Shadrick Care Homes Limited

Moorgate Residential Home

Inspection report

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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?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The unannounced inspection took place on 9 and 23 June 2016.

Our previous scheduled inspection of Moorgate Residential Home on 15 July 2014, found the provider had failed to protect people who used the service against the risks of unsafe or inappropriate care. They had failed to accurately record details of the care provided. Our following focused inspection, in October 2014 found the standard of record keeping had improved and this was being closely monitored.

Moorgate Residential Home provides accommodation and personal care up to a maximum of 21 people. Health care needs are met through community health care services, such as district nurses. There were 20 people using the service at the time of this inspection.

The service is required to have a registered manager because the provider is an organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of Health and Social Care Act and associated Regulations about how the service is run.

A great deal of care and attention was given to ensuring people's individual needs were met. This included understanding their physical, mental, social and psychological needs. A very full and well considered activities programme provided stimulation and interest for people based on their past histories and current interests and hobbies. The main lounge was awash with creativity, which was centred on providing a rich and interesting life for each individual living at the home.

Health care professionals spoke highly of the standard of care provided; they praised the skills of staff.

People's medicines were managed for them in a safe way.

Staff were trained, supervised and supported in their roles. Recruitment protected people and the staffing numbers were under regular review.

Staff understood how to protect people from abuse and harm and uphold their legal rights.

People enjoyed the food provided, which was balanced and nutritious with choices at every meal and snack time. Individual preferences and special dietary needs were being met.

The home environment was pleasant, well maintained and homely. A new building, which will increase the lounge areas from one to three, was under construction.

Staff treated people with respect and dignity, kindness and patience. People privacy was upheld.

The registered manager and provider worked in collaboration and were very visible at the home. People and their visitors spoke highly of them. Any issue was dealt with straightaway. There had been no formal complaints.

There were robust monitoring systems in place at the home. This included the registered manager personally checking that improvements were working as expected, in case further improvements could be made.

People's views were sought and acted upon promptly. Staff were encouraged and supported to look for innovative ways to improve the service, with the needs of the people using the service being the priority. People lived in a homely, nurturing environment.

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.

People's needs were met by sufficient numbers of staff on duty.

Recruitment practice protected people from staff who might be unsuitable to work at Moorgate.

Staff understood how to protect people from abuse and harm and follow the correct procedures

People's medicines were handled safely on their behalf.

People lived in a home environment which was as kept in a safe state.

Is the service effective?

Good

The service was effective.

Community health professionals spoke very highly of the service. People's health care needs were understood and met.

Staff received training, supervision and support to enable them to support people as they needed.

People's legal rights were upheld.

People liked the food and received a nutritious, balanced and varied diet.

Is the service caring?

Good

The service was caring.

Moorgate had a happy, homely atmosphere and strong relationships were made between staff and people using the service.

People's views were sought at every opportunity and they were treated with respect and dignity.

People's privacy was upheld.

End of life care was provided with compassion and skill.

Is the service responsive?

Outstanding ☆

The service was very responsive.

A priority was ensuring people had stimulation to suit them. They engaged in activities of interest which gave them feelings of value and well-being. Each person's individual needs were understood, planned for and appropriate support provided.

People lived in a nurturing and creative environment.

Any issues or concerns were dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

Staff were fully engaged in finding ways to improve people's lives, with the support of the provider and registered manager. Staff felt supported, were well led and enthusiastic in their work.

The service was well resourced, taking into account the individual needs of people using the service.

The registered manager closely monitored the service provided and sought innovative ways to improve it.

Risk was understood and managed.

Regulatory responsibilities were fully met.

Moorgate Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 23 June 2016 and was unannounced. One adult social care inspector completed the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

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 spoke with three people using the service who were able to comment directly on their experience and two people's representatives. We looked at the care plans and records of care of five people and a variety of medicine records. We spoke with five staff members, the registered manager and the provider. We looked at other records connected with how the home was run, including recruitment records, records of staff meetings and quality monitoring. We received information from two community health care professionals.

Good

Is the service safe?

Our findings

Staff were recruited following checks on their suitability to work with vulnerable people. For example, each person had completed an application form and been interviewed. References were sought and a DBS check was completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager showed how there were systems in place to ensure no recruitment check was missed. However, it was current practice not to make a record of the two interviews potential staff attended. This meant there was no record of discussion relating to any issues recorded in people's employment application or in their DBS report.

We recommend a review of the service recruitment policy to ensure all aspects of the recruitment procedure are recorded.

