

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: 14 April 2014

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2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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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 14 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

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

Moorfield House is a residential care home providing personal care without nursing. At the time of our visit there were 25 people who were resident at the home. Our inspection was co-ordinated and carried out by two inspectors, who addressed our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We spoke to six people who used the service who told us they felt safe and were treated with respect and dignity by the staff. Following recent concerns, we found safeguarding procedures were in place and staff were able to demonstrate how they would safeguard the people they supported.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the service to continually improve.

The home had policies in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) although no applications have been submitted. We spoke to staff about their knowledge of the Mental Capacity Act and DoLs which was vague and inconsistent.

We confirmed that senior managers had all received training. The clinical manager told us they were about to deliver training to all staff.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

Managers set staff rotas, they took people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. Staff told us they had no concerns about staffing levels. This helped to ensure people's needs were always met.

Recruitment practices were safe and thorough. A range of policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

Is the service effective?

People's health and care needs were assessed with people who used the services or their relatives and health care professional. Specialist dietary, mobility and equipment needs had been identified in care plans where required. Overall, people and their relatives said that their care needs were being met.

Visitors confirmed they were able to visit their loved ones at any time and speak in private. They felt welcomed by friendly and cheerful staff.

Is the service caring?

People were supported by kind, friendly and attentive staff. Staff showed patience and gave encouragement when supporting people. People commented, " I feel safe definitely." "I think its very good, staff are very nice." "No concerns about how things are done here." "I'm quite happy here."

Relatives completed quality assurance questionnaires. Where shortfalls or concerns were raised these were addressed.

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People completed a range of activities inside the service regularly. The home had a dedicated activities coordinator who organised daily activities and events and was assisted by a volunteer who attended on several occasions each week.

People we spoke to were aware of the complaints procedure but had never had cause to complain. There were no formal complaints recorded at the time of our visit. People can therefore be assured that complaints would be investigated and action is taken as necessary.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. This was confirmed by a visiting health care professional.

The service had some quality assurance systems in place. Records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. They felt supported by the manager. One member of staff told us; "I feel supported, any problems I know where to go for help and assistance." This helped to ensure that people received a good quality service at all times.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found Moorfield House had appropriate systems in place to ensure before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

During our visit we looked at three care files and found that 'consent' had been recorded but not signed by the person who used the service or their representatives. We spoke to the clinical manager about this issue and advised consent should be informed and given by a person who has the capacity to consent to the intervention or their representatives. Any decisions must be made in that person's best interests. Overall, we found before any care or treatment was provided, suitable arrangements were in place to ensure people who used the service or their representatives provided consent.

We spoke to six people who used the service. They were able to confirm staff always sought their consent before providing support and treated them with respect and dignity. One person told us; "The girls are smashing, they are very good at respecting your privacy and dignity". Staff we spoke to confirmed they asked people for their consent to care and support with each intervention. One member of staff said "We know that some people do not have capacity to make decisions. I always take my time and fully explain what I want to do and never force residents to do anything."

We found every person who used the service was assigned a key worker. The key worker acted within the agreement and consent of the person or their representatives as the point of contact, should they have needs or requirements outside day to day care needs.

We saw best interest decisions had been recorded for those people who had been assessed as not having the capacity to give valid consent.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS) to ensure vulnerable people over the age of 18 have their

human and civil rights upheld. Care home providers must make application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

We saw there were procedures in place to guide managers on when a DoLS application should be made. We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found their knowledge was vague and we discussed this with the manager who told us training was planned. We were told and were able to confirm from viewing training records, that the manager, deputy manager and clinical manager had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our visit to Moorfield House there were 25 people who were residents there. We spoke to six people who used the service and three visitors to the home during our visit.

People who used the service told us they felt safe and were treated at all times with dignity and respect for their privacy. One person who used the service told us; "I feel extremely safe. Staff are very good and cheerful and have a joke with us. It is clean and tidy, no concerns at all". Another person who used the service said "I do feel safe, I can't go home you see. Staff are very kind and considerate, you get the odd one. Overall, I'm quite happy. I read a lot and sometimes play bingo. I have no concerns."

One visiting relative told us; "They are very good, they are brilliant. My X has dementia which has got worse over the years. They have been able to respond to her changing needs. All staff are very caring, always contact me if they need me. They arrange activities such as entertainment and singing. I have no concerns about staffing levels. I feel my X is very safe here and the staff are really supportive".

We looked at three care files. At the time of our visit, we were told the clinical manager was reviewing and updating all care files. A full audit was taking place with the aim of reviewing a random sample each month. Overall, we found care plans informed staff about the action needed to meet each person's health and personal care needs. Clear assessment of need were in place.

We looked at personal emergency evacuation plans (PEEP) and assessments that had been undertaken which included pressure care, dementia, mental health and personal care needs. This demonstrated that individual needs had been fully considered by the service.

Risk assessments were in place and included falls, nutrition, moving and handling and mental capacity. We were told a full assessment would be conducted every 6 months and monthly reviews would be undertaken. We were told the service was introducing a log sheet at the front of each care plan to record any incidents or behaviours that challenge so it was immediately obvious to staff that individual needs had changed. We found staff were

required sign care plans to acknowledge they had read the plan in full.

We found 'resident weekly reviews' were undertaken involving management and senior staff to discuss any concerns that have been identified and agree what action needed to be taken.

