

Review of compliance

Mr & Mrs S Brown Moorfield House	
Region:	North West
Location address:	Moorfield House 132 Liverpool Road, Irlam Manchester Greater Manchester M44 6FF
Type of service:	Care home service without nursing
Date of Publication:	November 2012
Overview of the service:	Moorfield House is registered to provide accommodation and personal care to up to 33 people. The home is located in Irlam, on the corner of Moorfield Road and Liverpool Road, close to local shops and bus routes.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Moorfield House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC (Care Quality Commission) inspector joined by an Expert by Experience – a person who has experience of using this type of service and who can provide that perspective.

We spoke with people living at the home who told us: "They're very efficient and extraordinarily kind, I'd recommend it to anybody." People told us that they were offered a choice of meals and could choose to eat in the privacy of their rooms if they wished to do so.

What we found about the standards we reviewed and how well Moorfield House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The majority of people we spoke to told us that they were involved in making decisions about their care.

We spoke with six people about whether staff maintained their dignity and their comments included: "The staff are reasonable, they're all right with people." "It's a very good place." "They understand you're an individual." "They're very efficient and extraordinarily kind, I'd recommend it to anybody."

Other evidence

Is people's privacy and dignity respected?

Throughout our inspection we saw that staff were respectful, polite and sensitive in their approach. We observed two members of staff using a hoist to transfer one person from chair to chair. We saw that they spoke to the person offering reassurance and explaining what they were going to do.

We walked around the home and saw a sample of bedrooms. Thirteen bedrooms had en-suite bathrooms and seventeen had an en-suite toilet. This meant that people were able to maintain their privacy and dignity when personal care was being delivered.

There were two double bedrooms and these had curtains both around the bed area and around the wash basins to provide a degree of privacy for people sharing a room.

Are people involved in making decisions their care and treatment?

We looked at a sample of five people's care plans and saw that they gave information about people's likes and dislikes. Care plans were written in a respectful way and were centred on the person. This meant that each care plan was different.

Staff spoken with told us that when a person was admitted they would read the care plan and then speak with the person about how they wanted their care providing.

A range of activities were available and we saw these were planned in advance. People living at Moorfield house were able to choose if they wanted to be involved in various activities, including bingo, chair exercises and entertainers that came into the home. Some people told us that if people did not want to take part in the organised activities there was not much to do apart from watch television. Comments included: "There should be more activities, because you go into yourself, you just sit with the telly on, which half of them can't see. There's nothing to bring you out of yourself, mentally, you need a bit of stimulation." "The provider may wish to note that some people may benefit from more one to one activities.

We saw that people were able to choose to spend time in their bedroom if they wished. All the people we spoke to told us that they get up and go to bed when they wanted.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We spoke with six people living at the home and asked them about the meals they received they told us they were offered a choice at each mealtime. We saw a variety of cereals in the dining room and people told us that they could have eggs if they wanted. We spoke with four relatives of people living at the home and comments included: "They're very attentive to what 'x' is eating." "The staff are very caring and 'x' eats well."

Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

The meals provided were freshly prepared on a daily basis. There was a good variety of tinned, fresh and frozen food available and there was a good balance of nutritious meals provided. We saw that hot and cold drinks were served throughout the day and with all meals.

A variety of food and drinks were provided and there was a monthly written menu displayed on the notice board outside the dining room. The deputy manager told us that people were asked on a daily basis what their choice of meal was.

The provider may wish to note that the menu was written in small print and was difficult for people to read. This meant that not everyone was able to read and make a choice from the menu. This meant that people were reliant on staff telling them what meals were on offer and did not promote independence.

Are people's religious or cultural backgrounds respected?

The deputy manager told us that none of the people living at the home required food or drink specifically to meet their individual religious or cultural needs. We spoke with the cook who told us that if there were any religious or cultural needs identified during the assessment period then food and drink would be provided to meet that need.

The cook told us that one person had an intolerance to a particular food and a special diet was provided for this person.

Are people supported to eat and drink sufficient amounts to meet their needs?

We looked at a sample of care plans and saw that nutritional assessments had been carried out. We saw that a malnutrition universal screening tool (MUST) had been completed for each person living at the home. We saw evidence to show that people were weighed on a regular basis. Where people were at risk of weight loss referrals had been made to a dietitian and any recommendations were followed up by staff.

We saw that where people required adapted equipment such as beakers with lids or easy grip cutlery these had been provided. This aids independence and supports dignity.

