

Friends of the Elderly

Moor House Residential Care Home

Inspection report

Vicarage Road
Staines
Middlesex
TW18 4YG

Tel: 01784453749
Website: www.fote.org.uk

Date of inspection visit:
12 September 2017

Date of publication:
06 October 2017

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 ●

Summary of findings

Overall summary

Moor House Residential Care Home is a 24 bedded residential care home. There were 20 people living at the home on the day of our inspection.

At the last inspection on 19 March 2015 the service was rated 'Good.' At this inspection we found the service remained 'Good.'

People continued to be kept safe at Moor House Residential Care Home because staff were knowledgeable about the signs of abuse and the processes to follow when they suspected abuse. The provider continued to follow safe recruitment practices that ensured only suitable staff were employed at the home. Risk assessments were in place that enabled people to remain safe and provided guidance to staff about the risks and how to maintain people's safety. Records of accidents and incidents were maintained and actions to help to prevent the re-occurrence of these had been implemented. There were sufficient numbers of staff to attend to the needs of people. Medicines were managed and stored safely and people received their medicines on time and as prescribed by their GP.

Staff continued to receive training, regular supervision (one to one meeting) and annual appraisals that helped them to perform their duties. Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. Staff supported people to eat a variety of freshly prepared foods and all dietary requirements were met. People had access to all external healthcare professionals and their involvement was sought by staff to help maintain good health.

Staff showed kindness and compassion to people and respected people's privacy and dignity. People were able to choose how they spent their time, could freely access all communal areas of the home and their personal care needs were attended to in private. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and continued to be regularly reviewed. People and their relatives were involved in the reviewing of their care. People took part in a variety of activities that interested them. A complaints procedure was available to people, relatives and visitors. Complaints received had been resolved in accordance with provider's complaints policy.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. The provider had an effective system in place to monitor the quality of care and treatment provided at the home. People and staff were provided with opportunities to put forward their views about how the home was run during residents, relatives and staff meetings.

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 remains Good.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

There were sufficient staff deployed at the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service remains Good.

Staff received appropriate training and had opportunities to meet with their line manager regularly to receive one to one support.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in choosing the food they ate and alternative meals were provided.

People had involvement from healthcare professionals as and when required and staff to supported people to remain healthy.

Is the service caring?

Good ●

The service remains Good.

Staff respected people's privacy and dignity and made them feel that they mattered.

Staff were very caring, kind and supportive people to be independent.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service remains Good.

Staff responded well to people's needs or changing needs and care plans were written with people and their relatives.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service remains Good.

The registered manager worked closely with external agencies to promote good outcomes for people.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the service.

There was a registered manager in post and a staff structure where everyone was aware of their roles. The registered manager led by example and promoted and respected people's end of life wishes.

Staff felt supported by the registered manager who had an open door policy.

The provider sought the views of people, relatives and staff about how the home should be run.

Moor House Residential Care 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 checked 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 12 September 2017 and was unannounced. This was a comprehensive inspection carried out by one 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.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We asked 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we spoke with seven people who lived at the service and three relatives. We spoke with the registered manager, five members of staff and the chef. We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

People felt safe living at the home. Records of resident and relatives meetings showed that registered manager discussed safeguarding and reminded people who to contact if they had any concerns and information about who to contact was provided to them. People and their relatives were complimentary about the staff and how well they kept their family members safe. One person told us, "Nobody has ever upset me in the time I have been living here. Staff are safe and friendly here." Another person told us, "You are not forced to do things here, I feel relaxed." A relative told us, "Staff pay attention at all times."

People continued to be protected from abuse because staff had received training and understood their roles in reporting incidents or suspicions of abuse. Staff had received training in relation to keeping people safe and reporting bad practice. One member of staff told us, "I would not hesitate to follow the whistle-blowing procedures if I saw anyone being abusive to the residents."

People were supported to take risks because potential risks had been identified and assessed. Care plans included risk assessments such as mobility, falls, skin integrity, nutrition, and hydration and infection control. Staff knew what the risks were and the appropriate actions to take to protect people and to keep them safe.

There was an emergency evacuation plan that provided information about how to evacuate the building in the case of an emergency. Each person had a personal emergency evacuation plan (PEEPS) in place. Staff were knowledgeable about the procedures to be followed and who to contact in the case of an emergency.

People continued to be protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation, including a full employment history, references and Disclosure and Barring Service (DBS) checks had been obtained for new staff. The DBS helps providers ensure only suitable people are employed in health and social care services.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us that an assessment tool was used to establish the numbers of staff required for each shift and when people's needs changed then the staffing arrangements would be adjusted. No comments were made by people about staffing at the home. Staff told us that there were enough staff on duty at all times. One member of staff told us, "We have enough time to talk to people and go for a walk outside with them. We never have to rush with their care."

Medicines continued to be administered, recorded and stored safely. All medicines received into the service and those being returned to the pharmacy were clearly recorded. People told us they always received their medicines when they needed them.

Is the service effective?

Our findings

People and their relatives spoke positively about staff. People told us that they enjoyed being at the home. One person told us, "I like it here. Staff are good at what they do." A relative told us, "People feel comfortable here with how staff look after them."

People continued to be supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. Training records showed that staff had received the mandatory training as required and dates had been arranged for updated and future training. Staff told us, "We have done all the mandatory training like safeguarding, manual handling, first aid and infection control. We get regular updates of our training." Staff were able to inform what they had learnt from their training. For example, one member of staff told us, "I learnt from the dementia training that we must be not ignore what people say, it is important to become involved in their conversations. We should always get down to their level if they are seated and make eye contact with people during our conversations." We observed staff doing this throughout the day.

