



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Moreland House

**5 Manor Avenue
Hornchurch
Essex
RM11 2EB**

Lead Inspector

Mrs Sandra Parnell-Hopkinson

Unannounced Inspection
11th & 12th October 2007 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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SERVICE INFORMATION

| | |
|---|---|
| Name of service | Moreland House |
| Address | 5 Manor Avenue Hornchurch Essex RM11 2EB |
| Telephone number | 01708 442654 |
| Fax number | 01708 443526 |
| Email address | morelandhouse@btconnect.com |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | Moreland House Care Home Limited |
| Name of registered manager (if applicable) | Miss Jane Mbugua |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 16 |
| Category(ies) of registration, with number of places | Dementia - over 65 years of age (16), Mental Disorder, excluding learning disability or dementia - over 65 years of age (16), Old age, not falling within any other category (16) |

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 3rd April 2007

Brief Description of the Service:

Moreland House is a large detached property in a residential area of Hornchurch, in the London Borough of Havering. It is in keeping with other properties and does not stand out as being a care home. It is situated within walking distance of some local shops and a library, of Gidea Park main line railway station and by car is within easy reach of the A127 and the M25. The main shopping centre of Romford is within easy access by bus or train. The home offers accommodation to 16 older people in single rooms with en suite toilet and hand basin, well-furnished communal areas and a large well-maintained rear garden. There is limited car parking facilities to the front of the home.

The fees, at the time of this inspection, range from £450. to £550. per week. Further information regarding this service can be obtained on request from the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection was unannounced and was undertaken on the 11th and 12th October 2007 over 6.5 hours. The inspection process took evidence from a tour of the premises, observations, and discussions with the manager, residents, relatives, staff and from returned questionnaires from residents and relatives. Also from viewing a variety of records and documents maintained by the home, and from other documentation received by the Commission.

Of 16 questionnaires sent to residents 7 were returned completed by either themselves or with the help of a relative. Of 25 questionnaires sent to relatives 8 were returned, but of 20 questionnaires sent to staff none were returned.

Equality and diversity issues were discussed with the manager who was able to demonstrate a good understanding of these, and confirmed that these are being interwoven into the care delivery at the home.

People living at the home were asked how they wished to be referred to, and without hesitation they said 'residents', which is how they are referred to in this report.

What the service does well:

All residents are well cared for and have access to health care professionals when required. District nurses visit the home to undertake dressings and injections and there is a good relationship between the manager and the visiting nurses. The local pharmacist, used by the home, offers training to staff around 'Medicines in care homes' in line with recommendations made by the Commission. Training is given a high profile within the organisation and since the last inspection staff have undertaken training in equality & diversity, food & hygiene, adult protection, falls & trips, first aid, moving & handling, dementia awareness, infection control and medicines in care homes.

Attention is paid to the dietary and nutritional needs of people in the home and all their weights are being monitored on a monthly basis or more frequently if the need is indicated. Where necessary referrals are made to a dietician or nutritionist.

There are daily activities within the home which are available to all residents, and some residents told the inspector **"we had a really lovely summer garden party, which we thoroughly enjoyed."** Residents who like to read enjoy books delivered by the borough's library service, or have newspapers/magazines delivered from local newsagents.

Residents are encouraged to retain as much independence as is possible with the assistance of staff, and are encouraged to remain mobile through daily chair exercises and walking in the home.

A relative wrote to the home in the following terms regarding her mother **"Mum has very much enjoyed her time with you and on her behalf I thank you and all of the staff at Moreland House for all that you have done for her. She really did think of it as home and greatly appreciated all of the attention that was given to her together with her food. On a personal note I would also like to thank you for the care you gave her and the very warm relationship we developed over the years."**

There is a regular programme of maintenance and the home was clean with no offensive odours anywhere. The communal areas are well furnished and decorated and on the first day of the inspection new carpet was being laid in both lounges.

What has improved since the last inspection?

The provision of activities has improved, and this was confirmed to the inspector through discussions with several residents. The organisation is now a member of N.A.P.A. (National Association for Providers of Activities for Older People).

The staff on duty on the days of the inspection were able to demonstrate a better understanding of the needs of residents living with dementia, and confirmed that they had undertaken a training course on dementia awareness.

It was evident in discussions with residents that they feel that they have more choice, and do not have to get undressed after tea, can get up when they want and go to bed when they want. In discussions with staff on the days of the inspection they were very clear that Moreland House was run for the benefit of the residents.