People said there were enough staff to provide the care they needed. One person's regular visitor said that staffing was "generally quite good". There was a relaxed, calm atmosphere at the service, with staff having time to support, attend and engage with people in a timely manner. A domestic worker said that when they cleaned people's rooms, they often pressed the call bell by accident; a care worker always arrived quickly to check what was happening.

The registered manager used a dependency tool to check the staff numbers required. Staff were asked to record accurately, for one week, the amount of support each resident needed in 16 different care areas of their care. Staff recorded their role, the support they were providing, the time that support took place and the amount of time that support took. For example, if two care workers supported a resident for personal care, they would both record the time this support took place and the amount of time they spent providing that support. Following this assessment, and discussion at a senior staff meeting, the registered manager was trialling a third care worker from 7.30 am. This showed that staffing numbers were based on people's needs.

Staff said the staffing arrangements enabled them to provide the care people needed. Care staff were supported by domestic, catering, maintenance, activities staff and management availability over a 24 hour period.

People were protected from abuse and harm. Staff had received training in how to protect people from abuse and were aware of a whistleblowing policy and where it was kept. Posters displayed in the office provided contact details for the local authority safeguarding adults' team and Care Quality Commission (CQC).Staff knew how to respond to any concerns, including how to take concerns to the local authority, police or CQC if they felt this was necessary. One staff member said, "I would report to the (registered manager) CQC or the police". The registered manager demonstrated how to protect people through raising safeguarding concerns in line with local protocols and working with the local authority vulnerable adults safeguarding team. A community professional who visited the home frequently, said, "I have never seen anything of concern at Moorgate".

Each person had individual risks to their wellbeing assessed and regularly reviewed. A health care professional said any concerns, such as pressure damage, were reported promptly. They described the staff as being "on the ball" adding that they "pre-empt any problems". The registered manager had arrangements in place to review any accidents or incidents and respond quickly.

People's medicines were handled in a safe way on their behalf. A senior staff member oversaw the medicines arrangements. They checked what stock needed ordering, checked medicines into the home and that any concerns, such as allergies, were recorded. Hand written entries were checked and signed by two staff for accuracy. Where a variable dose of medicine was required this was recorded. Where 'as required' medicines were prescribed there were instructions for staff to follow to ensure a consistent approach was taken.

External medicines, such as creams, were recorded and body maps were used to inform staff where creams should be applied. One person received covert medicines because their refusal put them at risk. Their capacity to understand this decision had been assessed and records showed that people who knew them best, and health care professionals, had been involved in the decision in the person's best interest.

There were arrangements in place in case of emergency. These included all staff having received first aid training, contact details for emergency maintenance, such as gas and electrical safety, and either the provider or registered manager being available 24 hours a day. The registered manager said that all new staff were given the provider's telephone number for contact, emergency or otherwise. Each person had an evacuation plan in place, should such an emergency occur.

People were protected within the premises and when using equipment. There were service contracts to ensure routine servicing was carried out within the assessed times and evidence that any maintenance issues were dealt with promptly. For example, when the service had a water leak prior to the inspection visits. The servicing checks included the hot water system, electrical safety and hoist safety. The service was meeting all safety regulations. An external company provided yearly risk assessment of the premises. Close circuit television provided information for the management which helped them, for example, to see events such as a fall in a corridor. This system did not compromise people's privacy.

Good

Is the service effective?

Our findings

People were supported to attend health care appointments and there were arrangements in place for eye, dental, hearing and foot care, in accordance with people's needs. One person said she had recently been taken for an eye test and their GP had also visited to see how they were.

A care worker said how effective their induction had been and that they had shadowed senior staff until they were confident enough to work single handed. Staff who were new to working in a care environment used the nationally recognised Care Certificate induction training along-side training specifically related to the service, such as fire safety.

One care worker said the training they received was varied and they enjoyed learning. Much of the learning took place using Social Care television. Both care and non-care staff took the majority of the training on offer, including dementia care, dignity and health and safety. Face to face teaching was provided for subjects, such as moving people safely and fire safety. Staff said they were encouraged to undertake qualifications in care and progress their careers.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisal of their work in order for them to feel supported in their roles and to identify any future professional development opportunities. This included observing their working practice.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who 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's capacity to make decisions had been assessed, recorded and were under regular review. For example, to check whether the person was able to consent to their family's involvement in their care reviews. Some appropriate best interest decisions had been made, for example, the use of covert medicines.

