Moorcroft Care Homes Ltd

Moorcroft House

Inspection report

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Date of inspection visit: 26 and 28 May 2015
Date of publication: 30/06/2015

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?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 26 and 28 May 2015 and was unannounced. We last inspected the service in January 2014 when it was found to be meeting the regulations we assessed.

Moorcroft House Care Home is located in a residential area close to local facilities, shops and transport links. It provides accommodation for up to three people who have a learning disability.

The service had a registered manager in post at the time of our inspection. 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 in the Health and Social Care Act and associated Regulations about how the service is run.

Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with

Summary of findings

their care. People's comments, and our observations, indicated people using the service received appropriate care and support from staff who knew them and their individual needs well.

Medication was administered in a safe and timely way by staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet people's needs. The recruitment system in place helped the employer make safer recruitment decisions when employing new staff. We saw a system was in place for new staff to receive a structured induction and essential training at the beginning of their employment. Staff also had access to additional training and periodic updates to improve their knowledge and skills.

People told us they enjoyed the meals provided and were involved in shopping for, and choosing what they ate.

People wo used the service, and the relatives we spoke with, told us they had been involved in formulating and reviewing support plans. Care files contained detailed information about people's individual needs and preferences. We saw they had been regularly evaluated to ensure they reflected people's changing needs.

People told us they went out into the community most days to participate in activities they had chosen, such as shopping trips, drives and walks. People indicated they enjoyed the activities they took part.

The provider had a complaints policy to guide people on how to raise complaints. No complaints had been recorded since our last inspection. However, a structured system was in place to record the detail of any complaints received, action taken and the outcome, should any concerns be raised.

We saw audits had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had taken action to remedy the issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

There was sufficient staff employed to meet people's individual needs. We saw the recruitment process was thorough, which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely. This included all staff receiving medication training.

Good

Is the service effective?
The service was effective.

Staff had completed training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. The registered manager was aware of the need to make applications under the Deprivation of Liberty Safeguards.

Staff had completed a structured induction and had access to a varied training programme that helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. They told us they were happy with the meals provided and were able to choose what they want to eat each day.

Good

Is the service caring?
The service was caring.

We saw staff interacted with people in a positive way while respecting their privacy, preferences and decisions. They demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People were complimentary about the way care and support was delivered and raised no concerns with us about the care and support they received.

Good

Is the service responsive?
The service was responsive.

People had been encouraged to be involved in planning their care. Support plans were individualised so they reflected each person's needs and preferences. They had been reviewed regularly to evaluate their effectiveness and to make sure they reflected any changes in the person's needs.

People had access to social activities that were arranged around what they liked to do.

People knew how to make a complaint and information was available about how concerns would be managed. The people we spoke with raised no complaints or concerns.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a system in place to assess if the home was operating correctly and action had been taken to address any areas that needed improving.

People were consulted about the service they received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Moorcroft House

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 was 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 26 and 28 May 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We also requested the views of service commissioners and looked at the NHS Choices website. On this occasion we did not request the provider to complete 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.

The home was only supporting a small number of people at the time of our visit. Therefore we spoke with everyone living there, and two relatives, so they could share their opinion of how the service operated. We also spoke with the registered manager and three care workers employed at the home. We informally observed how care and support was provided and looked at the general environment people lived in.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing two people's care files, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they liked living at the home and said they felt safe living there. A relative told us, "They [staff] manage his behaviour very well, they are not overly firm and I have never heard them raise their voices to anyone."

Care and support was delivered in a way that promoted people's safety and welfare. Both the care files we checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. The staff we spoke with had a clear understanding of the care and support each person needed and how to keep them safe. Where aids were used, such as wheelchairs and walking frames, staff were able to describe how these were used safely.

People who used the service said they felt there was enough staff available to meet their needs. This was confirmed by the relatives and staff we spoke with, as well as our observations. Staff told us that during the week there was normally one member of staff allocated for each person using the service from 9.30am until 3.30pm, this allowed them to follow their preferred activities. On Tuesdays and Saturdays we found two staff took all three people living at the home on an outing together. The rest of the time one member of staff supported all three people, this included sleeping at the home. Staff told us they slept in a bedroom located close to people who used the service. They said people were able to wake them up if they needed any support during the night.

We saw care workers were also responsible for cooking meals and cleaning the home. People using the service told us they also helped staff with the cleaning and tidying of their rooms. The registered manager told us they were allocated a few supernumerary hours for managerial work each week, but the majority of the time they provided care and support. We found this meant they had minimal time to follow up on their managerial responsibilities and keep abreast of recent regulatory changes. This was discussed with the registered manager who said they would discuss the subject with the provider.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager had a copy of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. They told us no safeguarding concerns had been reported to the council since our last inspection.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received periodic training in this subject. Staff told us there was also a whistleblowing policy available which told them how they could raise concerns. Staff we spoke with were aware of the content of the policy and their role in reporting concerns.

