

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Moorfield House

**132 Liverpool Road
Irlam
Gtr Manchester
M44 6FF**

Lead Inspector
Adele Berriman

Unannounced Inspection
19th March 2009 11:30

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Moorfield House
Address	132 Liverpool Road Irlam Gtr Manchester M44 6FF
Telephone number	0161 775 3348
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Stephen Brown Mrs Mary Brown
Name of registered manager (if applicable)	Mrs Mary Brown
Type of registration	Care Home
No. of places registered (if applicable)	20
Category(ies) of registration, with number of places	Old age, not falling within any other category (20)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 1st April 2008

Brief Description of the Service:

Moorfield House is a large Victorian building, providing personal care and accommodation for up to twenty (20) service users within the category of old age (OP), not falling within any other category.

The home is registered in the name of Mr and Mrs Brown. Mrs Brown is also the registered manager of the home.

The home is located in Irlam, on the corner of Moorfield Road and Liverpool Road, close to local shops and the main Warrington to Manchester bus route.

The home comprises of 16 single bedrooms and two double bedrooms. Twelve of the single bedrooms offer en-suite facilities and are located on the ground floor. Parking facilities are available to the rear of the property. A landscaped raised patio area and conservatory had been constructed to the front of the home since the last inspection.

Fees charged for this service is £390.00 per week. There are no additional charges made to residents.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use the service experience good quality outcomes.

As part of this key inspection we carried out an unannounced visit to the service on Thursday 19th March 2009. The visit took place between 11.30am and 7pm. During our visit we looked at a selection of documents including care plans, staff files, policies and procedures and medication records.

We spoke to six people who live at Moorfield House and two visiting relatives during our visit. Seven people also completed a survey form about life at the home.

Prior to our visit the manager completed an Annual Quality Assurance Assessment (AQAA). This self assessment document gave the service the opportunity to tell us what they do well, how they have improved in the last 12 months and their plans for improvement in the next 12 months. The AQAA contained most of the information we asked for.

What the service does well:

The manager ensures that they are able to meet people's needs and wishes before they move into the home. In addition, details of the home's terms and conditions are made available to prospective residents and their families. This helps people to decide whether Moorfield House can offer the service they want.

They provided care and support to people in a manner that respected their privacy and dignity.

They have an 'open door' policy for visitors and two relatives told us that they were always made welcome.

People told us that they knew who to speak to if they were not happy and how to make a complaint about the service.

They provide a clean and pleasant environment for people to live and individuals' are encouraged to personalise their bedrooms.

The staff and management demonstrated a good awareness of people's care and support needs and preferences.

They operate the home in the best interests of the people who live there.

What has improved since the last inspection?

They had removed all of the items being stored in bathrooms and shower room to ensure that people had access to the facilities at all times.

Improvements had been made to the cleaning routines around the building.

A risk assessment for the use of bedrails had been developed. Improvement still needs to be made to the content of the assessment.

What they could do better:

They need to tell us when an accident or occurrence happens within the home that is described in Regulation 37 of the Care Homes Regulations 2001. We need this information to make sure the appropriate action has been taken to meet the needs of the people using the service

To ensure that moving and handling practices minimise the risk of harm to people, all staff should have regular training for their role.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People moving into the home are given information about the home and have their needs assessed so they will know that their needs can be met.

EVIDENCE:

The manager told us that prior to a person moving into the home an assessment of their needs would take place. The purpose of this assessment was to identify individual's care needs and personal preferences and to ensure that the home had the facilities to meet the person's needs.

The registered manager or the assistant manager would carry out the initial assessment of people's needs. Information gained during this assessment was recorded on a 'care assessment' that gave the opportunity to record

information relating to people's day to day lives. We saw that the assessment did not consider people's needs relating to oral and foot care, any history of falls or continence issues. All aspects of people's day to day needs should be considered during this assessment process to ensure that staff are fully aware of the service they need to deliver to the individual.

All of the people who completed a survey form told us that they had received enough information about the home before they moved in. The relative of one resident told us that they had received a prospectus and clear information which their relative had used for reference during the first few months of her moving into the home.

Moorfield House does not provide intermediate care facilities.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 & 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's health and personal care needs were being met by staff in a way that respected their privacy and dignity.

EVIDENCE:

We saw that each resident had their own individual file that contained their personal information and their care plan.

We looked at the care plans of three people living at Moorfield House, they contained an assessment of daily living that gave the opportunity to record people's day to day care needs. The majority of information on the care planning document was completed, however, we saw information relating to people's social and recreational needs, choice of worship and people's property records had not been completed. To ensure that people's needs are fully met all information relating to individuals' day to day life should be recorded.