People's relatives (and others) can only give consent where they have the legal authority to do so, for example through a valid Lasting Power of Attorney (LPA) or appointment as a Court of Protection 'deputy'. The registered manager requested copies of LPA to ensure staff were able to act within the law, having the necessary information to comply with the authorisations.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

Some people were not free to leave and most were subject to continuous supervision and control, for their safety and welfare. Authorisation to restrict the person's liberty is required under the MCA. Requests for authorisations had been submitted to the local authority where people did not have capacity to consent to restrictions on their liberty. None had yet been authorised at the time of the inspection.

Staff received training in the MCA and DoLS and were able to describe their responsibilities in meeting this legislation. This ensured people's legal rights were upheld.

People were complimentary about the food provided. Their comments included, "Nice, wholesome food", "The food is lovely" and "Excellent." The menu included options for each meal, three for the lunch time meal. People were asked on a daily basis which option they preferred. Pictures of the food options were used to help some people make their decision. However, any request was met, for example, one person wanted a chicken curry and this was provided. Another chose a savoury puff. The cook said, "I have found that people love the lasagne". This showed they were open to expanding the menu based on people's preferences.

Meal times ranged from breakfast starting at 7.30 am to an evening drink and choice of sandwiches. This ensured the length of time people went without food or fluids was managed for their well-being. Birthday meals were said by the cook to be a "big buffet".

People's dietary needs had been assessed and followed up appropriately where necessary, for example, a loss in weight. The menu offered a nutritious diet. This included special diets, such as vegetarian, diabetic and soft, where choking was a known risk.

Good

Is the service caring?

Our findings

One staff member said, "Staff are really concerned for the clients we look after. They said one care worker, on her day off, brought in chocolate to share with people, which "put smiles on people's faces".

Staff spent quality time with people, engaging with them at eye level to provide kind, effective communication. Relationships were built which helped people feel valued and at home at Moorgate. One person had refused to accept any personal care, which could put them at risk. Staff said they took each opportunity to build a relationship with the person and one care worker was then accepted by the person and able to provide the necessary care. One person's family said, "It's the relationships with staff that count. (My family member) enjoys the attention".

There were several comments from people and their family members about the homeliness at Moorgate. One person's family said, "It was like a home from home. They were really reassuring, always willing to help and obliging".

Staff understood the importance of people also engaging with each other. The registered manager said they would encourage people to sit so they could chat with each other. People were observed smiling when chatting with one another, sharing interest in activities which interested them, such as flower arranging.

People's privacy and dignity were upheld. A care worker wanted to persuade a person to leave the lounge to receive the personal care they needed. At no time did they compromise the person's dignity, or cause embarrassment, by letting other people in the vicinity know what was happening. Care was provided in private and staff confirmed they never entered a person's room without knocking and asking if it was alright to come in.

People's views were constantly sought and respected. People chose their rising and retiring times, what they wanted to do and where they wanted to do it, for example, some people preferred the privacy of their bedroom. The registered manager kept contact with family when people were admitted to hospital, something they said they valued.

One person's family found it difficult to take some time away from visiting and take a holiday. Staff encouraged and supported the person using the service to phone the family and wish them a happy holiday. This promoted a positive family relationship because the family member felt able to take the holiday and the person using the service was helped to understand the situation.

Moorgate provided end of life care. One person's family said in a compliments letter, "Thank you for all the fantastic care and attention you gave (my parent) and the kindness you showed him whilst he was with you. We shall miss the Moorgate family more than words can say". We were also told, "(The staff) were so gentle".

A health care professional said that when end of life care was provided the staff had "everything in place and they liaised promptly with the doctors". They added, "(A care worker) was absolutely excellent, acting in the

best interest of the person."

People receiving end of life care had their care plan changed to 'Intensive care'. This informed staff of increased levels of checks, such as personal care and repositioning. The registered manager was trialling a 'preferred options for care' questionnaire, so people had an opportunity to provide their preferences for end of life care.

Outstanding ☆

Is the service responsive?

Our findings

People and their family members were very complimentary about the care provided. Their comments included, "Fabulous", "They couldn't do enough for me when I arrived" and "They do as much as they can". Two health care professionals described the standard of care in glowing terms. They confirmed a high standard of personal care was delivered in a friendly and caring environment. One particularly mentioned the effectiveness of the care provided for people living with dementia.

Care was centred round people as individuals, with their needs and wishes the focus of staff's work. One staff member said, "The home is friendly, homely and what residents want, they get". One person's family member said, "Anything special (the person) wanted they accommodated".

