

Roseberry Care Centres GB Limited

Moorend Place

Inspection report

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Sheffield
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Moorend Place is a nursing home that provides care for up to 58 older people. It is a purpose built care service. At the time of our inspection 47 people were living at the service.

People's experience of using this service and what we found

There was a strong, visible person-centred culture. The service ensured staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. All the people, relatives and staff spoken with gave us positive feedback about the caring nature of the service and quality of the staff and care. The written compliments received from relatives also showed the care and support was exceptionally compassionate and kind.

People spoken with told us they felt safe. People had individual risk assessments in place so staff could identify and manage any risks appropriately. Safeguarding procedures were robust and staff understood how to safeguard people. Systems were in place to make sure managers and staff learn from events such as incidents, concerns and investigations.

There were enough staff to ensure people's care and support needs were met. The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Medicines were managed safely at the service. The service was clean and had a welcoming homely atmosphere.

Respect for privacy and dignity was at the heart of the service's culture and values. We saw this was fully embedded in everything the service and staff did. People, relatives and staff felt respected, listened to, and influential.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were satisfied with the quality of food provided and told us their preferences and dietary needs were accommodated. People were encouraged and supported to engage in activities within the community.

Staff spoken with made very positive comments about the staff team and registered manager. There were planned and regular checks completed at the service to check the quality and safety of the service provided. There was a robust complaints process in place at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

At our last inspection Moorend Place was rated good (report published 28 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Moorend Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moorend Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional manager, deputy manager, nurse, unit manager, housekeeper, domestic, care workers, laundry assistant and a kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records and multiple medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents. We looked around the building to check the home was safe and clean.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were protected from the risk of abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included "There are people about always to help, if I need anything I only have to ask. There's always someone about if I want anybody, I don't have any problem finding one" and "I feel quite safe here, no one will attack me. The staff are fantastic."
- Relatives spoken with also felt their family member was in a safe place. One relative said, "It's clean and fresh and she feels safe here, the routine gives her [family member] comfort. Yes, there's enough staff."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the manager would address any concerns they raised.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People's care records included assessments of specific risks posed to them, covering areas such as their physical and mental health. Care plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. During this inspection, we saw staff were available to meet people's needs in a timely manner.
- People, relatives and staff spoken with did not express any concerns about the staffing levels at the service.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Using medicines safely

- Staff kept records about what medicines they had administered to people and when. During the inspection we found concerns about one person's medication records. These concerns had not negatively impacted on the individual. We shared these concerns with the registered manager, they took immediate action to

resolve these concerns. They told us an additional check would be put in place to ensure this issue did not reoccur again.

- Staff were trained in medicines management and had competency checks to ensure ongoing safe practice.
- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection. People and relatives did not raise any concerns about the cleanliness of the service.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately during our inspection.
- The housekeeper and domestic told us they had enough domestic staff to keep the service clean.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us they were notified of any occurrences. These were monitored to identify any trends and prevent recurrences where possible.
- Staff handovers, daily huddle and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People and relatives spoken with were satisfied with the quality of care they had received. One relative said, "[Family member] had a leg wound, we didn't think they were going to heal up. The nurses did a marvellous job and keep you informed, they really are tip top."

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs. For example, moving and handling, food hygiene and health and safety. Nurses also completed a range of clinical training.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were provided with a choice of meals, drinks and snacks during the day.
- People were satisfied with the food provided. Comments included, "Splendid," "Not bad," and "Satisfactory."
- There was oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was monitored, and advice sought from relevant community health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.
- People had access to a range of healthcare professionals such as GPs, opticians, dentists and chiropodists.

Adapting service, design, decoration to meet people's needs

- The design of the service met the needs of people living with dementia and frailty due to old age. The service had a sensory room and multiple lounges for people to sit in. The service had a café, which was

being used by people, visitors and relatives during the inspection. One relative said, "We absolutely love it here, this café is great, it's like they have been out its wonderful."

- There was suitable signage to help people living with dementia find their way around. People had been supported to personalise their own rooms with items that were familiar to them.
- People had access to a garden with raised flowerbeds, tables and chairs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.
- Staff had received training in the MCA and DoLS.
- Staff described how people were promoted to be as independent as possible and to make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Relatives comments included, "The staff go the extra mile; staff buy birthday and Christmas presents. One took her [family member] to see a donkey. The staff allow people to keep their own personalities instead of treating everyone the same. I can come anytime it's like having a second family. Staff knitted her a 'Wednesday Owl' (football team)," "If I had known how lovely it was here, I wouldn't have been so anxious about her [family member] coming here. Since she's been here, we have made such happy memories and lots of happy photo's (taken by staff)." and "It's wonderful here, it might not be top notch, but the staff are wonderful, you can tell as soon as you walk in. They are so caring."
- Staff demonstrated an empathy for the people they cared for and their relatives. People's comments included, "I can't fault it. The staff are smashing, nothing wrong with them at all" and "They [staff] are helpful with all sorts. I don't call them carers; I call them friends when they take me out."
- During the inspection we observed many interactions between people and staff which often involved a hug. After receiving a hug from a staff member one person said, "I feel better now."
- Staff had time to engage with people as they passed; making positive comments about people's hair or their new glasses and joining in with an impromptu dance session. The housekeeper chatted to people and gave sweets out. This added to the positive warm atmosphere at the service. Some staff told us they loved working at the service.
- Staff were particularly sensitive to times when people needed caring and compassion. Whilst offering pain relief to one person. The nurse also offered comfort, sympathy and a hug.

