

Ritzi Care Homes Ltd

Moorlands Residential 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Moorlands Residential Home is registered to provide accommodation and personal care to up to 16 people. The home specialises in the care of older people. At the time of this inspection there were 14 people living at the home.

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

People were happy with the care they received and complimentary about the staff who supported them.

Some areas of the building would benefit from refurbishment and the new providers had begun to make improvements.

People felt safe at the home and looked relaxed and comfortable in their environment. People received their medicines safely from staff who had received specific training to carry out the task.

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 were able to follow their own routines and make decisions about their day to day care and support. Care was personalised to each individual and staff respected people's choices.

People's privacy and dignity were promoted. Each person had a single room where they could see visitors or spend time in private.

There were enough staff to support people with their physical needs but at the time of the inspection there were limited opportunities for people to take part in activities. A new activity worker had been recruited and was due to start work shortly.

Staff worked with healthcare professionals to make sure people received care and treatment which met their individual needs.

The provider had systems in place which monitored standards of care within the home. This included audits, meetings and satisfaction surveys. This helped to make sure ongoing improvements were implemented.

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

Rating at last inspection and update

This service was registered to the provider Ritzi Care Homes Ltd with us on 7 October 2021 and this is the

first inspection.

The last rating for the service under the previous provider was Good, published on 27 February 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Moorlands Residential 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 two inspectors.

Service and service type

Moorlands Residential 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. Moorlands Residential Home is a care home without nursing care. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about this service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 6 May 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who lived at the home and one visitor. We also spoke with four members of staff. Throughout the day we were able to observe interactions between people and staff in the communal areas of the home. The registered manager was available throughout the inspection.

We looked at a sample of records relating to people's individual care and the running of the home. These included medication administration records, health and safety records, three staff recruitment files and three care plans.

Is the service safe?

Our findings

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

This is the first inspection of this service since it was registered to the provider Ritzi Care Homes Ltd. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. People looked comfortable and relaxed with staff. One person told us, "I feel very safe living here." We saw one person greeted a member of staff with a big smile. One person commented, "Yes it's as safe as it can be. You're never completely safe in life."
- Risks to people were minimised because staff had received training in how to recognise and report abuse. Staff were confident that any allegations reported to the registered manager would be taken seriously and action would be taken to protect people. There were posters with contact details of external safeguarding agencies to raise concerns if anyone felt unable to do so at the home.
- The registered manager investigated all issues raised with them. Where appropriate they worked with other professionals and were open and transparent in their investigations.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to make sure people received care and support in a way that minimised risks. For example, assessments regarding mobility showed the number of staff needed to help the person and any equipment needed. The support one person told us they received matched their written risk assessment.
- People were able to take risks if they had the capacity to make a choice to do so. One person told us, "I don't feel restricted in any way."
- The provider carried out risk assessments regarding the building. The action plan in place showed that issues identified by the fire risk assessment had been actioned in a timely way.

Staffing and recruitment

- New staff were recruited safely. The records we looked at showed all required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers. One staff member had not provided a full employment history on their application form; other staff members records we looked at had complete histories. This was raised with the registered manager during our visit who gave assurances this would be added to this staff member's record.
- People and staff told us there were enough staff to care for people; people spoke highly of the care staff. One person said, "There are always staff here. I am very well cared for." Another person told us, "The staff always come when I need them. Staff are nice; they work hard."
- There was a good staff presence throughout our visit. People received care when they needed it and did not have to wait. Staff had time to talk with and interact with people as well as providing care.
- At the time of the inspection there was no activity worker employed. However, a new worker had been

recruited who was due to start work once all safety checks had been completed. This would enhance social stimulation for people.

Using medicines safely

- People told us they were given the right medicines at the right time. We observed people were supported sensitively with their medicines. Staff ensured people had a drink and stayed with the person to support them to take their medicines safely. Staff had received appropriate training and had their competency assessed annually.
- Medicines were managed safely. People's medicines were dispensed from a medicine trolley. Staff ensured the trolley was always locked when left unsupervised so people could not access medicines and cause themselves harm.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigeration.
- Regular medicine audits were completed; where errors or concerns were identified, action was taken.

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 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.

Visiting in care homes

- People were able to see private and professional visitors at any time. A visitor told us there were no restrictions on visitors.