The majority of the residents told the inspection that the food was very good, and one resident said **"there is always plenty of food and I do have a choice every day."**

Since the last inspection staff have undertaken equality and diversity training, and some staff are being enabled to take English classes to improve communication skills.

Contact has been made with local churches and one resident attends church each Sunday, and another resident receives Holy Communion in the home on a weekly basis.

The format for the care plans has been revised and staff are working on changing the current plans into the new format. This should make it easier for staff to follow, and the new format does include provision for night care plans and for end of life planning.

What they could do better:

The garden area, although generally well maintained, could benefit from some improvement to the pathways. The inspector was advised by the manager that plans were in place for this, and it is to be hoped that this work will be carried out before next summer.

In discussions with the manager, the inspector was informed that recruitment is in process for additional care and domestic staff. Again it is to be hoped that this recruitment will be rapid since it will benefit residents, and staff at Moreland House.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

2 and 3 (Standard 6 does not apply to this service)

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service.

Prospective residents have an individual needs assessment and are given the opportunity to visit the home prior to making a decision to live there. Information is now available in different formats and residents are provided with a written contract or statement of terms and conditions.

EVIDENCE:

The files of 6 residents were viewed and all showed evidence of a comprehensive pre-admission assessment and a statement of terms and conditions or contract. New statements of terms and conditions or contracts have been developed in line with the Commission's guidance '*Provision of fee information by care homes*'.

The statement of purpose and service user guide are now available in larger print versions which will be of benefit to some residents who may have some difficulty in reading due to failing eye sight.

Trial visits to the home are encouraged, wherever possible, for prospective residents and their family to identify how appropriate the home is for them in meeting their needs. This also gives an opportunity for the prospective resident to meet the current residents and to become familiar with the environment.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10 and 11

People who use the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The healthcare needs of all of the residents at Moreland House are met and clearly recorded in each person's care plan. Personal support is now responsive to the varied and individual needs and preferences of the residents. The medication policies and procedures, and staff training, ensure that all residents are protected through the safe administration of medicines.

EVIDENCE:

The files of six residents were viewed and all had a care plan. Staff are currently in the process of transferring information into a new care plan format which covers personal care needs, health care needs, communication, nutrition, mobility, night care and end of life wishes and needs. There was evidence that residents or family are now involved in the care plan reviews which take place on a monthly basis, or more frequently if necessary.

Staff are also now involved with residents in the development of life stories, and this will help in the delivery of person centred care. Obviously, the

successful development of life stories will need the involvement of relatives, and some residents who are living with dementia may not be able to remember some significant events in their lives.

From viewing the records it was apparent that residents are weighed on a monthly basis and that input from dieticians and nutritionists is sought where the need is indicated. All of the files viewed showed evidence of contact and input from healthcare professionals such as the GP, chiropodist, dentist, optician, district nurse and other specialists – where necessary. In discussions with residents, they also confirmed that they could see the doctor when they needed to, and one resident told the inspector **"the district nurse comes in to dress my leg, and I also see the doctor."** Evidence from returned questionnaires, received from residents and relatives, and from two letters received by the Commission since the last inspection, also confirmed that residents and relatives were very satisfied with the care being delivered by the manager and the staff at Moreland House. One relative said **the quality of mum's life has improved immeasurably since she came to Moreland House, When supported in her previous home she was unable to cope and in a constant state of anxiety. She is now a different person – calm and relaxed."**

The plastic mattress covers have now been replaced with material covers, and these appear to be more beneficial to the health/skin care of residents.

It was evident from talking to residents that although they are still encouraged to participate in the regular morning 'armchair exercises', they no longer feel that they have to. One resident told the inspector **"although I find it difficult to do some of the exercises, I quite enjoy the arm movements."** A relative commented in a questionnaire **"we were informed by the manager when mum went to live at Moreland House, that it is classed as the residents' home meaning they have the right to say yes or no to things in their daily environment and nothing is forced on them. We have seen this and the result being the residents appear happy in their daily life, including mum."**

Staff on duty on both days of the inspection demonstrated a good understanding of the needs of the residents. Some staff are attending English classes, and staff have also undertaken training in equality and diversity issues since the previous inspection. Residents spoken to confirmed that all staff were always very kind and treated them with respect. This was also supported through information contained in the returned questionnaires. One comment was **"excellent service always helpful and polite."** Another relative commented **"I can say that during the three and a half years of my mother's residence in Moreland House, I have never had cause to complain or question staff actions."**

Privacy was maintained through lockable toilets and bathroom doors and residents are able to keep their bedroom door locked and keep the key on them if they wished. Both residents and relatives confirmed that visitors are able to visit the home at any time, and are always made welcome by the staff on duty.

