Moorland House Limited

Moorland House

Inspection report

20 Barton Court Avenue
Barton-on-Sea
New Milton
Hampshire
BH25 7HF

Tel: 01425614006

Date of inspection visit:
25 September 2018
27 September 2018

Date of publication:
20 November 2018

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Moorland House provides accommodation and personal care for up to 20 older people, some of whom are living with dementia. The home is set in its own grounds close to the beach, cafe and local shops. The accommodation comprises two lounges and a dining room which overlooks the garden. Planning permission for a new extension had been granted.

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

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Fire and legionella risks assessments needed to be more robust. Infection prevention and control procedures continue to require some improvement.

Improvements had been made to ensure staff received training, supervision and appraisal to provide them with the required skills, knowledge and competencies for their roles.

There was a positive, supportive and open culture within the home. Staff felt supported and listened to by the registered manager and providers who were visible and approachable.

People were protected from abuse. Staff had received training in how to keep people safe from abuse and understood how to identify and report abuse if they suspected abuse was taking place.

Safe recruitment procedures ensured only suitable staff were employed. There were sufficient staff deployed on all shifts to meet people's needs and keep them safe.

The management of people's medicines was robust. Staff received training in administering medicines and people received their medicines as prescribed.

Risks associated with people's health, safety and welfare had been identified and assessed. Emergency evacuation procedures were in place and known to staff.

People's rights were protected because staff understood the principles of the Mental Capacity Act (MCA) 2005). Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People were supported by staff to maintain their health and wellbeing and had access to healthcare services when required. People were offered a choice of home cooked food and drink that met their preferences and dietary needs.

Staff were kind and caring and treated people with dignity and respect and encouraged them to make choices and retain their independence. People were encouraged to maintain relationships with people who were important to them. Family and friends could visit at any time.

People and their relatives were involved in planning their care. Care plans were detailed and described how people wanted to receive their care. People took part in a wide range of activities and events at the home.

The provider was working towards meeting the Accessible Information Standards. Staff used a variety of communication methods to communicate with people which helped them to make decisions about their care.

People and relatives were offered opportunities to feedback their views about their care and this was used to improve the service.

Complaints procedures were available and displayed at the home. People knew who to speak to if they wanted to complain.

The registered manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the commission.

We last inspected the service in August 2017 when we rated the service 'requires improvement' although we did not identify any breaches of regulation. The home has continued to make improvements and these now need to be embedded to ensure consistency of the delivery of the service.

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 remained requires improvement.

Infection prevention and control procedures continue to require some improvement. Fire and legionella risks assessments needed to be more robust.

Recruitment processes ensured only suitable staff were employed. There were sufficient staff deployed to meet people's needs and keep them safe.

Safeguarding procedures were in place and understood by staff. The management of medicines was safe.

Is the service effective?

Good

The service had improved to good.

Improvements had been made to ensure staff received regular supervision and an annual appraisal and felt supported in their roles.

People received support to enjoy a healthy and balanced diet that met their dietary needs and preferences.

People were supported to maintain their health and wellbeing and had access to a range of healthcare services when required.

Staff understood and worked within the principles of the MCA. DoLS authorisations had been applied for appropriately by the registered manager.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service had improved and was now well-led.

Record keeping was not always accurate with some conflicting information in people's care plans. Audits had not always identified some of the issues we found during the inspection.

There was an open and supportive culture in the home. The registered manager and providers were approachable and staff felt listened to. There were opportunities for staff, people and relatives to contribute their views about the home.

Staff understood their roles and responsibilities and the vision for the home. Staff worked well as a team and communication was effective.

The registered manager understood their responsibilities under the Health and Social Care Act 2008.

Moorland House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also inspected to check the home had continued to make improvements following our inspection in August 2017 when it was rated requires improvement.

The inspection was carried out on 25 September 2018 by a lead inspector, a second inspector and an expert by experience. An expert by experience is someone who has experience of using, or caring for someone who has used this type of care service. The inspection was unannounced. The lead inspector returned on 27 September to complete the inspection.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. 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. We used all of this information to help us decide what areas to focus on during our inspection.

We spoke with seven people who lived at the home, a relative and a friend who were visiting, three care staff members, the chef and the registered manager. We also spoke with a visiting care professional. Both providers attended to support with the inspection and we spoke with them both. We observed people being supported on both days of the inspection to help us understand their experiences of daily life in the home. Following the inspection, we received feedback from one further care professional.

We looked at four people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the management of the home, including incidents and accidents, complaints and compliments, medicines management, staff recruitment and training records and systems for assessing and improving the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "Oh yes. The front door is locked at night. There are staff here all night. It's well sorted." A relative told us, "I like that staff don't change. [My family member] is safe."

