Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Moorfield House

Moorfield House, 132 Liverpool Road, Irlam, Manchester, M44 6FF

Tel: 01617753348

Date of Inspection: 28 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs S Brown
Registered Manager	Mrs. Mary Brown
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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We looked at a sample of care plans and found they contained information about people's likes and dislikes.

We walked around the home and saw that all areas were clean and tidy. People's bedrooms were personalised with photographs and ornaments.

We looked at how staff at the home managed and responded to complaints and monitored the quality of the service they provided.

We spoke with people living at the home and their relatives. Comments included: "I like it here." "They are brilliant with X and with me." "It is excellent." "Very nice and friendly." "It's nice here I like it."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

Care plans were held electronically and a paper copy was also available. We saw that a daily record of care was maintained and staff updated the electronic system several times a day. We looked at a sample of five care plans. We saw that an assessment of care needs had been carried out before people moved into the home.

Care plans contained information about people's likes and dislikes in relation to meals, a brief medical history and the level of support needed. Risk assessments had been carried out in relation to falls, bed rails, pressure area care and mobility. We saw that electronic care plans were reviewed on a monthly basis or more frequently if there was a change in a person's care needs although the review dates were not always transferred onto the paper care plans.

We saw that people or their relatives had signed consent forms agreeing to the care plan. Where people lacked the capacity to make decisions we saw that a best interests meeting had been arranged.

We spent time in the lounges and saw that people were nicely dressed, people's hair was well groomed and where people wore spectacles these were clean. We spent time observing staff practice. We saw that staff approached people with respect. We saw two staff assisting one person to walk to the dining table; staff explained what they were doing they did not rush the person and offered reassurance.

We spoke with people who lived at the home or their relatives. Comments included: "It's nice here. I like it" and "They look after you here and make sure you're alright." "They come round and check if I'm ok when I'm in my room." "I can't find a fault here." "The staff are wonderful." "I visit regularly and am always made to feel welcome." "There is enough staff." "They are great." "They are like friends." "They are brilliant with X and with me." "They are very friendly." "They helped X get back on her feet she really rallied round." "They contact me straight away if X is not well." "X likes a laugh and they are great with

her." "They are excellent."

There were no organised activities taking place on the day of the inspection and people were either sat watching television or sleeping in their armchair. We spoke with people about what activities were arranged and they told us: "Two ladies come in and do things like bingo and they paint my nails." "They sometimes do a party." "We have a young lady who reads to us." One person told us: "There is not much going on really." The activity plan included armchair aerobics, reading Sunday newspapers and discussions about news topics, manicures, singing and outings. The manager told us that a local public house was arranging a monthly event that included a singer and a hot pot meal and they would be accessing this activity.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Reasons for our judgement

We saw that care plans contained a nutritional assessment and a record of people's weight was kept. We saw that staff used a malnutrition universal scoring tool (MUST). Where people had lost weight meals were fortified with high calorie ingredients such as cream and butter and a food and fluid chart was used. We saw that referrals had been made to a dietitian and/or a speech and language therapist (SALT).

We observed the lunchtime meal being served and saw that people were offered a choice of two meals. The meal looked hot, appetising and the portion size was ample. Staff were observed asking people if they would like help cutting up food, extra portions or more drinks.

We saw that staff had an awareness of who required prompting or assisting to eat their food. Where people needed help to eat their meal we saw that staff sat beside them and offered support in a sensitive way. The meal was not rushed and staff offered help at the persons own pace. We saw that staff engaged people in conversation during the meal.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We walked around the building and saw that bedrooms and communal areas were clean and tidy. We saw that bedrooms were personalised to varying degrees with photographs and ornaments.

We saw that thirteen bedrooms had an en-suite shower room and seventeen had an en-suite toilet. Assisted bathing facilities were provided in the communal bathroom. Additional toilet facilities were situated close to communal areas and could be easily accessed.

We spoke with people living at the home or their relatives who told us the home was always clean and tidy. Comments included: "X has a lovely room." "We were able to bring some of X's belongings they said we could bring whatever we wanted." "X has pictures on the windowsills and dressing table and a lovely en-suite."

There was an emergency call system in place so that people could call for help if they needed to. We saw that smoke detectors were fitted throughout the home. There was a fire alarm system and staff received training in emergency procedures.

People had access to an enclosed garden. This gave people the opportunity to go for a walk or sit outside when the weather was nice.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the staff training records and saw that all new staff underwent a period of induction. The induction included new staff working alongside more experienced staff and practical training. Topics covered included: fire safety, health and safety, safeguarding, complaints and infection control. Staff spoken with told us: "I did my induction and did my mandatory training." "I have done some training since I started but also have some planned in for later this year."

We looked at the training plan and saw that training was provided in relation to safe working practices such as: safeguarding, moving and handling, first aid, challenging behaviour, basic food hygiene and fire safety. Staff had either achieved or were working towards national vocational qualifications (NVQ) at levels two and three.

Some staff had received training in relation to completing the malnutrition universal screening tools (MUST). The manager told us that this training was going to be rolled out to all staff.

The majority of staff had completed training in the 'Six Steps' end of life care strategy. This is a specialist programme for end of life care. This meant that staff had received training in how to maintain dignity and respect for people in the end stages of life.

We spoke with staff about how they were supported by managers. They told us: "I feel well supported." "We can chat with the manager at any time but we don't have formal supervision." "The manager is very supportive and always has time to talk to you." "I feel that they support me." The provider may find it useful to note that a more formal system of supervision and appraisal would give staff the opportunity to raise any issues and discuss their training and development needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The manager told us that there was no formal system in place to monitor the quality of the service. They told us that they spoke with people and their relatives on a regular basis to gain people's opinion about the service they provided. We spoke with people living at the home or their relatives who told us: "They regularly ask if everything is okay." "They speak to me each time I visit."

We saw that audits of the medication systems had been carried out. The manager told us that they were in the process of completing an infection control audit. Care plans were being reviewed on a monthly basis or more frequently if a change in need was identified.

We saw evidence that the cook had met with people to discuss menus. As a result of this meeting the evening menu had been changed to include a variety of hot meals.

There was a manager registered with the Care Quality Commission as required.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People were made aware of the complaints system. This was provided in a format that met their needs.

Reasons for our judgement

We looked at how staff managed and responded to complaints. There had been no formal complaints since the last inspection. The manager told us that informal complaints were dealt with as and when they were raised. We spoke with people living at the home or their relatives who told us: "I would talk to X or any of the staff if I had any concerns or worries." "I am sure they would deal with any concerns." "I am quite happy and have no worries at all they are very kind."

We saw a copy of the complaint policy on the notice board some information was out dated and needed to be amended. A copy of the complaint policy was also included in the information given to people when they moved into the home. We spoke with relatives who told us: "We were given all the information we need." "I would speak to the manager or the owners."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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