

# Random inspection report

## Care homes for adults (18-65 years)

Name:	Moorfield House
Address:	Giddygate Lane Melling Liverpool Merseyside L31 1AQ

The quality rating for this care home is:	two star good service
The rating was made on:	13/11/2008

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>								
Stephanie West	0	8	1	2	2	0	0	9	

## Information about the care home

Name of care home:	Moorfield House
Address:	Giddygate Lane Melling Liverpool Merseyside L31 1AQ
Telephone number:	01515492100
Fax number:	
Email address:	moorfield.house@craegmoor.co.uk
Provider web address:	Craegmore.co.uk

Name of registered provider(s):	Park Care Homes (No 2) Ltd
Name of registered manager (if applicable)	
Mr Philip Pitchford	
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	31	0

Conditions of registration:									
The registered person may provide the following category/ies of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD The maximum number of service users who can be accommodated is: 31									
Date of last inspection	1	3	1	1	2	0	0	8	
Brief description of the care home									
Moorfield House is owned and run by Parkcare Home (no2) LTD, who are owned by an organisation called Craegmoor Healthcare. They are an organisation who provide different services for people who need support, across the country.									

### Brief description of the care home

The home is in Melling, a semi rural area near to the local towns of Maghull and Kirkby. Although on a country lane, there is public transport to local shops and leisure facilities, within walking distance.

Moorfield House provides support and accommodation for 31 adults who have a learning disability.

Accommodation is provided over three main living areas, the main house and the bungalow have Staff 24 hours a day. The cottages have several hours of staff support during the day and support from house staff if needed, at other times.

Bedrooms are single rooms so nobody has to share. Four of these are adapted so that they can be used by people who also have a physical disability.

## What we found:

This visit was made to look at the homes medication arrangements to see how concerns raised with us by the home had been addressed. The visit lasted approximately four hours and involved discussing the handling of medicines with the manager and senior staff, and examination of medicines records and storage. Other areas and requirements were not examined on this occasion. At the end of the visit feedback was given to the manager. Overall, we found that action was being taken to improve the handling of medicines at the home, but there were some weaknesses that remain to be addressed to ensure people are best protected.

We observed part of the morning medicines round. To help ensure medicines were administered as prescribed records were referred to and completed at the time of administration to each person. Where medicines were prescribed 'when required' there was some written guidance for staff about when they may be needed. But, in some cases this was missing. This information should be recorded and kept up-to-date to help ensure these medicines are offered when needed. We saw that people wishing to self-administer medicines were supported to do so, but that the written assessments and details of any support that may be needed could be usefully reviewed to ensure they are up-to-date. Similarly, peoples' medicines needs were considered when they were away from the home, but the arrangements made could be more fully recorded to show decisions were made in the best way. Staff also need to make records of the quantities of any medicines leaving the home and returned to the home following periods of leave so that medicines can be accounted for.

We looked at a sample of medicines records and stocks. Most medicines were supplied in a monitored dosage system and this was used correctly. But, it was not always possible to account for (track) medicines in boxes and bottles because they were not dated on first opening, nor was the quantity of any medicines carried forward to the next month recorded. Additionally, where 'One or Two' was prescribed the actual dose given was not always shown and there were occasional errors where records wrongly showed additional doses of medicine had been given. This makes it difficult for the home carry out audits (checks) of medicines handling and should be addressed. We were concerned to see that one person had missed doses of one of their medicines for two days because none had arrived with the new monthly medicines delivery. This was being followed-up by the home but procedures for ordering and checking prescriptions need to be looked at, to see if this could have been more promptly addressed. We also saw that two people had been without ear drops the previous month, it was unclear whether the ear drops had been stopped or if further supplies were needed.

We found that all medicines were safely locked away, this helps to ensure that they are not misused or mishandled. The home did not have any controlled drugs and did not have a controlled drugs cupboard. This needs to be given consideration as should any controlled drugs come into the home they will need to be kept in a legal controlled drugs cupboard.

All staff had completed a formal medicines training course and ongoing assessments of competence in medication handling were carried out. This will help to ensure staff follow the homes procedures, helping to protect people from medication errors. 'In-house'

audits of medication handling were completed but consideration should be given to developing these to help ensure consistent practice, in accordance with homes procedures, throughout the home.

### **What the care home does well:**

People wishing to are supported to self-administer medication helping to respect their choices and independence.

### **What they could do better:**

Medicines record keeping and stock control needs to improve to reduce the risk of medicines 'running out' and, to enable all medicines to be accounted for (tracked).

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 set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1		18	<p>A documented review of staffing support available must be carried out. This must include obtaining and recording the views of those living there. It must also include taking into consideration the number of different living areas the home has.</p> <p>This will help to ensure that people have access to the support they are assessed as needing within reasonable time frames.</p>	27/02/2009

# Requirements and recommendations from this inspection:

## Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	Sufficient stocks of medicines must be kept at the home to enable continuity of treatment. Clear, accurate and auditable records of medicines handling must be maintained  to support and evidence the safe handling of medicines.	18/01/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got 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](http://www.tso.co.uk/bookshop)

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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