

# Kirklees Metropolitan Council

## Moorlands Grange

### 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 caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Moorlands Grange is a residential care home providing short term and intermediate care for people living in the Kirklees area. Some people are provided with support from an on-site health care team including health care assistants, pharmacists, nursing, physiotherapy and occupational therapy with support from a visiting GP. Moorland Grange provides care to 40 people. There were 36 people at the service on the first day of our inspection.

People's experience of using this service:

Risk assessments were in place but were not specific to the needs of the individual. They did not consider person specific reduction measures to guide staff to manage the risk of harm.

People told us staff provided a service that made them feel safe, promoted their independence and had a positive impact in their lives. Staff knew how to report potential abuse and to take immediate action to protect people.

Medicines management did not always follow evidence-based practice. We have made a recommendation about the management of some medicines.

Maintenance checks on the environment were robust and the service had an onsite maintenance person to coordinate any response required.

There were enough staff to meet people's needs and keep them safe. Due to the increasing complexity of people's needs, the provider had identified the need for night staffing levels to increase.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff felt supported by the management team.

People received support to eat and drink if this was part of their care plan. Staff knew how to access relevant healthcare professionals, and this was evidenced in people's care records.

The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

People's care and support had been planned in partnership with them, and regularly reviewed to ensure they achieved their goals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A range of audits and checks were undertaken to help monitor the quality of the service. Some of these

needed to be more robust to ensure that the service consistently met CQC standards. Management were keen to make improvements to ensure they improved their service and sought advice to support this aim.

Rating at last inspection: Good (published 3 September 2016)

Why we inspected: This was a scheduled inspection based on the service previous rating.

Enforcement: We found one breach in the regulation. Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service remained effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.  
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**Requires Improvement** ●

# Moorlands Grange

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection was carried out by one adult social care inspector, an assistant 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: Moorlands Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

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

During the inspection we spoke eight people using the service and two of their visitors. We reviewed four care plans and four medication administration records. We looked at records in relation to the management

of the service.

We spoke with the registered manager, two deputy managers, three members of care staff, the maintenance, the team leader from the intermediate care service and a representative of a third sector organisation.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

### Assessing risk, safety monitoring and management

- There were a variety of risk assessments in place. However, risk assessments were not centred around the person receiving support. Some of the risk assessments in people's care files were not named or dated, and some contained incorrect information. We raised this immediately with the registered manager as a key part of reducing risks is to determine the risks to the individual person so that specific reduction measures could be put in place.

This was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The on-site maintenance person undertook detailed checks on all equipment at the service and kept a record of all their checks. We found an issue with the records in relation to hoist slings, but this was resolved immediately.
- Technology was used to help keep people safe and the registered manager told us they were supported by the local authority telecare team to ensure people's needs for telecare were met.
- Staff had been involved in a fire evacuation practice, so they knew how to respond in the event of a fire. Emergency plans were also in place to ensure people received the support they needed in an emergency and the service had recently purchased evacuation equipment to ensure they could evacuate people in their beds and from upstairs.

### Using medicines safely

- The management of medicines although overall safe, required improving as processes were not consistently in line with good practice guidelines. We discussed the concerns we had with the registered manager in relation to the ordering and administration of medicines. We recommend that the service consider current evidence-based guidance and take action to update their practice accordingly.
- Staff involved with the management of medicines completed training in medicines administration and had their competency assessed regularly

### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding adults. Staff were aware of the different types of abuse people could be subject to and knew the action they needed to take if they suspected someone was at risk of abuse.
- People told us they were safe. We received the following comments, "I feel safe here," "I have no worries here regarding staff," and "I feel safe when it is bed time because people are around."

### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The service did use agency staff where required. We were given mixed responses when asked how responsive staff were to call bells. One

person said, "When I ring my buzzer it can be ten minutes on a night." Another said, "They come to the buzzer in very little time." The service manager told us the call bell system was due to be changed imminently as they had realised there was an issue with some calls overriding others."

- Staffing levels were calculated according to people's dependencies and were kept under review. Night staffing levels had recently increased to four staff to ensure people's needs were met through the night.
- Staff were recruited safely with all required checks completed before they started in post.

