

Churchlake Care Ltd

# Moorfields Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Moorfields Care Home is situated in a residential area close to Bury town centre. The home is registered to provide accommodation and personal care for up to 20 people, some of whom live with dementia. Accommodation is provided over two floors with access via a passenger lift. There are 16 single bedrooms and two shared rooms, which were being used for single occupancy. At the time of the inspection there were 17 people living at the home.

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

Prior to this inspection we received some concerns in relation to governance, the environment and meal arrangements.

During the inspection we found shortfalls with regards to the environment and health and safety. The provider had failed to address maintenance work required following the servicing of the premises and equipment. We also found the general environment was tired and needed enhancing. For example, carpets needed replacing, and the premises needed redecoration and replacement of worn furniture.

Governance systems had not been sufficiently robust to identify the areas of improvement required. The new registered manager was implementing audits and checks which were providing better oversight of the service, as well as identifying further improvements to enhance the experiences of people and staff.

From our observations, discussions with people and the cook we found sufficient food supplies were available and a choice of meals were offered. The cook clearly understood the need for good nutrition and hydration and was aware of people's individual preferences. People were complimentary about the meals provided.

Opportunities for people, their relatives and staff to comment about the service provided had been improved. Feedback surveys had been distributed as well as staff and resident meetings. A newsletter had also been sent to people's relatives, so they too were kept informed about events within the home. People were seen to enjoy a good rapport with staff who understood their individual needs.

Sufficient numbers of staff were provided. Recruitment checks for new staff and agency staff were not robust enough, however the registered manager agreed they would address this. Staff training and development had been reviewed. The registered manager was exploring opportunities to further enhance staff skills. Staff felt morale was improving and said the appointment of the registered manager had been a positive one.

Feedback from people and their visitors was very positive about the care and support provided. One family member felt an on-going concerns were now being addressed with good communication from the registered manager.

We found appropriate systems were in place with regards to consent and capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Suitable arrangements were in place to safely manage people's prescribed medicines, infection control procedures and safeguarding.

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

Rating at last inspection

The last rating for this service was good (published 13 January 2020).

Why we inspected

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

We received concerns in relation to governance, the environment and meal arrangements. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. You can see what action we have asked the provider to take at the end of this full report.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

At this inspection we have identified breaches in relation to health and safety and the provider's oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Moorfields Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was 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.

#### Service and service type

Moorfields is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moorfields is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 July and ended on 22 August. We visited the service on the 25 and 27 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the health protection team and the local authority quality monitoring team who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with ten people who used the service and the relatives of one person, to seek their feedback about the service provided.

We spoke with six members of staff. This included the registered manager, care staff and kitchen staff.

We reviewed a range of records. This included the care records for two people, two staff recruitment files, audits and monitoring systems and health and safety checks. We also looked at the management and administration of people's prescribed medicines.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Work was required to ensure equipment and the premises were kept safe.
- We found a number of shortfalls had not been addressed by the provider. This included an expired 5-year electric circuit check, recommendations made following the service of the passenger lift in January 2022 and action required following the servicing of the fire alarm and equipment in November 2021.
- In addition, we found the Fire Risk Assessment completed January 2022 also identified work required. An action plan had been drawn up however there was no evidence to show what work had been completed.

The provider had failed to take appropriate action to ensure the premises and equipment were kept safe. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately following the inspection. They confirmed the action required had been escalated to the senior management team and quotes for the necessary works were being sought.

- A review of records showed areas of risk to people's health and well-being, such as weight loss or falls, had been assessed and planned for. When necessary, additional monitoring was completed so that changes in need could be identified and quickly responded to.
- People had the use of aids to support them with their mobility, enabling them to move around the home safely as well as maintain their independence.
- An up to date contingency plan was in place providing details of agencies who may be required should an emergency arise.

### Staffing and recruitment

- There were enough staff provided to meet people's needs. The registered manager used a dependency tool to help determine suitable staffing levels. This was reviewed monthly.
- People spoke positively about the staff team and the support provided. We were told, "The staff are great, they are always helping us" and "The staff do their best for me".
- Recruitment checks for permanent and agency staff recruited by a previous manager were incomplete. We found gaps in employment had not been explored, a reference request had not been received and evidence of interview to evidence the suitability of the candidate had not been completed. Agency records did not provide detailed information about the recruitment checks completed and training information was vague. The registered manager confirmed this would be addressed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with told us they were safe and happy living at Moorfields. We were told, "I feel very safe here, I am happy to be here, and all the girls are nice", "They look after me, I feel safe and looked after" and "There's no place like home".
- Systems were in place for the reporting and responding to any concerns. Staff were provided with training in safeguarding and were able to demonstrate their understanding should an incident arise.

Using medicines safely

- The management and administration of people's prescribed medicines was safe.
- New documentation had been introduced to provide better information about 'when required' medicines, the application of topical creams and the use of thickeners. This helped to provide staff with clear direction about how and when these should be provided.