We found there was a satisfactory recruitment and selection process in place. We checked three staff files which contained all the essential pre-employment checks required, one being for a recently recruited care worker. They included written references, (one being from a previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager told us candidates attended a face to face interview that people living at the home were involved in. They said they observed how the candidate interacted with people and then asked for their opinion before making a final choice.

The service had a medication policy outlining the safe storage and handling of medicines and staff were aware of its content. We found all staff were responsible for administering medications. Records showed they had received training in the safe management of medicines, with periodic updates. This was confirmed by the staff we spoke with.

We saw medicines were securely stored and there was a system in place to record all medicines going in and out of the home. We looked at the medication records for all the people living at the home and found they had been completed appropriately. Where people were prescribed 'as and when required' (PRN) medicines we saw care plans and protocols were in place to inform and guide staff on what these medicines were for and when they should give them.

Good

Is the service safe?

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw the registered manager had carried out regular checks to make sure medicines were given and recorded correctly.

Good

Is the service effective?

Our findings

People we spoke with said they were happy with the care and support they received. We saw they were supported by staff who understood there needs and preferences. One person using the service commented, "Things are okay, everything is just fine." A relative told us staff seemed well trained to carry out their roles, they added, "They are really doing a good job with him."

We saw staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This had included completing an induction workbook and essential training, such as safeguarding people from abuse and the safe administration of medicines. Describing their initial training one care worker told us, "I found some of it quite difficult, but I got there in the end. If I was unsure about anything I could ask the manager or other staff and they would help me."

We were aware that the home owner was familiar with the 'Care Certificate' introduced by Skills for Care in April 2015 to replace the common induction standards. However, the registered manager told us they were not aware of this development, as the home owner arranged all the training for staff in the home. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they had completed training in essential topics such as fire awareness, infection control, food hygiene and health and safety, which was followed by periodic updates. Some staff had also completed other courses, such as supporting people with a learning disability and autism awareness. Training records showed that all staff had completed a nationally recognised training course in care. Staff we spoke with said they felt they had received the training they needed to carry out their job.

We saw staff support sessions had taken place on a regular basis and each member of staff had received an annual appraisal of their work performance. The staff appraisal records we sampled were detailed and covered all areas of performance and development, such as any training the staff member had requested to undertake. Staff commented positively about the support they had received. One care worker told us, "We talk as a team and on a one to one basis, sometimes formally and other times just for a chat."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and had been followed.

Staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people's rights. They told us how they gained people's consent and represented their best interest. Staff were clear that when people had the capacity to make their own decisions this would be respected. One care worker told us, "You always assume everyone has capacity unless you can prove they haven't." People who used the service confirmed that staff respected their opinions and wishes. They appeared to be supported in a dignified and discreet manner with staff seeking consent throughout.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation. However, the registered manager was aware of the changes brought about by a Supreme Court judgement and the process to follow should a DoLS application be required.

People were involved with choosing and shopping for meals which reflected their choice. They told us they enjoyed the meals provided and said snacks were available when they wanted them. One person said, "I am happy with the food I have and we can pick things while we are out shopping."

Staff told us each person had a booklet where they recorded what the person had eaten on a daily basis. They said this helped to monitor what people had eaten and enjoyed. One care worker described how staff fortified meals for someone who was losing weight. We found food

Good

Is the service effective?

charts were being used to record what they ate and drank and staff said this information would be shared with the doctor. We saw staff were responsible for preparing meals and records demonstrated they had completed a food hygiene course to make sure this was done safely. During our visits we saw staff making drinks and snacks for people as they requested them.

Care records showed people had accessed outside agencies and health care professionals when needed. This included dentists, chiropodists and GPs. Staff had monitored people's weight regularly to check they were maintaining a healthy weight. We saw if any concerns were identified they had taken action to access medical advice.

Each person had a health action plan which described their health needs and had been reviewed periodically to reflect changes. We also saw a hospital admission form had been completed for each person so hospital staff would know how to appropriately treat and care for them.

Good

Is the service caring?

Our findings

People told us staff involved them in making decisions about their day to day care. The relatives we spoke with confirmed they and their family member had been consulted about what support was needed, as well as people's preferences. We saw staff supporting people in a friendly, caring and inclusive way, asking what they want to do and how they wanted things doing.

People's needs and individual preferences were recorded in their care files so staff had access to detailed guidance on how to support them. Each person also had a person centred booklet which outlined what was important to them. Where appropriate, documents also included pictures to make it easier for the person using the service to read and understand the information. We saw care files included details about the person's end of life wishes and any specific arrangements required.

We found the home had a homely atmosphere and people appeared relaxed with the staff. They told us they were happy with how staff delivered their care and support. We saw staff listened to what people wanted and supported them as needed. One person told us, "I like them all [staff] they look after me." Another person using the service said care workers respected him and listened to his opinions. A relative commented, "We are very happy, they [staff] are very good."

Staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes.

We saw they knew the people they were supporting very well and met their individual needs and preferences in a timely manner. Each person also had an allocated keyworker. People told us they could choose who their keyworker was and said they felt this gave them someone specific they could discuss things with.

People were given choice about where and how they spent their time. We saw people's rooms reflected their individual style and interests. We also saw staff encouraged people to be as independent as possible while providing support and assistance where required. One care worker commented, "We let them [people using the service] do as much as possible for themselves." A relative told us staff always seemed respectful to the people living at the home adding, "They treat the visitors respectfully as well."

The registered manager told us they were the dignity champion for the home and we saw staff had attending training in this subject. Staff we spoke with could explain how they preserved people's privacy and dignity by closing doors and curtains when providing personal care and respecting what people wanted.

People were helped to maintain relationships with people who were important to them. Relatives told us they were welcomed at the home when they visited and there were no restrictions on times, or lengths of visits. One relative commented, "They always offer us a pot of tea and make us feel welcome."

Good

Is the service responsive?

Our findings

People using the service, and the relatives we spoke with, told us they were happy with the care and support provided. People looked happy and interacted with staff and other people living at the home in a positive way. Relatives told us the registered manager communicated with them promptly regarding any changes in their family member's condition.

People had been living at the home for several years so we could not check how new people had been assessed before they moved into the home. The local authority told us when they completed their annual assessment of the home they had recommended a pre-admission assessment be carried out in line with their contract. We spoke with the registered manager and the provider about this subject. They confirmed the company had a pre-assessment document in place which would use for potential admissions.

We saw care and support was planned and delivered in line with people's individual needs. Support plans were written in a person centred way and included family information, how people liked their care delivering, nutritional needs, their likes, dislikes and what was important to them. We saw each person also had a medical file which contained care plans relating to any medical needs, such as loss of weight and medical conditions.

We found plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition. The records we sampled were detailed and gave a clear picture of how the person was, and what they had done that day.

Staff we spoke with demonstrated a good knowledge of the people they supported. They could tell us about their interests and what was important to them. For example, one care worker told us how one person liked to go to the church coffee morning sometimes. Another care worker explained how someone they supported had particular food preferences.

People had access to limited social activities, but staff told us this was their choice. They said they were involved in cleaning their rooms and food shopping, but mainly enjoyed going out into the community shopping and for drives and walks. One person using the service said, "There is nothing else I have wanted to do, but they [his keyworker] are looking into new things I might be interested in doing." A relative told us, "He enjoys what he does, sometimes we see him down town on his scooter. They [staff] get him out and about a lot more than the last place he lived."

The provider had a complaints procedure which was given to each person when they moved into the home. It was also available in a pictorial format to make it easier to understand. The registered manager told us no complaints had been received since our last inspection of the service, but we saw there was a system in place to record any complaints received, actions taken and the outcomes. People using the service, and the relatives we spoke with, told us they had no complaints. One relative said, "If I needed to I would talk to the manager quite easily, they are very approachable."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People who used the service, and the relatives we spoke with, told us they were happy with how the home was managed and the care provision. We found that surveys, care reviews and informal chats had been used to gain people's views, and relatives told us they had also been consulted about the service provided. The completed questionnaires we sampled contained positive answers to the set questions. One person using the service said, "I can talk to X [the manager] at any time about anything, she is always around." A relative told us the registered manager communicated well with them adding, "I am highly satisfied with the care he gets." Another relative commented, "Very happy with everything."

When we asked people if there was anything they felt could be improved they said there was "Nothing". One person using the service told us, "No, there is nothing I would change, I am happy with things as they are." A relative commented, "There is nothing I can think of that needs changing. It's a lot better there than where he used to be."

The registered manager told us they gained staff feedback through informal discussions, meetings and supervision sessions. Staff said they felt they could speak with the registered manager "About anything" and they felt they were listened to. When we asked staff about the management of the home they said the registered manager was part of the team and things usually ran very smoothly.

We found there was a homely atmosphere at the home where people followed their preferred routines. The staff on duty knew about people's routines and preferences and assisted them as needed. Their comments showed they were clear about their roles and responsibilities and they confirmed they were given a job description when they started working for the company. We also saw they had access to policies and procedures to inform and guide them.

Various internal checks had been carried out to make sure policies and procedures were being followed. Topics covered included medication, care plans, fire prevention arrangements and infection control. This enabled the registered manager to monitor how the service was operating and staffs' performance. We saw when shortfalls were found these had been identified and action taken to address them.

Following a recent assessment by the local authority they told us they had found the home to be well run stating, "The manager seems a caring person who knows the service users and staff well." They also told us they felt people were well supported and cared for by the service.