#### Preventing and controlling infection

- Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately. There was a plentiful supply of personal protective equipment and hand gel.
- There was a process in place to reduce harm when people had an infection. Staff said, "Infection control bins in bedrooms and red square on the door to alert staff."
- Most items such as commodes were tagged with a date to show they had been cleaned. We did observe some moving and handling equipment stored on the corridor required cleaning. We discussed this with the registered manager to ensure staff were cleaning equipment after every use.
- The home was on the whole clean and odour free, but some areas in people's bedrooms was noted to require a more in-depth clean.
- Meetings had been held with domestic staff and the meetings showed, areas had been identified for improvements and actions had been identified to improve.

#### Learning lessons when things go wrong

- Incidents were logged, investigated and actions put in place to reduce the likelihood of re-occurrences.
- The registered manager audited incidents each day. They were in the process of implementing an improved system for recording incidents ensuring staff captured additional information to assist with investigations
- Incidents were logged, investigated and actions put in place to reduce the likelihood of re-occurrences.
- The registered manager told us they shared learning from incidents, "Through staff meetings, individual supervision, a newsletter for staff every 3 months. We will put on things like this month we are going to be observing protective clothing."

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were continually reviewed to ensure the care they received met their choices and preferences.
- Care was, on the whole, managed and delivered within lawful guidance and standards.

Ensuring consent to care and treatment in line with law and guidance

- Care plans demonstrated people's consent to care was sought and recorded at the assessment stage. Staff confirmed they sought verbal consent prior to providing care.
- Staff offered people choices and involved them in decision making; asking for consent before delivering any care or support.
- 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us people had capacity to consent to their care and needed a level of capacity to engage with their rehabilitation programme. When people's capacity was temporarily affected due to infection, the registered manager was aware of the legal requirement to assess capacity and provide care in line with the person's best interests.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. The registered manager was changing the number of supervisions staff were required to receive annually, to align with best practice guidance.
- People received effective care from staff who received the induction, training and support they required to meet people's individual needs.

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

- People were supported to eat a balanced diet that met their needs and preferences.
- The lunchtime experience was a cheerful occasion, people were offered their preferred portion size and

were offered a second helping if they wished

- People told us they enjoyed the food. One person said, "The Food is good and just warm enough to eat." Another said, "If I don't like it I can have something else."
- We saw staff had left drinks within reach for people after providing their care.
- There were two cooks working 8-4.30pm. The main meal was at lunchtime. Staff said, "If people want food after that time we have quick snacks, beans on toast and soup on the units."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other organisations to deliver effective care and support to people.
- Staff worked with the on-site multi-professional team daily to ensure care was effective.
- Communication between teams was good with a daily meeting to discuss people's progress.

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

- The service was designed to be accessible for people dependent on wheelchairs for mobility. Corridors were wide, and a passenger lift provided access between floors. Bathrooms were adapted to meet the needs of people with a variety of physical abilities.
- The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a multidisciplinary team of professionals working in the same building. Where support was required from other services such as assistive technology, appropriate referrals were made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and talked respectfully with people.
- People we spoke with told us how caring the staff were. We received comments such as, "They are so observant. I have been surprised."
- People looked comfortable and relaxed in the presence of staff. One person told us, "Sometimes I have a laugh with the staff. The regular staff know me and understand my needs. I could not say a wrong word about any of them."
- Care and support was delivered in a non-discriminatory way and the rights of people were respected. There was a section in each care plan for staff to detail people's cultural, spiritual and religious needs.
- Staff supported people discreetly. We saw a member of staff serving coffee and biscuits noticed one person had difficulty opening her biscuits so offered to help straight away.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about their care and support and this was listened to and acted upon by the registered manager and staff.
- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence. The ethos of the service was to encourage people to gain independence in activities of daily living to enable them to return home. One staff member told us they promoted people's independence by, "Getting them to do things for themselves."
- Care plans recorded the level of assistance people required and whether they needed encouragement to be independent..
- Staff maintained people's privacy and dignity.
- Thought was going into how the service was using technology to assist people's independence. Following feedback from a person who used the service, the registered manager said, "We have just purchased a remote-control socket. They can use it to turn on anything that has a plug."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was tailored to meet their individual needs and preferences. The focus was on improving people's independence, so they could return to their own homes.
- Care plans were basic with the minimal of information. The registered manager said, "We have identified we need to make improvements in the care plans. They showed us the new form which they intended to use to identify goals and outcomes for people."
- People's life history information was minimal, and we suggested a one-page profile would be helpful to give staff easy access to information about the person and what matters to them.
- Some activities took place at the service. These included both individual and group activities. Befriending volunteers visited people who had no family and people had access to a hairdresser. Examples of groups visiting the service included, a Christmas pantomime from the Brownies and Scouts and a local school visited to sing for people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the home and provided to people as they came to the service. People and their relatives were aware of the procedure.
- The registered manager kept a complaints log and recorded any concerns people had about their care. This evidenced the action they had taken to address any concerns they received.
- Complaints had been investigated and details of the process were kept on file to show what actions had been taken to improve practice.
- The registered manager kept a log of all the compliments they had about the service and these showed how happy people were with the service they and their loved ones had received.