The staff ensured that people's individual social and emotional needs were met. One person had been provided with an electrical circuit board to handle. They had been an electrician and they were able to relate to the board because of their past experience. We saw photographs of people involved in making concrete with which to make items for the home, such as garden pots. They looked happy and engaged with the activity. One person used fresh flowers brought to the home to make flower decorations. They were discussing their display with a friend seated near them. One person played an instrument bought specifically for their use because music was an important part of their life. Staff said how they had found it helped the person manage their anxieties.

One person said, "There is always so much going on" and that the activities had helped them make friends; they liked the singing and the games provided. Entertainers came to perform at the home for people. People danced during a live entertainment session we observed. Each sessions was themed around a particular era. One of the many people dancing was completely entranced as they danced to the 'crooners'. The providers, people's family members and staff joined in and encouraged people.

People were provided with a very wide choice of activities based on their interests, hobbies and anything which increased their feelings of well-being. The main lounge area was awash with creativity. People's family members said in the home's survey responses, "Excellent activities provision. It's varied, fun, stimulating and involves as many of the residents as possible. The (activities worker) is 100% interested in what works for everyone".

One person was observed handling a wood working plane, a tool which had been brought in for them so as to stimulate conversation, and for reminiscence. The activities worker spent time talking with them about its use. They were later seen looking at, and discussing, photos of the local area. Another person was totally engaged in needlework, toward selling crafts for the home's funds. Many craft items were for sale and there was a decorated commode, with grass around the seat. This showed that people had fun at Moorgate.

Each of our visits found a 'themed' table display which was used as a focus for discussion and hands on contact with the objects displayed. At our first visit there was a nautical theme. We were told that previously, because one person was very interested in sailing, a ship's spinnaker was hung in a display for them to see.

An activities worker worked five days a week. Activities were broken down into: sensory, pets, gardening, brain games and physical. The home had a variety of pets; one cat was lounging next to a person in their room. A guinea pig was due to join the home's pets and we were told that the building expansion would include a space for chickens so people could collect the eggs. The provider's dog visited both days of our inspection.

People who were less able to fully engage in activities had objects of comfort with them, such as a soft toy or sensory hand muff. Some watched the television. All were benefitting from a stimulating environment and kind, supportive staff to help them.

A 'let's go' suggestion list included hand massage, current affairs discussion, skittles and make-up and beauty. This was under regular review. To keep activities "relevant and fresh" each person had an activities profile. This included their skills, such as 'loves animals', 'enjoys games', how to ensure continuous provision, such as 'encourage animals to interact with (the person)', and what were the next steps. This included what provisions was needed for the person to engage with the activities which benefitted them. The record showed how activities were adjusted as people became less able to fulfil their original preferences.

People told us about outings they enjoyed, such as local historic houses and a museum. A safe, pleasant and well-tended garden area was available for use and people had been involved in the planting.

The providers looked to improve the service for people. They had begun a building project to increase the living space for people by an additional two lounge areas. This will give people three lounge areas when completed in about 18 months.

Attention was given to the detail of people's every-day lives. For example, staff had identified that people living with dementia found silver strips between carpets a challenge, some disorientated by the change in surface. To correct this, dark strips were put in place to remove the problem. This was to be addressed in a permanent way as part of future plans to upgrade the environment using dementia friendly best practice.

Innovation was promoted. For example, staff felt that it was to people's detriment to have a home with a pervading odour of cleaning products. Staff said they believed that any one scent could not be pleasant for every person living at Moorgate. The domestic team had tested various cleaning chemicals until they found one which had no scent, so that this would not affect people at the home. This testing was supported by the registered manager and provider.

Each person's needs had been assessed prior to admission and the information was used to compile a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. One person told us about their care plan and how it was reviewed with them. The registered manager said care plans were reviewed at least monthly. Where possible they always involved the person at levels appropriate to their capacity. Other people were involved where necessary and this could be done face to face, by telephone or email.

Care plans identified any risks and how those risks were to be managed, for example, dietary concerns. They included people's personal life history, such as their hobbies and leisure activities, favourite clothes, preferred daily routine and how they preferred any personal care support to be provided. Where people had presented with behaviours, which challenge them or other people, there was information about what might trigger the behaviour and how staff should to respond to help the person.