Medication records were inspected and these were found to be in good order. It was evident that the manager undertakes a weekly audit of medication records and medicines, and it was evident that staff are now recording whether one or two tablets or spoons of medicine are being administered. Support is also given to the home by the local pharmacist who visits the home, and also offers training to staff.

There was evidence that end of life issues are now being discussed with staff and some residents. It is acknowledged that this area of care can be difficult and sensitive for either residents, relatives or both but it is an important part of a person's life. The manager was able to demonstrate a good understanding of the newly introduced legislation Mental Capacity Act 2005, and was clear that this would impact on the decision making processes for residents at the home. The manager was also clear that any person wishing to remain at Moreland House if terminally ill, would be enabled to do so provided the appropriate support was being given by health care professionals, and with the agreement of the resident.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People who use the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People now generally find the lifestyle experienced in the home matches their expectations and satisfies their general social, cultural, religious and recreational interests. Some people would like more activities outside of the home. People living at Moreland House are encouraged and assisted to maintain contact with family and friends. A wholesome appealing balanced diet is provided in congenial surroundings and is in keeping with the choices of the residents.

EVIDENCE:

From discussions with residents and from viewing the care plans it was evident that residents have more choice around daily activities, and the organisation has now become a member of N.A.P.A (National Association for Providers of Activities for Older People). Membership of this association should certainly prove beneficial in the development of appropriate activities for older people, and for those who are living with dementia.

Families are encouraged to take their resident out whenever possible, and staff will take residents either for a walk, or in a wheelchair, around the local area. However, in response to a questionnaire one relative said **"more outdoor activities would help. We were given to understand they would be taken out, but this does not seem to have happened in the last 2 years that my mother entered the home."** In discussions with the manager, the inspector has been informed that recruitment is currently in progress for additional staff. The employment of such staff should help improve the provision of activities away from the home. This could be to local shops, theatres or restaurants. An outing has been arranged for the 23rd October 2007 for a meal and entertainment.

Since the last inspection, a clothing company visited the home and many of the residents enjoyed this because they were able to select their own new clothes.

Life histories are being developed with residents, and there was evidence of activities that some residents had participated in. During the summer there was a very successful garden party which was enjoyed by residents and relatives. An invitation for residents to attend a summer barbecue at a sister home was received by the manager, but apparently none of the residents wanted to attend.

Some residents enjoy the regular quizzes and other group activities. One resident still enjoys visiting his local church each Sunday and is enabled to do this, and another resident receives weekly Holy Communion within the home. The manager has made contact with some local clergy and this is still being pursued in an effort to have clergy from various denominations visit the home.

In response to a question 'what do you feel the care home does well?' a relative's response was **"firstly and most importantly the care they are given. They have day time activities, encouraged to talk about their lives, taken for walks and in the garden when weather permits. Birthdays celebrated together with relations, garden parties, music and it's nice to see that the T.V. is not on all day. I visit mum various times during the week and have never found a problem in the home."**

The inspector was able to observe breakfast being served on the first day, and residents said that the food was very good. The issue of pureed foods raised in the previous inspection report has now been addressed, and each item of a meal is now pureed and served separately on the plate. This is now more appealing and appetizing to residents who require this type of diet. It was possible to talk with the newly appointed cook and she was able to demonstrate a good understanding of the dietary needs of the residents.

Meal times are as follows:-

Breakfast from 08.00a.m.
Fresh fruit from 09.45a.m.
Lunch from 12.30p.m.
Tea from 5.15p.m.
Supper from 8.00p.m

Hot/cold drinks and snacks are available at all times throughout the day and night.

Residents confirmed that they now do not have to change into their night clothes after tea, but can if they wish. The manager has now made arrangements for some residents to have newspapers and/or magazines delivered from a local shop.

The organisation has now introduced a newsletter which is printed quarterly, and residents meetings are held from time to time.