Learning lessons when things go wrong

- The provider monitored all accidents and incidents which occurred at the home. This enabled them to identify patterns and make any changes that may be necessary to improve practice and people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service since it was registered to the provider Ritzi Care Homes Ltd. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved to the home. This ensured that the staff could meet people's needs and expectations.
- From initial assessments care plans were created to give guidelines for how needs and wishes would be met. Care plans we looked at were comprehensive and gave clear details of the support people needed.
- People received their care in accordance with their needs and wishes. For example, care plans outlined the support people needed with personal care and people told us this was provided.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and undertook the Care Certificate. This is a recognised training programme for staff who are new to working in the care sector.
- New staff were able to shadow more experienced staff. This gave people and staff an opportunity to get to know each other. One member of staff said, "I had the chance to learn about how people wanted things."
- Staff had access to on-line training which helped to make sure they kept up to date with good practice guidance and legislation.
- People had confidence in the staff who supported them. One person told us, "Totally confident in the staff who help me."

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food provided at the home. One person said, "They feed you well. And it's pretty good food." Another person told us, "Food is very good." At lunch time we observed that meals were well presented, and people ate well.
- People were able to choose where they ate their meals. Some people said they liked the company in the dining room and others said they preferred to eat on their own.
- People received the right meals to meet their needs. There was a list in the kitchen of people's food preferences, allergies and needs. Where people required their meals to be served at a specific consistency, we saw they received the correct meal.

Adapting service, design, decoration to meet people's needs

- People lived in an old building that had been adapted and extended to become a care home. Some areas of the home would benefit from refurbishment. Some carpets needed deep cleaning or replacement and some areas required redecoration. The registered manager informed us they were planning to replace bedroom carpets and redecorate when rooms became vacant.

- The new provider had begun to make improvements and some equipment had been replaced. This included installing a new call bell system, replacing stair lifts and some furniture.
- People had access to gardens with seating areas. One person told us how much they enjoyed sitting in the garden in nice weather.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals to meet their individual needs. Some people said they were seen regularly by district nurses and one person told us a GP had visited them.
- Health plans for people were in place. Accurate records relating to people's health were maintained and regularly updated. Staff responded to concerns. For example, one person had lost a lot of weight; this had been followed up and they had received supplements and had gained weight.
- The staff worked with healthcare professionals to make sure people received care which met their needs. For example, when one person moved to the home their skin was in poor condition. The staff worked with nurses to implement a care routine which resulted in a complete recovery from the condition and they were no longer in pain.
- A nurse from the local medical practice visited the home on a weekly basis. They saw people who needed support and sought advice from the local multi-disciplinary team. This helped to make sure people had the care and support they required. It also enabled referrals to specialists to be made promptly. One person told us, "The nurse comes round and checks on you."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a good understanding of the legislation and had made appropriate referrals where people needed this level of protection to keep them safe.
- People told us they were consulted and listened to. Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Where people had appointed a legal representative to make decisions about their health and welfare, they were making decisions where appropriate. People's records included contacts and discussion with their legal representatives. For example, when people had a vaccination or a test for COVID 19.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this service since it was registered to the provider Ritzi Care Homes Ltd. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager led by example to make sure people were treated with respect. The registered manager and staff knew people well and respected their individual needs and wishes.
- People were treated with kindness. Throughout the day we saw kind and gentle interactions from staff. Staff spoke about people in a professional but affectionate manner showing they had strong relationships with people.
- People were complimentary about the staff who supported them. One person said, "Staff are very kind." Another person commented, "Staff are all so good, I don't mind who comes to help me. No bad ones here."
- People were able to make choices about the gender of the care staff who assisted them with personal care. People told us their preferences were respected. One person said, "I like to have a woman help me to have a bath. There's always a woman here."
- People's care plans contained information about their wishes and preferences. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People said they were able to make choices about their day to day lives. One person said, "You can choose what you do every day." Another person commented, "I choose to spend time in my room. I have a TV but don't watch it that much. I listen to the radio; you can hear it's on now."
- Staff told us they supported people to make choices about what time they got up, when they went to bed and how they spent their day.
- People were supported to maintain their independence. One person said about the staff, "They are very helpful but not pushy. You can be independent."
- Everyone had their own room where they could see visitors or spend time in private. People had been able to personalise their rooms which gave them an individual homely feel.
- People were involved in decisions about the care and support they received. One person told us they and a relative had completed an assessment before they moved to the home. Care records showed that people and/or their representatives were involved in reviewing their care plans.
- A relative told us there was good communication about their loved one, and they were involved in decisions when appropriate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this service since it was registered to the provider Ritzi Care Homes Ltd. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Moorlands Residential Home was a small home with a stable staff team and a well-established registered manager. Staff knew people well and how they wished to be cared for. Staff worked around people's wishes to ensure they were able to follow their own routines.
- People felt in control of the care they received and their day to day lives. One person told us, "I have the freedom to be me. I make my own decisions."
- Staff treated each person as an individual and were able to tell us about people and their wishes. Staff told us about people's likes and dislikes, and we saw this was recorded in their care plans.
- People received care to meet their up to date needs and preferences. Care plans were regularly reviewed to make sure staff had the most up to date information about the support people needed. Changes to people's needs and wishes were also discussed in staff handover meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and recorded in their care plans. This helped staff to communicate effectively with people.
- The majority of people at the home were able to communicate verbally. Staff told us that where people did not use verbal communication, they understood their body language and moods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with friends and family. Throughout the COVID-19 pandemic staff helped people stay connected to their loved ones.
- People told us they were able to have visitors at any time and some people said they continued to enjoy going out with friends and family.
- People enjoyed the company of other people who lived at the home. One person told us, "I like talking to other people here." Another person commented, "I think the best thing here is the company. I got very lonely at home."
- At the time of the inspection there was no activity worker and all staff felt that people were missing the

