

Moreland House Care Home Limited

# Moreland House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moreland House is a residential care home providing personal and nursing care to older people. The service is an adapted building with facilities over three floors, with rooms including en-suite bathrooms. The service was registered to provide support to up to 50 people and there were 48 people using the service at the time of our inspection.

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

People were protected from abuse as the provider had robust procedures and processes in place and staff had received training in this area. Risk assessments were in place which included information about how to manage and reduce risks to ensure people's safety. The provider had a safe recruitment and selection processes in place. There were enough staff on duty to care for people. People's medicines were managed safely. The provider had systems to ensure people, staff and visitors were safe regarding the spread of infection. There was a system in place to record and monitor accidents and incidents.

There were quality assurance and governance systems in place to drive continuous improvement. The provider sought feedback from people who used the service and their relatives about the service. Regular audits and checks were undertaken to ensure the service was run well. The management team worked with a number of health and social care professionals and this helped to ensure people's needs were fully met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 03 April 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moreland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Moreland House Care Home

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Moreland House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moreland House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a manager in post and they were in the process of applying to register with us.

#### 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During our inspection

We spoke with three people, the manager, the deputy manager, one of the directors and one senior care staff. We looked at four people's care plans, three staff recruitment files, medicines administration records, staff training and supervision records, satisfaction surveys and records relating to the running of the service.

We were not able to get the views of some people who used the service due to their needs. 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. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with five relatives to obtain their views of the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

# 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

- People were protected from avoidable harm and potential abuse. Staff were aware of their responsibilities to keep them safe. People told us they felt safe at the service. They did not raise any concerns on the way staff cared for them. One person said, "Yes I am definitely safe here." One relative told us, "[Family member] is safe in the home, I don't have any concerns."
- Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will report any concerns to the manager or my senior." Staff had received safeguarding training and were aware on how to escalate any concerns that they might have to external agencies.
- The provider had a whistleblowing policy and this gave guidance to staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Systems were in place to assess and manage risks to people while they received a service. Each person had a range of risk assessments specific to them; these included environmental risks and any risks due to their health and support needs.
- Where a risk was identified, there was guidance in place to address how the risk could be prevented or minimised. For example, one person had a risk assessment due to difficulty with mobilising. Risk assessments were reviewed and updated to reflect any changes in people's needs.
- The provider had a system to ensure all equipment was maintained and serviced. Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. For example, hot water temperatures were monitored to ensure people were not at risk of scalding.

Staffing and recruitment

- People and their relatives told us there were enough staff working at the service. One person replied "Yes" when we asked them if there was enough staff on duty.
- We looked at the staffing rota for the past four weeks and found sufficient numbers of staff available to support people with their care needs.
- People were protected by appropriate recruitment processes. The provider ensured appropriate checks had been carried out such as criminal records check before staff were employed and started work.
- Staff personnel records showed a number of checks had been undertaken. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. The provider also carried out checks to ensure that staff could work lawfully in the country.

### Using medicines safely

- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly.
- People told us they were happy with the way staff administered their medicines to them. One person told us, "The staff give me my medicines." Another person said, "I take my own medicines." Staff had received training in the management of medicine.
- Medicine administration record (MAR) sheets were completed correctly and there were no missing signatures. Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.

### Learning lessons when things go wrong

- The provider had systems for recording of incidents or accidents. Records showed that accidents and incidents were recorded in details and these were investigated by the manager to prevent or minimise them from happening again. This helped to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- For example, we noted one person had a fall. They used to use a stick to walk. Following the review of the fall by the management team, the person now used a walking frame instead.

### Preventing and controlling infection

- There were policies and procedures in place regarding the prevention and control of infection. Staff were tested regularly for COVID-19. They had received training in the prevention and control of infection and were aware what their role and responsibilities to keep people and visitors safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

# 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

- People and their relatives told us the service was good. They were complimentary about the management team. One person told us, "It is a good home." One relative told us, "I am very happy with the home and the staff, they are brilliant."
- People, their relatives and staff commented positively about the manager. One person said, "[Manager] is very helpful." A relative said, "[Manager] is very lovely and helpful."
- Staff told us the manager was approachable and supported them in their roles. One staff told us, "The manager is easy to talk to." Another staff said, "The manager is good."

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

- The manager had kept us informed of important events, which the registered provider is required to send to us by law.
- The manager operated an 'open door' policy where people, relatives and staff could speak to them at any time. One relative told us, "I can just pop in the office when I am in the home, the manager is always very welcoming and has time to listen to you."
- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service. They had access to policies and procedures for the service to guide them in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity.
- The manager spoke with people who used the service on a regular basis and encouraged them to contribute and have their say about the care and support they received.
- Relatives told us the manager kept them informed of what was going on in the service. If there were any changes in their family member's health, the staff would contact them. Relatives were encouraged to discuss with the manager or their deputy about any issues they might have.
- There were regular staff meetings held for staff where they were able to share ideas and have a say about how the service was run.

### Continuous learning and improving care

- There were a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits.
- The provider sought the views of people using the service their relatives and staff through satisfaction surveys. They then analysed and acted on the feedbacks to improve the quality of the service provided.

### Working in partnership with others

- The manager worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the manager sought healthcare advice and support for them from external professionals such as GP's.
- Any advice or treatment from healthcare professionals were incorporated in people's care records. This helped to ensure staff had the relevant information to meet people's changing needs. For example, we saw one person had recently been prescribed antibiotics as the service had contacted their GP for advice.
- The manager kept themselves up to date with best practice as far as health and social care was concerned. They attended regular provider's forums.