It was evident to the inspector from observation and from talking to residents and staff that more consideration is given to the wishes and choices of the people living at Moreland House. Routines are now more flexible and some residents spoken to confirmed that they felt that they were enabled to exercise more choice and control over their lives.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16, 17 and 18

People who use the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Moreland House and their relatives can be confident that their complaints will be listened to, and acted upon to make changes at the home. People are protected from abuse through staff training in safeguarding adults, and improving their command of English. People who wish to exercise their legal rights are enabled to do this either through support from staff, relatives or advocates.

EVIDENCE:

It was evident from talking to residents that many areas previously of concern to them have now been listened to by the management, and have been addressed. All complaints and concerns are now being recorded so that the manager is clear as to where improvements can still be made. A simplified format of the complaints procedure is now available to all residents, and a copy of this is displayed in the entrance area of the home. Residents and relatives confirmed that they felt that any complaint would be listened to by the manager and addressed appropriately.

Staff have received training in the protection of vulnerable adults, and staff spoken to on the days of the inspection were able to demonstrate a good understanding of this important area. A member of staff spoken to told the inspector **"if I saw any poor care or possible abuse I would not hesitate**

to tell either the manager or the area manager.” There have not been any issues around the protection of vulnerable adults at Moreland House.

It was apparent from talking to some of the residents that they felt that their legal rights were protected, and one resident told the inspector **"I like to vote and I know that the manager will assist me in this when the time comes."** The manager confirmed that all residents are on the electoral register.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 24 and 26

People who use the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a safe, well-maintained environment that is clean and hygienic. People are able to have their own possessions around them and are able to personalise their bedrooms. The manager and the staff aim to make people living at Moreland House feel that it is **their** home.

EVIDENCE:

One the first day of the inspection a new carpet was being laid to the lounge areas, and therefore resident were either in their bedrooms or the dining room. A tour of the home was undertaken and it was very apparent that the home was maintained to a good standard, with regular maintenance being undertaken. There were no offensive odours anywhere in the home and all areas of the home were clean. Furniture throughout the home is of a good standard.

On the second day of the inspection the lounges were back to 'normal' and residents told the inspector that they were very pleased with the new carpet.

All bedrooms are single and all have en suite toilet and hand basin. The inspector was invited by several residents to visit them in their bedrooms, and these had been personalised by the individual person and appeared very homely.

The dining room overlooks the rear garden which is generally well maintained. However, several relatives have said that it would be better with more pathways and less rough grass. In discussions with the manager, she advised the inspector that the organisation does have plans to improve the garden area, and it is to be hoped that this will be completed before next summer.

Where necessary appropriate aids and adaptations are in place in sufficient quantity and quality to meet the needs of the residents. Toilets viewed had a good supply of toilet paper, and hand washing facilities. Although there are several communal toilets, residents are encouraged to use their own toilet in their bedroom. Residents spoken to said that they preferred to use their own toilet whenever possible, and that this also helped them to keep mobile. Residents also confirmed that there was always plenty of hot water.

The kitchen was visited as part of this inspection, and it was found to be clean and the food in the refrigerators was clearly labelled and appropriately stored.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People who use the service experience good quality outcomes in the area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service are satisfied that the care they receive meets their needs and that staff understand the need and have the skills to meet those needs. The home's recruitment practices have been improved to ensure that residents are safeguarded through a more robust procedure.

EVIDENCE:

Since the previous inspection the organisation has reviewed its' recruitment procedures and these are now more robust and managers are now more au fait with the procedures and are involved in the recruitment process.

Staff files viewed were found to be in good order with POVA (protection of vulnerable adults) and criminal records bureau disclosures being recorded on the files.

Staffing levels have been reviewed and the manager advised the inspector that recruitment processes were in place to increase the numbers of care and domestic staff working at the home. Hopefully these additional staff will be employed in the very near future as this will benefit both residents and staff.

There is not a reliance on agency or temporary staff and generally where vacancies occur in the rota permanent staff cover if possible. Although this

does endeavour to ensure that people are being cared for by staff who know them, the manager must ensure that staff do not consistently work long hours. This was discussed with the manager who told the inspector that if a member of staff is working a long day, she does try to give them a day off the following day. Currently rotas are produced on a weekly basis, but this does give some concern to staff who need to make advanced arrangements for family commitments. Again the manager is now planning to produce the rotas for either two weeks or four weeks in advance.