Preventing and controlling infection

- Systems were in place to manage the risk of cross infection. From our observations, good hygiene standards were maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections. People were supported to maintain contact with their family and friends and appropriate arrangements were in place to keep them safe. This was observed during the inspection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- Designated domestic staff were provided. We found the home to be clean with no malodours. People we spoke with said, "It's always nice and clean" and "They keep on top of things."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People were provided with warm, comfortable accommodation. We saw bedrooms had been personalised with items from home.
- Aids and adaptations were provided throughout the home to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats and call bell leads.
- Improvements were required to improve standards to the environment. Staff we spoke with felt the environment needed attention, for example carpeting needed replacing, decoration of the building was tired and needed updating and worn furniture needed replacing. One person commented, "They [the provider] are not investing in the building." This has been referred to under the well-led section of the report.

Staff support: induction, training, skills and experience

- People were supported by an established team who were trained and skilled to meet their needs.
- The registered manager recognised that formal systems needed to be implemented to support and develop the staff team. Staff felt they were now being supported in their role. One staff member commented, "He's [registered manager] very supportive and listens."
- A review of training records showed that staff completed a range of e-learning and face to face courses. The registered manager was looking at other training opportunities to further enhance staff skills as well as schedule updates in training where required.
- One family member said the staff were 'very good'; adding, "Some are excellent, particularly [staff name] who is really very motivated and hands on."

Supporting people to eat and drink enough to maintain a balanced diet

- Prior to our inspection concerns had been raised about poor quality meals and food supplies. We spoke with the cook and looked at food stocks and menus. We were satisfied people's nutritional needs were being met.
- All the people we spoke with said the food was good and there was a good choice of meals provided. We were told, "They feed us well", "The food is very good", "During the hot weather the ice cream van came into the home" and "I don't like fish, so they fetch me something else instead."
- The cook was knowledgeable about good nutrition and people's dietary needs. We saw pictures of personalised birthday cakes which had been made for people. Plans were also being made for 'Around the world in 80 days theme nights' with food relating to people's favourite holiday destinations.
- Clear information was recorded about people's nutritional needs. A 'nutritional passport' was completed outlining people's likes and dislikes, food consistency, any special equipment required, and any support that was required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to relevant health and social care support, when needed. Records showed support had been provided by the GP, the community nursing team, chiropodists and social workers. Visits from a GP and social worker were observed during the inspection.
- People we spoke with said they felt they were treated with dignity and respect and staff supported them well in meeting their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were encouraged and supported to have choice and control over their care and support. We observed staff seek people's permission before providing any intervention.
- Where necessary applications to deprive people of their liberty had been made to ensure people's rights were protected.
- People's care records reflected they were involved, where able, in making decisions about their care and support. Where additional support was required, decisions were made in the persons 'best interest'.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Shortfalls identified during this inspection, particularly in relation to health and safety, recruitment checks and the environment, had not been identified and planned for by the provider and previous management team. This meant potential risks had not been addressed in a timely manner.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. Timely and appropriate action had not been taken to mitigate potential risks relating to health and safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was appointed in May 2022 and completed their registration with CQC in July 2022. Since the registered manager's appointment, staff said morale had greatly improved, and they now felt supported. Their comments included, "He's brilliant" and "They [the provider] need to keep him, he's great."
- The registered manager was enthusiastic about the new role and had been proactive in identifying areas to further enhance the home.
- Prior to his appointment the Registered Manager was completing a professional qualification. A decision had yet to be made by the provider with regards to supporting and encouraging their continuous professional development.
- The registered manager completed a range of audits and checks on areas such as the environment, staff recruitment, care records, and accident and incidents. Records showed where action was required and where discussion had been held in staff meetings about what could be learnt or improved.
- Managers understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to other organisations. The registered manager was open and transparent about any issues brought to their attention along with any action taken.
- We checked the provider's website and saw the rating awarded at the previous inspection was displayed, as required by law. Information was also displayed within the home.

Continuous learning and improving care

- The registered manager was exploring how they could enhance the quality and experiences of people who used the service and staff.

- Accessible Information Standards were being explored to help promote the rights of those people with limited verbal communication, enabling them to make informed decisions about their needs and wishes.
- The registered manager was aware that staff morale had been poor and was looking at ways to help improve their emotional well-being. In addition, the registered manager was looking at a training App providing further training and development opportunities for staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt informed and included in events within the home. People could speak with staff if they needed to. The registered manager had recently distributed feedback surveys to understand people's experiences. People commented, "I feel well looked after, staff always there when I need them", "I always speak with staff if I have any issues" and "All in all it's a nice place to be."
- We were told communication with families had improved. The registered manager had sent a message and personal profile as an introduction. The relatives of one person told us, "Under the new manager, changes are happening, we feel we're being listened to and it's more positive."
- Daily and monthly meetings were being now being held to help keep staff informed and involved about events within the home. Staff had also completed feedback surveys about their experiences. Staff stated they had not felt supported by the provider but were more positive about the registered manager's appointment. One staff member told us, "[Registered manager] is an amazing manager, the best we have had to date."

Working in partnership with others

- The team continued to liaise with outside agencies, so people's assessed needs were appropriately met, and their health and well-being was maintained.
- Prior to the inspection we contacted the local authority quality improvement team to seek their feedback. We were not made aware of any issues or concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to take appropriate action to ensure the premises and equipment were kept safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. Timely and appropriate action had not been taken to mitigate potential risks relating to health and safety.</p>