tel: 01784453749
Website: www.moorhousecare.co.uk/

Date of inspection visit:
31 May 2023
05 June 2023
13 June 2023

Date of publication:
27 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Moor House Residential Care Home is a residential care home registered to provide personal care for up to 25 people. The service provides support to people requiring residential care and people living with dementia. At the time of the inspection, there were 21 people living at Moor House Residential Care Home, some of whom were living with dementia.

People's experience of using this service and what we found

We found audit processes relating to medicines needed further improvement. Topical medication (medicines applied to the skin) administration records had not always been completed fully and deliveries of new stock were not always checked by a second member of staff. Whilst there had been no impact on people and stock balances indicated medicines were accounted for, the provider's systems did not always address these record-keeping shortfalls consistently. The registered manager addressed this immediately.

There were sufficient staff deployed to support people with their needs. Where people's needs had changed, the provider had reviewed this and deployed an extra member of staff. People told us they had experienced occasions when they had to wait for staff to attend to their needs. The provider had already identified this and deployed an additional member of staff.

People and their relatives told us staff were kind and caring towards them and they felt safe living at Moor House Residential Care Home.

People told us they had access to healthcare professionals when they needed this. Feedback from healthcare professionals and care records we reviewed confirmed this.

Staff were aware of risks related to people's care and how to support people appropriately. Staff knew how to whistle blow and raise concerns inside and externally of the organisation should they need to.

There were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

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

People and their relatives told us they knew how to complain and that the registered manager would listen to their concerns. They told us they were given the opportunity to feed back on the service and attend

meetings.

People, their relatives and staff told us there was generally a positive atmosphere at the service which engaged them. They told us that the service was managed effectively and spoke positively of the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 June 2022).

Why we inspected

The inspection was prompted in part due to concerns received about staff management of people's risks in relation to falls and the culture in the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We did not find evidence of the concerns we received prior to the inspection in relation to risk management but we identified areas of improvement in relation to the monitoring systems that the provider had in place. Please see the well-led section of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moor House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Moor House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moor House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moor House Residential Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

The service had a registered manager in post.

Notice of inspection

This inspection was unannounced and included a visit outside of usual office hours.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 3 relatives about their experience of the care provided. We requested feedback from 4 healthcare professionals who recently engaged with the service.

We spoke with 14 members of staff including the registered manager, 2 housekeepers, 7 carers, an activities coordinator, the chef, the office manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We reviewed 6 people's care records, 4 staff recruitment files, medication management records, policies and governance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last rated inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were received, stored and administered safely. People's medicines were recorded in medication administration records (MARs) and topical medicines (those applied to the skin) were recorded in topical MARs (TMARs).
- We noted several missing signatures of administration in the TMARs and deliveries of monthly medicines were not always checked by a second member of staff. Whilst there had been no impact on people and stock balances indicated medicines were accurately accounted for, the provider's auditing systems did not always identify and address this. We have reported on this in the well-led section of this report.
- Other aspects of the MARs were completed in line with national guidelines. There were forms in place to ensure staff alternated sites of application for transdermal patches (patches applied to the skin), and 'as required' medicines (PRN) included protocols for staff to follow.
- Staff had received training and competency checks and were knowledgeable about the medicines people were prescribed.
- Medicines were stored in a separate room with a separate key which was held by the person in charge at the time. Medicines requiring additional storage precautions were stored safely and accounted for.

Staffing and recruitment

- We observed there were sufficient staff during the inspection. Staff attended to people in a timely manner and there were regular checks in place for people who preferred to stay in their rooms.
- We received mixed feedback about the staffing levels from people who used the service and their relatives. One person told us, "It does take a little time sometimes when you call, but they always come, it just depends what's going on." A relative told us, "They have been a bit short staffed but it's never affected [person's] care." The provider had already identified this prior to the inspection and increased the number of care staff deployed at the service.
- The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, right-to-work checks for international staff and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Moor House Residential Care Home. One person told us, "They are very nice here, all lovely and very friendly, and I am looked after, safe as anything." Another person said, "I am here and couldn't ask for any better, and they (person's family) know I am safe, happy and looked after, what more could you ask?"