Supporting people to express their views and be involved in making decisions about their care

- The service had a designated lounge for relative's who had family members who were receiving end of life care. The registered manager told us staff had identified a need for a dedicated area for relatives whose family member was receiving or nearing end of life care. This was a quiet space where relatives could speak with staff and healthcare professionals such as the local GP. It was a place where they could be supported to express their views and be involved in decisions about their family member's care.
- There was a range of information available for relatives and visitors to help them obtain support in their bereavement. The written compliments received from relatives showed the care provided by staff when a person was receiving end of life care was exceptionally compassionate and kind.
- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care and support.

- Staff used visual prompts effectively to communicate with people and support them to make decisions about their care. For example, at lunch time two people were shown their meal on the table to communicate it was time to eat. Both people made the decision to sit and eat their lunch.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. This was embedded into the service. People, relatives and staff felt respected, listened to and influential.
- We observed staff intervening quietly and discreetly to diffuse situations when people became agitated. For example, during lunch one person was becoming agitated, so a staff member sat quietly beside them, distracted them in conversation and they became calm.
- Since the last inspection the service had developed strong links within the community including with the local church and the Women's Institute. People's comments included, "We have a church service here and the minister comes to see me" and "St Mary's Church come, [minister does the Communion , we went to St Marys for a service." The local women's institute had provided handmade therapeutic blankets for the service's new sensory room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives made positive comments about the care and support provided. One person said, "I have no worries here at all and I am happy being here. I can't remember the manager's name, but I could talk to her. It's run very well and everything is okay."
- People's care plans were person centred. There was a robust system in place to ensure people's care plans and risk assessments were reviewed regularly. People's care plans were reviewed when people's needs changed.
- There was a record of the relatives and representatives who had been involved in the planning of people's care.
- Staff handovers and the daily safety huddle meeting enabled information about people's wellbeing and care needs to be shared effectively and responsively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans.
- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes. Staff were tactile and knew people well. They made eye contact and listened to what people were saying.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities including activities outside the service. People expressed how much they enjoyed the activities. Comments included, "We were making cards the other day. We have musical evenings and an entertainer comes. We went out to a show, [activities coordinator] drives the mini bus" and "We went to the Crucible [theatre] and we had a Christmas doo and a tea dance and we went to City Hall."
- Staff understood how feeling socially isolated could have an effect on people's wellbeing. The two activities co-ordinator developed personalised activities to meet people's needs and interests and to give them choice and control. During the inspection we observed people participating in different activities including dancing, arts and crafts and an interactive game of higher and lower.
- The service's café was an area actively used by people, visitors and relatives. During the inspection, we saw

visitors and people coming in and helping themselves to drinks. The service held two coffee sessions during the week, one in the morning and one in the afternoon.

Improving care quality in response to complaints or concerns

- The complaints process was displayed for people and their representatives to look at.
- People spoken with told us they had never needed to complain, but they knew they could speak with staff if they had any concerns.
- We saw complaints were recorded and dealt with in line with organisational policy.
- We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- The staff had received compliments from relatives thanking them for the end of life care provided. One relative had written "Thank you for the kind care and attention you showed [family member] and ourselves. Although [family member] was with you only a short time she was treated so well. We as a family were made to feel welcome and can again say thank you. We were glad she moved to your home for the last few weeks of her life."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We observed a positive, welcoming and inclusive culture within the service. Staff told us they felt everyone was well supported and there was a good staff team working at the service.
- We received positive feedback from people and relatives about the registered manager and the management of the service.
- The registered manager and provider had an overview of the service. They identified any areas for improvement and made changes to the service to ensure it provided high-quality care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels were clear about their roles and responsibilities. Staff morale was positive and staff told us they felt supported and valued. Staff told us they worked effectively as a team.
- We received positive feedback from staff about the way the service was run. They told us the senior staff were approachable, supportive and proactive at dealing with any issues that arose.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.
- Staff meetings and daily safety huddles took place to review the quality of the service provided and to identify where improvements could be made.
- There were quality assurance systems in place to monitor the quality and the safety of the service provided.

Working in partnership with others

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living at the service.
- The service had developed strong links within the community.