We found appropriate and timely referrals had been made to other health care professionals. We spoke to a visiting health care professional who told us; "I have never had a problem with them. They are very good at following instructions for providing care, they are very supportive and identify peoples' needs and concerns in a timely way".

During our inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed people being treated sensitively with their individual needs considered. We saw staff providing support and encouraging individuals to eat and drink with humour and compassion. The meal consisted of meat and vegetables with other choices available. Special diets were also provided.

We received mixed comments about the quality of the food. We spoke to the manager about these concerns who told us that in response to earlier complaints, the service were about to start using a system of prepared meals which provided more choice and met the nutritional needs of people. This had followed a successful trial period at the home.

During the afternoon we saw staff engaging in activities which including singing and dancing. We spoke to the designated activity coordinator who told us entertainers and singers were organised to attend. Other arranged activities included bingo, themed afternoon teas such as 'World War 1', family evenings and an Easter egg hunt.

We spoke to a visiting volunteer who attended several times a week to support activities at the home. These included bingo, nail care, newspaper sessions and spending time talking with people. We were told; "I've been doing this for years as my X had been here. I've been able to compare this place with other homes. Here it is more like a family, staff treat residents as family. I have no concerns about the place, I would have my own mother here."

There was evidence that incidents and accidents were clearly recorded. Appropriate equipment was in place to help keep people safe and well, for example bath chairs and hoists used to transfer people safely.

During the inspection we observed the home to be clean and free from any unpleasant odours. All sinks, toilets and bathing facilities inspected were clean and hygienic.

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

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.

Reasons for our judgement

As a result of recent concerns we reviewed how the service ensured people were protected from abuse. We saw staff had received training in relation to safeguarding. Managers had attended training at Salford Social Services Department which they had then in turn cascaded to staff. We saw evidence in the training room that staff had completed questionnaires to test their knowledge on how to protect people from abuse.

We discussed with staff available their understanding of and training in the protection of vulnerable adults. We spoke with five members of staff who were able to describe the various types of abuse and the action they would take if they suspected someone was being abused. Staff knew where the policies and procedures were held and how to access contact numbers for the local safeguarding teams.

Staff were aware of the whistle blowing policy within the home and felt able to voice their concerns about poor practice. We asked what they would do if the alleged abuser was one of the managers and they told us they would contact the local authority or CQC for advice.

We saw a copy of the safeguarding policy and whistle blowing policy. This provided guidance to staff on reporting any suspicions, allegations and incidents of abuse.

Staff had access to a whistle blowing policy. Staff told us they felt confident the manager would take appropriate action to deal with any concerns raised.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection we reviewed how medication was administered, recorded and stored. We found medicines were safely administered and people who used the service received their medicines in the way they had been prescribed.

We looked at what arrangements were in place for storing and administering people's medicines. We found all medicines were stored securely in a metal trolley which was secured to the wall. We found controlled drugs were stored in line with guidance and all controlled drugs administered to people who used the service were checked and signed by two people.

We observed the medication round at lunchtime. Staff administered medication then signed for it when the person had taken their medicine. Whenever staff went to give a person their medicine they locked the trolley to ensure no one had access to the medicines.

We saw appropriate arrangements were in place in relation to the recording of medication. We looked at a sample of Medication Administration Record (MAR) sheets and saw there were no gaps in recording and stocks tallied with the records. This showed people had received their medicines in the way that had been prescribed for them.

We saw where necessary people's medication was reviewed by the GP or health professionals.

Medication systems were audited by the manager to ensure MAR sheets were kept up to date and protect people from risks.

The staff we spoke with had a good understanding about the medication people were prescribed. We also saw that staff responsible for administering medication had received training.

We found there was a medicines policy in place which included guidance on roles and responsibilities, administration and disposal.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at staff personnel records to ensure they were recruited appropriately and safely.

We looked at eight staff files which were maintained to a good standard. We found each file contained records which demonstrated that staff had been safely and effectively recruited. Files contained application forms with previous employment history, letters of appointment and terms of employment.

We saw criminal records bureau (CRB) disclosures had been obtained and at least two references had been obtained prior to commencing employment. We saw copies of driving licences and passports as identification checks.

We found records of qualifications and previous training were recorded in each file.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found effective systems were in place to monitor the quality of the service provided.

We found equipment was regularly serviced by contractors and included, fire alarm, emergency lighting and lifts. Portable Appliance Testing (PAT) was also undertaken.

Staff completed a 'residents hand-over sheet' at each change of shift. This contained any concerns and changes in need of people who used the service. Staff commencing work were required to read and sign the sheet to acknowledgement any changes in need that were required.

We found people were able to raise concerns about the quality of service provided. Monitoring questionnaires were provided to people who used the service or relatives.

We found evidence of supervision with staff. Supervisions enabled managers to assess the development needs of their support staff and to address training and personal needs. We looked at minutes from staff meetings which included subject such as incident and accident reporting, infection control and health and safety.

We saw that incidents and accidents were fully recorded with action taken to avoid repeat incidents.

The provider had effective systems in place to record, respond to and investigate any complaints made about the service. There were no formal complaints recorded at the time of our visit. The complaints procedure was displayed in the hallway. People we spoke to were able to confirm what action to take if they had a complaint. One person told us; "If I had a complaint I wouldn't hesitate to speak to the manager about it."

We found staff were supported by a range of policies that provide guidance on such areas as safeguarding adults, dignity and privacy and cleaning policy.

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.

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