

Caring Homes Healthcare Group Limited

Moorlands Nursing Home

Inspection report

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Date of inspection visit:
11 February 2021

Date of publication:
29 March 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Moorlands Nursing Home is a care home providing personal and nursing care for up to 41 people in one adapted building. At the time of our inspection there were 30 people living in the home with a variety of care needs and some people were also living with dementia.

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

Risks to people were managed safely, there was a variety of health and safety risk assessments in place that had recently been reviewed and updated. The environment was safe and this had been assessed to reduce the risks to people. People had care plans in place that detailed the support they required and their risks had been assessed.

The environment was clean and tidy. There was a housekeeping team who were observed regularly cleaning the environment throughout the day. People were protected from infections and staff were observed carrying out effective infection control procedures.

The manager had good oversight of the clinical care provided. We found the monitoring of clinical care could include more detail to enable reflective practice and quality improvement. The manager told us about a tool they planned to implement to improve this. Accident and incidents were reviewed, and actions were taken to prevent incidences from re-occurring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 15 January 2020).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about risk management. The inspection was prompted in part by notification of a specific incident whereby a person sustained a serious injury. The information CQC received about the incident indicated concerns about the management of risks to people. This inspection examined those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The Service was Well-Led.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Moorlands Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a specific concern we had about the management of risks to people.

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 two inspectors.

Service and service type

Moorlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We observed interactions between staff and people. We also spoke to five staff members, including the manager, the assistant manager, a nurse, a care worker, an activities co-ordinator and a housekeeper. We reviewed a range of records. This included the current health and safety risk assessments, four people's care records, clinical governance records and accidents and incident forms.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We spoke to four relatives by telephone to gain their experience of the care provided at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about risk management. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people.
- We reviewed the care records of two people who had pressure damage to their skin. The risks to these people were appropriately identified and management plans were in place to aid healing and reduce the risk of harm. Photographs were taken of the wounds twice a week and the nurse monitored any changes or improvements which were recorded.
- People's care plans were detailed and contained information about specific risks to people and their individual care needs. Staff knew people well and we saw staff anticipating people's needs and risks throughout the day.
- One person had lived at the service for two weeks and we found their care records had not been completed. This person was at a high risk of falls. Although the records had not yet been finished, a pre-assessment had been carried out which detailed the persons needs. We saw staff knew the person well and anticipated their needs by responding to them quickly when they would stand up to walk. We addressed this with the manager who said they would ensure the care plans and risk assessments were completed.
- The building was free of visible risks to people and risk assessments were in place for specific areas. A person had chosen to have a small portable heater in their bedroom. The risk assessment stated that the heater must not exceed 43 degrees which is in line with relevant guidance and must be placed at a safe distance from the person's bed. We observed this risk assessment being followed.
- There was a health and safety risk assessment in place which was comprehensive and assessed a variety of risks within the building. Staff told us that they had received training in health and safety. A member of staff said, "I have attended regular refresher training courses on health and safety and safeguarding". A new member of staff told us, "...the induction prepared me well for my role".
- Regular health and safety checks were completed. These included checks on equipment, hot water outlets and regular flushing of water outlets that were used infrequently. These checks were carried out and documented by maintenance staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed by management with actions taken and lesson learnt recorded.
- A person had sustained an injury on their bed rails. This was an ongoing risk to the person, so they moved to a room where they could be easily observed due to the location of the bedroom. As such, they no longer required the bed rails. The decision to move was discussed with the person and their representative.
- Another person had slipped from their chair. Staff identified that the chair was leather and this is what had caused the person to slide down to the floor. The chair was replaced with a more suitable one, which reduced any future similar risks.
- The manager told us that as a result of some recent incidents they had implemented a responsibility allocation chart for the nurses to follow. This allowed one nurse to focus on medication and documentation, whilst allowing the other nurse to focus on the quality of care provided.

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 the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management of risks to people. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was a manager at the service at the time of our inspection who was in the process of applying to be registered with the Care Quality Commission.

- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We found this had been happening when necessary.

- Clinical monitoring was reviewed monthly which gave an overview of what was happening at the service.

The manager told us about a resident at risk form they were about to introduce. This would allow for a more detailed overview of people's needs and risks to be monitored and recorded on an individual basis.

- Some care records contained a large amount of information which at times made it difficult to quickly locate information. The manager told us that they were going to be implementing electronic care records, this would help ensure people's important care records were more accessible to staff and other professionals.

- Regular staff meetings were held to discuss ways in which care could be improved. The nurses had individual meetings where they discussed the clinical care within the home and looked at areas for improvement. In a recent meeting, the nurses and manager had discussed how to support the carers in carrying out their roles. It had been agreed that one nurse would take responsibility for this during the day.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw interactions between staff and people that were kind and caring. Staff spent time with people and there was a positive atmosphere within the home.

- One relative told us, "The impression I get is that the home is caring, and that Mum is cared for. At no point have I never had any concerns in that respect. I can see she is smiling with the people who are helping her; she interacts with them positively."

- People and their relatives were involved in their care, one person who recently moved into the home had a video assessment that involved the person and people who were important to them. A relative told us that this had been a positive experience and had made the person feel supported.

- During the pandemic people had been supported to stay connected with their friends and family. One

relative told us, "They have been very good about that. We do Skype calls twice a week. Someone has to be there throughout the call to hold the tablet for her."