We saw that where people needed help to eat their meal this was done in a sensitive and respectful manner. We saw that some people had difficulty swallowing and required a soft diet. The potato, vegetables and meat were pureed separately so that the meal retained its colour and original flavours and looked more appetising.

Our judgement

The provider was meeting this standard. People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with five people living at the home about whether they felt safe and if they felt they could raise concerns. People told us: "If you want to complain, you're welcome to."

We asked if staff were ever disrespectful or rude and people told us: "X wouldn't allow it." "I would speak to the manager." All five people we spoke with told us they were happy with the way the staff treated with them and this was confirmed by the four relatives we spoke with.

Other evidence

Are steps taken to prevent abuse?

We spoke with five members of staff who were able to describe various types of abuse. All five members of staff we spoke with were clear about their role and responsibility to keep people safe and report poor practice and they felt confident that the managers would support them.

Do people know how to raise concerns?

We looked at the training records and saw that all of the staff team had received training in relation to safeguarding vulnerable people. Staff told us there was a copy of the Salford Adult Safeguarding Procedure in the office that they could access at any time. The staff we spoke with told us that they would report any concerns to one of the

managers and felt that any concerns would be taken seriously and dealt with appropriately. Staff told us that if the concerns were about one of the managers they would contact the owner, social services or the Care Quality Commission (CQC).

Are Deprivation of Liberty Safeguards used appropriately?

The staff we spoke with understood the principles of the Mental Capacity Act (2005) and the process for making a decision in the person's best interest in accordance with the Deprivation of Liberty Safeguards (DoLS). One member of staff told us that a best interest meeting was being arranged for one person in relation to medication.

The front door of the building was fitted with a digital key pad. Staff told us that this was to keep people safe. We saw people going in and out of the building via the side door that opened onto the enclosed gardens. This meant that people were able to go for a walk or sit in the gardens whenever they wanted to. During the course of our inspection we saw that a number of people chose to sit in the gardens with their visitors.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke with five people living at the home who told us: "The staff treat me with dignity and respect." "The staff are always kind to me."

Other evidence

Are there sufficient numbers of staff?

We looked at the staff rota for the week of our inspection and saw that actual numbers of staff matched the rota. On the day of our visit there was a senior carer, three care staff, a cook, a housekeeper and two managers on duty available to deliver care support to twenty nine people.

In addition two volunteers were in the building after lunch to play a game of bingo with some people.

We observed lunch being served and found that staff went at the persons' own pace and the meal was not hurried. Dessert was not served until the person was ready to eat it so that it was hot when they received it.

We saw that where people needed support to eat their meal there were enough staff available. Throughout the inspection we saw that people's needs were attended to promptly.

All of the care staff we spoke with said it would be nice to have another member of staff

at busy times but they felt that there were enough staff on duty to meet peoples' needs.

The deputy manager told us that they were on-call to staff in the evenings and at weekends if required. The home did not use agency staff and staff worked flexibly to cover training, holidays or sickness.

Do staff have the appropriate skills, knowledge and experience?

We spoke with five members of staff who told us that they had received training for their role. Staff spoken with told us that they had received training in relation to dementia care, dignity, food hygiene, national vocational qualifications (NVQ) to levels two and three that included dignity and nutrition and care planning. Training records confirmed that staff received ongoing training and this enabled them to deliver care safely.

We observed interactions between staff and the people they cared for. We saw that staff knew people well and were proactive in supporting and encouraging people to eat and drink.

We saw that staff had received training in a specialist programme for end of life care. This meant that staff had received training in how to maintain dignity and respect for individuals.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We spoke to people living at the home but their feedback did not relate to this standard.

We spoke with four relatives who told us: "I have read 'x's care plan and I know what medication they are taking." "I can speak to the manager or deputy manager at any time and ask to see 'x' care plan." "They asked me for information about x."

Other evidence

Are accurate records of appropriate information kept?

We looked at a sample of four people's care plans and saw that peoples' personal needs and wishes were recorded. We saw that nutritional assessments had been carried out and reviewed at regular intervals.

We saw that records such as care plans, risk assessments and nutritional assessments were accurate and contained up to date and appropriate information.

Are records stored securely?

Peoples' records were stored electronically and access was password protected to maintain confidentiality. This meant that only staff authorised to access records were able to do so.

The home had a policy relating to keeping peoples' information safe.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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