People told us that staff listen and act on what they say. One person told us 'the staff are very helpful and do what they are asked with regards to my wellbeing.'

We saw that individual risk assessments relating to moving and handling and the general environment formed part of people's care plans. Not all of the assessment had been signed and dated by the person carrying out the assessment. To ensure that appropriate records are maintained and updated on a regular basis all risk assessments should be signed and dated when completed.

Care plan records demonstrated that people had access to local healthcare professionals. We saw evidence of visits by GP's, district nurses and the podiatrist. People's hospital visits were also recorded. People told us that they always receive the medical support they require. One relative of a resident told us that 'visits from the GP are arranged when needed, physiotherapists provide support, the podiatrist visits and their request for a dentist had been met.'

We saw that policies and procedures for the safe management of medication were available and that medication was stored appropriately.

The majority of medication was dispensed from the pharmacist in monitored dosage systems. All medication administered was recorded on Medication Administration Records (MAR's). We looked at a selection of MAR's and saw that they were completed appropriately.

People living at the home and two relatives that we spoke to told us that staff supported them in a manner that promoted their privacy and dignity.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14 & 15

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People received the support they needed to live their chosen lifestyles.

EVIDENCE:

We saw that the activities available within the home were advertised in the hallway. People told us that there were usually activities arranged for them to take part in. One person told us that someone visits on a Tuesday to show them hand and arm exercises and sometimes they play bingo. Another person told us "I enjoy any singing entertainment but because I have memory loss I find it hard to take part in many other activities but the staff help me try."

We saw that the mobile library visited on a regular basis and people also had the opportunity to join the local talking book service.

They told us that local clergy visit the home to meet individual's religious needs.

People told us that they were able to receive visitors at any time. We spoke to two relatives who regularly visit Moorfield House. They told us that they were always made welcome. One relative told us it was "very homely here" and another relative told us "communication is very good" and they "keep me informed about everything."

Meals were served in the dining room or lounge on the ground floor. They told us that if a person wished to eat their meals in their room this would be facilitated. We spoke to one person who chose to have her tea in her bedroom on a daily basis. She told us that she chose to have her lunch in the dining room and her tea in her bedroom.

They told us that residents had a choice of two cooked meals served at lunchtime and a further alternative will always be made available to people. One relative told us that she had had the opportunity to discuss her mothers tastes and preferences with the staff and alternatives had been arranged.

The majority of people told us that they always liked the meals served at the home and one person told us "I always eat all my meals." One person told us "the portion sizes sometimes seem too small and the menu could be more varied." Several people told us that the content of the sandwiches could be improved. We shared these comments with the assistant manager of the home who told us that they would arrange a resident's meeting to discuss the current menu. A regular review of the menu should take place to ensure that it meets people's choices of food.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People know how to complain and are confident that their concerns will be listened to.

EVIDENCE:

We saw that a copy of the home's complaints procedure was available in their service user guide which was available throughout the building. The procedure tells people who to contact if they have a complaint. To ensure that people are aware of when they will receive a response to their complaint it is recommended that the procedure contains the timescales in which complaints would be responded to.

People who use the service told us that they knew who to speak to if they were not happy or wanted to make a complaint about the service. One person told us 'staff will listen and the manager and the assistant manager always find time to listen and discuss.' A relative told us that they "knew who to speak to" and 'if an issue or query is raised it is dealt with straight away.' Another relative told us that they would be "quite happy to speak to someone if they had concerns."

They told us that no complaints or safeguarding issues had been raised since we last visited.

A copy of Salford Social Service's joint agency safeguarding procedure was available at the home. They told us that since we last visited a representative of Salford Social Service's Safeguarding Unit had visited them to discuss current safeguarding procedures within the area. They told us that all staff had received awareness training in adult safeguarding.

At the time of our visit they were unable to locate their safeguarding procedure for within the home. This document should be available at all times to ensure that staff respond appropriately to any safeguarding concerns.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19 & 26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A clean, pleasant and comfortable environment is provided.

EVIDENCE:

We looked at several areas of the home including communal areas, bathrooms and people's bedrooms.

The communal lounges were pleasantly decorated and furnished with comfortable seating for people.

Several bedrooms contained furniture and possessions that people had brought with them when they moved into the home. We saw that people had the opportunity to personalise their rooms with their own personal effects.

We saw that the home was clean and tidy. The majority of people told us that the home was always fresh and clean. One relative told us that they “open windows when possible, clothing is washed regularly, good routines established.”