stimulation. A new activity worker had been recruited and would begin work once all recruitment checks had been completed.

- The registered manager told us whilst there was no activity worker, they had continued to arrange entertainers and a monthly reminiscence session.
- Some people were able to occupy themselves with reading and colouring but at the time of the inspection there was limited social stimulation for people. One person told us, "I am very happy here but there doesn't seem to be much going on."

Improving care quality in response to complaints or concerns

- There was a complaints policy which gave information about how to make a complaint and the timescales that people could expect to receive a response in. No complaints had been made in the past 12 months.
- People told us if they were not happy with any aspect of their care, they would be comfortable to either raise it with the registered manager or ask a relative to do so on their behalf. One person said, "I am very well cared for. I have absolutely no complaints at all."

End of life care and support

- The staff worked with other professionals to make sure people were well cared for at the end of their lives. This included ensuring appropriate medicines were available to be administered by visiting nurses to maintain people's comfort and dignity.
- Staff had received training to ensure they were able to offer professional and sensitive care when people were receiving palliative care. One member of staff said the training had been very good and they would be able to use it to inform the care they provided.

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.

This is the first inspection of this service since it was registered to the provider Ritzi Care Homes Ltd. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 led by example to create an environment which was open and inclusive. Staff felt well supported and said they could always talk with the registered manager if they had any worries or concerns.
- Staff were confident that any issues raised with the registered manager would be responded to in an open and transparent manner.
- People felt empowered to follow their own routines. One person told us about a particular routine and said how much this meant to them.
- People were happy with the care they received. One person said, "I feel well looked after and safe here." Another person commented, "Moving here was a good decision. I have absolutely no complaints."
- People liked the family type atmosphere of the home and felt a sense of belonging. One person told us, "It's all very individual. There are no rules. It's more like home than 'a home.'" Another person said, "I feel very much at home, comfortable and safe."
- People were cared for by staff who were happy in their jobs. This helped to create a happy and inclusive atmosphere for people to live in. One member of staff told us, "It's the best place I've ever worked. So relaxed." Another member of staff told us they had been at the home several years but still, "Loved their job." One person said, "Everyone seems happy. It has a really nice atmosphere."

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

- The registered manager was very visible in the home. This enabled them to constantly seek people's views and monitor quality. It meant any shortfalls identified could be promptly responded to.
- The registered manager carried out a series of quality assurance audits to make sure good standards of care and support were maintained. The provider also carried out visits to the home and made checks on elements of the service, such as medication administration.
- People benefitted from a provider who was committed to making improvements to the building. There was an action plan in place for the home which ensured the environment was improved.
- The provider employed a compliance manager to carry out a monthly compliance visit. A report was written by the compliance manager and we saw that recommendations made were actioned. This had included replacing some furnishings to improve infection prevention and control.
- People lived in a home where there were regular health and safety checks. This helped to ensure the safety

of people, staff and visitors.

- The registered manager understood their responsibilities and kept the Care Quality Commission informed of all significant incidents at the home.

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

- Staff worked in partnership with other professionals to make sure people received the care and treatment they required. This included making sure people were supported to access specialist services when needed.
- Staff were able to share their views and make suggestions at staff meetings and day to day contact with the registered manager.
- People were able to attend periodic meetings to enable them to be kept up to date with any changes and share their views.
- The provider used satisfaction surveys to enable relatives to share their views. The last survey showed a high level of satisfaction. The provider had highlighted actions to be taken in response to some comments made. This showed comments were taken seriously and used to improve the care and support people received.
- The provider owned another care home. Staff from the other home had worked at Moorlands Residential Home when needed. The two homes working in partnership helped to make sure people were cared for by sufficient numbers of staff.