People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records confirmed that staff were being supervised and appraised about their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we found that any conditions to authorisations to deprive a person of their liberty continued being met. For example, one person had a mental capacity assessment that was specific to the decisions that the person was not safe to leave the home unsupervised. There was a best interest decision recorded and a DoLS application had been submitted to the local authority. Staff were knowledgeable about the MCA and the processes to be followed. One member staff told us, "We have to assume that people have capacity to make their own decisions unless it has been proved otherwise."

People continued to be supported to have enough to eat and drink to keep them healthy. People told us they enjoyed the food provided. One person told us, "The chef here is very good." Another person told us, "You never get the same meal, there is always something different." People's dietary needs, allergies and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes and regularly asked people for feedback about the food.

People continued to maintain good health and had access to all healthcare professionals when they required them and these were clearly recorded in people's care records. Staff accompanied people to their healthcare appointments when necessary. One person told us, "They [staff] book appointments if I need to see the GP or the dentist. You ask staff and they will do it for you." A visiting healthcare professional told us,

"I always recommend this home to people, it is a lovely home."

Is the service caring?

Our findings

People continued to be treated with kindness and compassion in their day-to-day care. There was positive interaction between people and staff and people were conversing with both staff and each other. The atmosphere was very calm and relaxed. One person told us, "Staff look after me well, they are nice and they keep me clean." Another person told us, "Staff help me to go to bed; they take off my slippers and always make sure I am comfortable." A relative told us, "We brought my [family member] here for respite, but they loved it and wanted to stay." People and their relatives told us that the care delivered was very good and that all staff were kind, caring and helpful. Staff interaction with people was respectful and we noted that staff called people by their preferred names, as recorded in their care plans.

People's dignity was respected by staff. Staff told us that they promoted people's privacy and dignity through knocking on doors and attending to their personal care need in private with bedroom doors closed. We observed this practice throughout the day. People told us that staff were very respectful and they attended to their needs in private. One person asked for help to go to the bathroom. Staff supported this person to the bathroom and left them on their own to maintain their privacy and dignity whilst staying within the area to provide support if it was required.

People were involved in making decisions about their care and treatment. Staff told us that they sat with people to discuss their care plans at least once a month and they or their relatives could make changes at any time. People told us that their family members were involved in their care plans so they had no need to worry about them.

People continued to live in an environment that that was been adapted to meet the needs of people. The lounge is dementia friendly showing the day of the week, the month, the year, the season, the weather of the day. Large signage was used on people's room doors, bathrooms and toilets that helped people to find their way around. The home is very clean, tidy with nice furniture. The bedrooms are well fitted and in a good size.

Relatives told us that there were no restrictions on the times they could visit the home. People's relatives and visitors were welcomed when they visited.

Is the service responsive?

Our findings

People and their relatives continued to be involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. One person told us, "I have a care plan but my [family member] does all that for me." A relative told us that they had been included in the care plan and they and their family member could make changes at any time.

Care plans continued to be person centred and included information about people's needs, life histories and goals and objectives. Care plans had been produced from the pre-admission assessments and had been reviewed on a monthly basis. One person's care plan recorded the name that the person preferred to be called and how they liked to be supported with their personal care needs. We observed staff calling this person by their preferred name and helping with a particular need as recorded in their care plan.

People had a range of activities they could be involved in. There was an activity coordinator employed at the home. One person told us, "I enjoy the activities her and I don't have to do them if I do not want to." There was a weekly activity list displayed at the home that included bingo, gardening, puzzles and board games. People were working together to complete a 1000 piece jigsaw puzzle. Other people had taken part in a music and exercise activity. One person, who was eating their lunch, told us, "These are the last of the runner beans we grew in the garden." The garden had raised planting beds that enable people to plant vegetables and flowers. Many of the people living at the home were independent and able to do all activities by themselves. People were observed to freely move around the communal parts of the home independently, however, staff were always available to provide support as and when required.

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. People and their relatives told us they knew how to make a complaint but had not needed to make a complaint. Records showed that the provider had resolved two complaints since the last inspection to the satisfaction of the complainants.

Is the service well-led?

Our findings

There was a positive culture within the home, between the people, staff and the registered manager. People and their relatives told us that the atmosphere was nice and relaxed and everyone got on well with each other. One person told us, "You can't find somewhere better than here." A relative told us, "I am aware of who the representative is for residents and I could always talk to him or the manager if I needed to." Staff told us that the registered manager was very supportive and was always available to listen. One member of staff told us, "I feel supportive and motivated by the manager. She has an open door policy and I can go and talk to her at any time."

People and relatives had the opportunity to feedback on the services provided. Regular residents and relatives meetings took place. Minutes of these meetings were maintained and included topics about staffing, raising money for a minibus, social activities and property and maintenance. People were able to put forward suggestions in these meetings. For example, one person had requested to have liver and bacon and long sausage rolls put back on the menu. The chef told us that they had done this.

Quality assurance systems were in place to monitor the quality of care and treatment of service being delivered to people. The registered manager undertook monthly internal audits that included the care plans, medicines, infection control and the environment. A representative of the provider undertook quarterly audits and the results of these were fed back to the provider. The registered manager produced an action plan for any issues identified in the audits. For example, it was noted that daily notes for people had not included accurate information in relation to the daily events that people had taken part in or information about their well-being each day. The action for this had been completed.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.