End of life care and support

- The service did not generally support people at the end of their life although there were occasions when they provided this type of support. Nursing staff supported people who had reached this stage and anticipatory medicines were in place to ensure people had a comfortable pain free death and these were administered by trained nursing staff only.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may not have been met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place. They had a good understanding of the service and how it operated. They were supported by several deputy managers to help monitor the service. The registered manager was responsible for meeting the regulatory requirement at the service, which had its challenges as not all staff were under their management control
- A range of audits were carried out by the registered manager, the deputies, team leader and maintenance staff. These were designed to check the service was working to ensure they were meeting the required standards. Many of the audits were effective in ensuring the service was meeting expected standards of care. However, some needed adapting to ensure they picked up the issues we found at inspection. For example, certain aspects of medicines management, and individualising risk assessments.
- The registered manager undertook a quality and compliance audit each month which considered the service against the CQC key lines of enquiry. They provided the service manager with an overview of all the audits undertaken by varying staff at the service.
- The management was committed to finding ways to improve the service for people and understood their legal requirements. Any suggestions we made were acted upon immediately which showed they were open to change and were happy to seek advice when necessary.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager fully investigated concerns raised at the service and was aware of their duty of candour responsibility. They sent notifications of incidents to CQC as required by regulation.
- The registered manager attended training and good practice events to ensure they kept up to date with advances in adult social care services. They promoted a person-centred culture.
- Staff told us they were clear about their roles. One said, "Yes, I like working here, the team is really good, everyone knows their jobs and what they need to do."
- Staff were clear about reporting issues in relation to poor practice. One said, "We know what to do and [to act in] their best interest and will challenge bad practice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for feedback about the service as part of their review. This showed the person was asked about the food, the support they were receiving and asked to comment on any issues. In one example, a person was happy with the support but did make one negative comment. There were no actions

detailing whether staff had resolved this. The registered manager had noted the lack of a recorded outcome in their audit with an action to investigate the concern.

- Staff meetings regularly took place for the different staff groups giving staff the opportunity to raise any ideas or concerns about the service. We could see meetings were informative and were a means to encourage staff to continuously look to improving their performance and care.
- The registered manager had recently commenced a session they called "speed dating" with members of staff. This was an opportunity for individual staff to spend 10 minutes with the manager to discuss anything they wished.
- Staff said of management, "Very approachable willing to listen to ideas. There is trust to do things independently"

#### Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received a seamless service and could go home with the support required.
- The service was a partnership between the health and social care services. This worked well but had challenges due to the different management structures. The registered manager did not have total control of all the activities which took place at the service, which meant if a person was not happy with an aspect of care, it was often quite difficult to identify. This was recognised, and the managers were working towards more integrated working.
- The team leader from the intermediate care team told us how the partnership had worked to improve the referral and admission process, aligning process, and improve safety at the service.
- We spoke with a visiting third sector organisation whose role was to meet with people at the service and introduce them to organisations in the community to improve their health and wellbeing and reduce the need from statutory services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service was not following best practice in assessing the risk to the health and safety of service users of receiving the care and treatment. Risk assessments were in place, but the risk identified and how these risks were managed, did not consider the specific needs of the person. Risk assessments had been pre-typed, were not updated to include the specific risk to the person being assessed, so were not as effective as they could have been.