A complaints policy was displayed on a notice board. This included a timescale for the provider's response and contact details for CQC. The registered manager said there had been no formal complaints for years, which she contributed to the availability of herself and the providers, which meant any issue was dealt with swiftly. One person's family said occasionally their family member had refused to have their hair washed. They had discussed the problem with the registered manager and a solution was found. They said of the way this was handled: "No sooner the word than the deed".

Good

Is the service well-led?

Our findings

Community health care professionals said Moorgate was one of the best homes they visited.

One person using the service said, "I enjoy it here". Another said, "They do as much as they can". People's family members said, "The (registered manager) is brilliant", "I never had any qualms about the home, it was wonderful", "Welcoming, hygienic, considerate and welcoming" and "A calm, relaxing, friendly atmosphere in which residents are treated as individuals."

The philosophy of Moorgate Residential Home was recorded as "Every individual being unique, with his or hers right to choice, dignity, independence and the highest possible quality of life. This was to be achieved in a 'warm, friendly and home-like environment". People and their family members told us this was achieved and this was what we found.

The management showed a strong commitment to running a safe, effective service for people. Tools were used to provide information from which decisions were made. For example, a dependency tool indicated that an additional early morning staff member would benefit people at that busy time of day. The registered manager was testing having a staff member start at 7.30 am each morning. She had come into the home each morning to monitor how the change was being managed, and its effectiveness. This showed close attention to details which made a difference to people's lives. A recent water leak was quickly addressed by the provider. The registered manager said that when she arrived at 6.30 am to monitor the staffing changes she found the provider had arrived before her and was already working to correct the leak.

A computerised system was used toward smooth and efficient running of the service. The system included all aspects of how the service was run, from staff reporting on duty, updates on any recent changes to people's needs, care planning and monitoring risks to people's welfare. Staff recorded every activity of care immediately it was provided. The registered manager was able to closely monitor the service. Access was password protected and set at different levels according to staff's need to know. Staff told us how, when they logged into work, any message, such as an update in people's care, was immediately highlighter for their attention. They said communication at the service was very good.

The service was closely monitored, for example, staff supervision, people's dependency levels, accidents and medicines were audited. Staff performance was systematically checked, for example, checking staff response time in an unannounced fire safety drill. This led to a staff update on how they should respond. A competency sheet showed that competency was also checked for hand hygiene, medicines management and recognising dehydration, for example.

The service was well resourced. The cook said there was no set budget and they could buy the good quality food they chose. The activities worker said they were supported to buy items which benefitted people, including individuals. For example, one person liked music. An instrument was purchased for them and playing it was found to help reduce their agitation. Health care professionals said that any equipment they recommended was quickly provided, which promoted people's health and welfare.

There was a close working relationship between the registered manager and providers who worked in collaboration to ensure all aspects of the service ran safely and smoothly. For example, the provider ensured the home environment was safe, for example, by organising servicing and maintenance. A weekly meeting between the provider, registered manager and team leaders looked at the standard of service and whether any action was required.

People and their family members told us how visible the providers were at the home. One said, "(The provider) is here nearly all the time and you can discuss anything". This gave people confidence in the service. The providers were at the home for both of our visits and was saw them taking part in a music and dancing sessions when entertainers had come to perform, and also involved in the building project.

People's opinion of the home had been sought through survey. The survey was designed to measure how well the care home focused on the needs and wishes of residents. It was designed to support people with reduced cognitive ability to express their feelings about the service. It asked, for example, if people felt safe, included in the home, were there enough staff, what worked well and what could be improved? Where people had written something which could be improved there was a quick response. For example, cups which weighed less so were easier for people to hold.

Staff opinion was surveyed, including questions such as, 'Service users are encouraged and feel confident to report anything they believe is unsafe, and the Manager will investigate it formally and lawfully'. Staff response options ranged from strongly agrees to strongly disagree.

Staff said the home was well led and said they were very well supported, there was an open culture and they liked working at the home. One said that people's safety was given a lot of thought. Staff meetings helped staff stay informed and gave an opportunity to make any views known, as did the computerised system each staff member used. The record of one staff meeting showed that staff performance was addressed. It included staffing rota reviews, training, discussion about evening drinks and laundry.

People's family members said they were invited to a meeting every 2 to 3 months, which gave them additional opportunity to talk about the service provided and raise anything that mattered to them.

The registered manager described how they engaged in "collaborative working" with other homes. To this end they were looking at sharing training arrangements. Every opportunity to improve the service was considered and acted upon.

The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of events which affected the service and the people using it. CQC had received notifications when necessary in line with the Health and Social Care Act 2008. This meant CQC were able to monitor the service.