Staff training is now given a high profile by the organisation , and staff have undertaken training in equality & diversity, food & hygiene, adult protection, falls & trips, first aid, moving and handling, dementia awareness, infection control and medicines in care homes. Staff are also encouraged to undertake a National Vocational Qualification at various levels.

Staff spoken to confirmed to the inspector that generally they were happy working at Moreland House and that training was always available. They also confirmed that management changes within the organisation had been beneficial.

On this inspection no resident nor staff member complained that night staff were hoovering the corridors during the night.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35, 36 and 37

People who use the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home can be sure that the home is run and managed by a person who is of good character and who is able. They can be sure that the needs of people are now more fully being met with the introduction of more flexible daily routines, more person centred care and increased staff training and supervision. The financial interests of people are safeguarded and the health, safety and welfare of people and staff are protected.

EVIDENCE:

In discussions with residents and staff, and from comments made on returned questionnaires, it is evident that the manager has adopted a much more flexible approach to the delivery of care at the home. Her main aim is to

ensure that the interests of the residents are of paramount importance, and this is also being achieved through more staff training and awareness.

One relative commented "***the staff at the home are excellent. They are always very friendly. I have always found the manager to be very helpful and she has the welfare of the residents at heart. The home is always clean and tidy and the residents all seem happy to be there. We are pleased that our Nan is being so well looked after.***"

Regular supervision of all staff is now being given, and staff spoke highly of the support being given to them by the manager.

The organisation has now introduced a changed management structure with the employment of a service manager responsible for several homes. This has increased the support given to the manager and improvements have been made the quality assurance system in place. This is now ensuring that the home continues to be operated in the best interests of the residents.

The service manager is currently responsible for undertaking the monthly visits required under Regulation 26 of the Care Homes Regulations 2001, and residents confirmed that during these visits the service manager does speak to them and listens to their views. When necessary notification required under Regulation 37 of the Care Homes Regulations 2001 are sent to the Commission.

Maintenance records for lift, fire, electrics, gas, aids, emergency call alarm system and other equipment were inspected and found to be up to date. The accounting and financial procedures within the home were in good order and safeguarded residents. The manager does not currently act as an appointee for any of the residents. Where necessary receipts are obtained and given to either residents or relatives if purchases are made on an individual's behalf.

The manager demonstrated an awareness of the implications of the Mental Capacity Act 2005, and also of the newly introduced smoking regulations.

The inspector would wish to commend the manager on the improvements at Moreland House, especially in implementing more flexibility and choice in the daily routines and lives of the residents at Moreland House.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| CHOICE OF HOME | |
|-----------------------|--------------|
| Standard No | Score |
| 1 | X |
| 2 | 3 |
| 3 | 3 |
| 4 | X |
| 5 | X |
| 6 | N/A |

| HEALTH AND PERSONAL CARE | |
|---------------------------------|--------------|
| Standard No | Score |
| 7 | 3 |
| 8 | 3 |
| 9 | 3 |
| 10 | 3 |
| 11 | 3 |

| DAILY LIFE AND SOCIAL ACTIVITIES | |
|---|--------------|
| Standard No | Score |
| 12 | 3 |
| 13 | 3 |
| 14 | 3 |
| 15 | 3 |

| COMPLAINTS AND PROTECTION | |
|----------------------------------|--------------|
| Standard No | Score |
| 16 | 3 |
| 17 | 3 |
| 18 | 3 |

| ENVIRONMENT | |
|--------------------|--------------|
| Standard No | Score |
| 19 | 3 |
| 20 | 3 |
| 21 | X |
| 22 | X |
| 23 | X |
| 24 | 3 |
| 25 | X |
| 26 | 3 |

| STAFFING | |
|--------------------|--------------|
| Standard No | Score |
| 27 | 3 |
| 28 | 3 |
| 29 | 3 |
| 30 | 3 |

| MANAGEMENT AND ADMINISTRATION | |
|--------------------------------------|--------------|
| Standard No | Score |
| 31 | 3 |
| 32 | X |
| 33 | 3 |
| 34 | X |
| 35 | 3 |
| 36 | 3 |
| 37 | 3 |
| 38 | X |

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|-------------------------------|
| | | |

Commission for Social Care Inspection

Ilford Area Office
Ferguson House
113 Cranbrook Road
Ilford
IG1 4PU

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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