- Staff understood what could constitute abuse and knew the steps they should take if they suspected abuse. One member of staff told us, "Unexplained bruising I would report straightaway, report it to my management. I would report it to CQC or social services."
- Staff had undertaken training for safeguarding and whistleblowing (reporting concerns) and understood their responsibilities in relation to this. One member of staff told us, "Telling somebody to sit down all the time is abuse. I would report to [registered manager] immediately and I've got [nominated individual's] number. We've got safeguarding training, we've got posters with all of the phone numbers."

Assessing risk, safety monitoring and management;

- Staff knew how to keep people safe from harm and knew about the risks associated with their care. One member of staff told us, "If [person] has had a fall, we check [person] every half an hour. [Person] has got a safety mat as well and a chair buzzer." Another member of staff said, "We make sure there's nothing they can trip on. Your trolley or wires. I'd report it to the maintenance man."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. Risk assessments completed by staff included the risk of dehydration, the risk of falls and developing pressure areas. Where risk assessments identified people required further intervention, this was implemented. For example, referrals to the physiotherapist and introducing sensors with the person's consent.
- The provider had an evacuation plan and people had individual personal emergency evacuation plans in place. Fire exits were free from obstruction and marked clearly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had undertaken mental capacity assessments, best interest meetings and submitted DoLS applications to the local authority where this was appropriate.
- Staff had undertaken relevant training and understood the principles of the MCA.
- We observed staff interacting with people in a respectful way. Staff asked people for permission before commencing a task and people were offered a choice.

Learning lessons when things go wrong

- The registered manager had completed accident and incident reports, shared these with the local authority and sought advice from healthcare professionals appropriately. Where suggestions were made, the registered manager implemented these in the service.
- The registered manager monitored accidents and incidents to identify patterns and reduce the risk of them happening again. The registered manager undertook an analysis and completed a report to look at lessons learnt. For example, where a person was at high risk of falls, particularly at nighttime, regular welfare checks were undertaken by staff at that time.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People's families and friends were able to visit at a time that suited them and there were no restrictions in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care through robust auditing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We noted several gaps in administration in the topical medication administration records (those applied to the skin). We also identified other record-keeping shortfalls as staff did not always follow national guidelines when booking in monthly medicines. Whilst there was no direct impact on people, the auditing systems did not always address this and there was a potential for missed opportunities to improve the quality of the service. Audits had identified some of the shortfalls we found but they did not always identify the missing topical medicines record signatures. The registered manager and provider acknowledged this and showed us evidence that this had been addressed immediately. However, more time was needed to embed the new systems in the service.
- Staff had undertaken other regular audits for areas such as care plans, staffing, activities, call bell response times, food hygiene, safeguarding, premises and complaints. Where these had identified issues, there were plans in place to address this and the provider had an action plan in place.
- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform in their roles and knew who to approach if they were unsure. One member of staff told us, "If I don't know something then I will go to my senior carer first. The expectations of me are clear to me."
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate. We saw in records that the local authority and other relevant agencies had been informed of incidents. Relatives told us they had been informed of significant incidents and changes to their health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "I love it, I wouldn't be anywhere else. I get to know the girls; they are lovely and really care." A relative told us, "[Person] has loved living here, and was always well cared for."
- Staff were complimentary about the registered manager and the culture in the service. One member of staff told us, "[Registered manager] is good [and] listens to your concerns." Another member of staff said, "There is a good atmosphere and the residents seem very happy as well."
- The registered manager was visible and approachable throughout the inspection and knew people's needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Where incidents qualified as duty of candour incidents, the registered manager had informed relatives and agencies such as the local authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the service and that their comments would be considered. One person told us, "I have got to know the staff, who are very nice and kind, and I could not be looked after any better. All you have to do is ask and they help." One relative told us, "[Management] are outstanding. There is only one word for them; they are angels."
- The provider had sought feedback from people who used the service, relatives and staff. Meetings were held for people to express their views. One person told us, "I always know what is going on – there is a residents' newsletter."
- Staff told us they generally felt engaged in the running of the service. One member of staff told us, "[Nominated individual] is always in staff meetings and available and ready to listen."
- Staff respected people's differences and the registered manager understood their role in ensuring people's cultural and religious needs were met.
- Care records evidenced that healthcare professionals and the local authority had been involved in people's care to achieve positive outcomes for people. One person told us, "I can see a dentist and a doctor too if need be." A relative commented, "They have called in all the experts. [Person's] care is exceptional, and I am so grateful for the trouble they have gone to, it's amazing."