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 & 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A settled team of staff provide good support to the people living at Moorfield House.

EVIDENCE:

We saw that three care staff, the assistant manager, the registered manager and a cook were on duty to meet the needs of people when we visited. The majority of people who completed a survey form told us that were always available when you need them. One relative told us 'if there will be a delay, a staff member will explain the reason.'

We observed staff supporting people in positive manner and it was evident that good relationships had been formed between the people living and working at Moorfield House. Staff demonstrated a clear understanding of people's needs and wishes.

They told us that the majority of staff had achieved a National Vocational Qualification (NVQ) level 2 or above relevant to their role.

We looked at files of three members of staff, one of which had been recruited since we last visited. The files contained completed application forms, evidence of Criminal Record Bureau (CRB) checks being carried out, and evidence of proof of identity. We saw written references on the staff files, however, two of the references were addressed to 'to who it may concern' and were undated. To help ensure the validity of references they should be dated and addressed to the person who had requested the reference.

We saw that they had purchased an induction pack for newly recruited staff. The information in the induction pack was based on the national induction standards.

They told us that in addition to their 'in-house' training they also accessed training through Salford's training partnership. We saw no records of what training staff had undertaken since we last visited. We saw two members of staff using a moving and handling technique that was not appropriate to current guidance and legislation around moving and handling. This was raised with the assistant manager and dealt with appropriately. There were no records available to tell us when the staff team had last received training for their role. They told us that they were in the process of creating a training matrix. A detailed record of all training undertaken by staff must be maintained at all times to ensure that staff receive training when needed.

People living at Moorfield House told us good things about the staff team. Their comments included "all staff are very caring" and "staff are very good."

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,36 & 38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Moorfield House is well managed so that it is run in the best interests of the people who live there.

EVIDENCE:

The registered manager/proprietor of the service has many years experience in care home management. Both the manager and the assistant manager demonstrated to us that they had a good awareness of the needs and wishes of the people who live at Moorfield House and the changing needs of older people. The manager told us that she was in the process of signing up as a

dignity champion with Salford Social Services Dignity Challenge; a scheme that promotes dignity for older people.

Prior to our visit the manager had completed an Annual Quality Assurance Assessment (AQAA). It told us most of the information we asked for. They told us in their AQAA about several situations that had occurred including people being visiting the accident and emergency department at the local hospital. We have no record of these incidents. The service must inform us of all accidents and situations defined under Regulation 37 of the Care Homes Regulations 2001.

They told us that they had no formal procedure in place for measuring quality assurance around the home. However, it evident that issues were regularly discussed with people when situations arose. They should ensure that all discussions should be recorded and the record is made available of all decisions made that relate directly to the people living at the home.

We saw that a clear procedure was in place for the safekeeping and management of people's personal monies. A record of all transactions was maintained and receipts for all purchases were kept.

They told us that no formal staff supervision was taking place. However, we observed staff liaising with the assistant manager throughout our visit for advice and guidance. All staff should have the opportunity to meet formally with their manager on a regular basis to discuss their role and how they are working.

We saw that policies and procedures were in place to protect people's health, safety and wellbeing.

We saw that risk assessments were available for individual activities. Not all of the risk assessments had been completed in full nor did they fully document all the known risks. For example, a risk assessment for the use of bed rails failed to fully consider the risks of entrapment and the frequency of when the equipment must be checked. To minimise the risk from harm to people all known risks and actions should be considered and recorded when assessing specific risks.

We saw one person was seated in a chair that they were unable to get out of independently. They had completed a Deprivation of Liberty Screening Tool for the use of the chair however, discussion took place around the need to ensure that all known risks to the situation are considered in a risk assessment.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	2
32	X
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? no

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP30	12 (2)	To ensure that safe moving and handling techniques are carried out at all times all staff must receive regular training in moving and handling.	18/05/09
2.	OP31	37	All incidents and occurrences listed in Regulation 37 must be reported to the Commission.	10/05/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	Care plans should contain information relating to people’s recreational needs, religious needs and risk of falls. The valuables and property list that forms part of the care plan should be completed and regularly updated.
2.	OP18	The homes safeguarding procedure should be available to staff at all times.

3.	OP29	The service should refrain from accepting undated references addressed 'to whom it may concern.
4.	OP33	The way in which they quality assess should be reviewed and a system develop for formally seeking people views on the service.
5.	OP38	All risk assessment should demonstrate that all know risks to the activity have been considered. All risk assessments should be signed and dated by the assessor.



Care Quality Commission

Care Quality Commission

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