We found that most areas of the home were clean and tidy. Staff wore appropriate personal protective clothing, such as aprons and gloves, when required. However, we did identify that some areas of the home looked a little 'tired' and some aspects of infection prevention and control required improvement. For example, although the carpets had been cleaned in July 2018, some remained badly stained and there was a mal odour around the home. The shower curtain and shower seat in one bathroom required cleaning and two en-suite toilets required cleaning. There were non-wipeable chipboard surfaces in one toilet which meant it could not be hygienically cleaned. Most of the issues were addressed by the registered manager immediately at the time of the inspection, including painting the chipboard surfaces with washable paint. They told us their permanent housekeeper had temporarily left but was due to return soon. They had used agency cleaning staff to cover and were in the process of recruiting a second member of housekeeping staff who we saw was on a work shadowing day on the first day of our inspection. The provider explained the other issues would be addressed as part of a significant building programme which they had just received planning permission for. This included replacing all carpets once the building work had been completed. The provider told us they would review what else they could do in the meantime to reduce the odours.

Environmental risks had been identified and actions were in place to reduce any risks. Regular health and safety checks were completed throughout the home and appropriate maintenance and servicing of equipment took place. A legionella risk assessment had been completed by the registered manager in February 2017 and reviewed in January 2018. On-going monitoring of the water system was carried out, although we noted that some checks required a more robust approach. During a discussion with the provider they told us additional work would be undertaken as part of the building work, to include the installation of new water tanks. They said they would engage a specialist to complete a new legionella risk assessment and assured us that any actions identified would be completed. We will ask the provider to inform us when this had been completed.

Fire safety systems were in place and checked regularly. Staff received fire training and whilst fire drills were carried out periodically, we noted that the frequency was not in line with the provider's policy. Records were not kept of who had attended so the provider could not assure themselves that all staff had taken part. Following a discussion with the provider they said they would engage a specialist to complete a more robust fire risk assessment. We will ask the provider to inform us when this had been completed.

An emergency plan was in place which provided guidance to staff in what to do in the event of an evacuation. This included individual evacuation plans for people and alternative accommodation arrangements.

Risk assessments associated with people's care needs, for example where people were at risk of falls,

malnutrition or skin breakdown, had been completed in line with national best practice guidance. Risks had been identified and guidance was in place for staff to help them mitigate these risks. Risk assessments were kept under regular review and staff were informed of any changes. Staff knew people well and understood how to reduce any risks to people's health and safety. A care professional told us, "They [staff] manage risks appropriately, managing this themselves for the most part, but seeking support and advice as needed." Where people had had a fall, there were post-falls observation guidelines for staff to follow to ensure people were monitored for any adverse effects.

The management of medicines was safe. The ordering of medicines was well managed which ensured people always had sufficient stocks of medicines available to them. Temperature checks were carried out daily to ensure medicines were stored in accordance to manufacturer's instructions. Medicine administration records (MARs) showed an accurate and up to date record of when people had received their medicines and these were signed by staff when the medicines were given. Where changes had been made on MARs, such as when new medicines being prescribed, these had been checked and signed by two staff members in accordance with best practice guidance. Staff were provided with guidance as to when PRN (as and when required) medicines, such as pain relief, should be administered. Medicines audits were completed to check that medicines management was effective and safe. During a spot check of medicines we noted that all medicines were accounted for.

We observed the administration of one medicines round and saw that it was carried out competently. Staff checked the details on each MAR against the label on the medicine. People were asked if they wanted to take their medicine and staff waited to make sure they had taken it completely before recording this on the MAR.

There were sufficient staff deployed within the home. Three members of care staff were on each morning and afternoon shift. Staff told us this was usually sufficient as the registered manager was also available to help out if required at busy times. One staff member told us, "There are three staff on each shift. It works." Another staff member said, "There are three during the day and two waking nights. It's sufficient. It's working alright so far. We're quite a good team. We share responsibility." We noted that at lunchtime one staff member administered medicines leaving only two staff to serve meals and assist people to eat. These staff were supporting several people at the same time and moving from one to another which was not person centred or conducive to a relaxed mealtime experience for people. Following a discussion with the registered manager, they told us they would review the timing of the lunchtime medicines round in consultation with medical professionals. If agreed, people's medicines could be given before or after lunch and this would free up the third staff member to assist with lunch service. The home employed a full time cook and a housekeeper, and this was about to be increased with the addition of a second member of housekeeping staff. The home had restructured its night staffing rota which now had two waking night staff. This also allowed extra time at night for staff to carry our other ad hoc duties which reduced the workload on daytime staff.

Recruitment processes were in place which ensured only suitable staff were employed. All staff were required to complete an application form with their employment history, attend an interview and provide satisfactory employment references. Evidence of these was in place. All staff had a Disclosure and Barring Service (DBS) check before their appointment was approved. DBS checks allow employers to make safer recruitment decisions.

People were protected from abuse and improper treatment. Staff had received training in how to keep people safe from abuse. They knew how to identify suspected abuse and understood their responsibilities to report any concerns. The provider had referred any concerns to the local authority safeguarding team and

had submitted notifications to the commission as required.

Good

Is the service effective?

Our findings

People told us they enjoyed the food at Moorland House. One person said, "The food is good. We have a very good chef." Another person said, "I am vegetarian but there is always something for me." A third person responded, "Yes, there is always something for her. Sometimes it looks better than mine!" A friend who was visiting told us, "[My friend] is well fed. She loves her food. Steak pie, steak and kidney pud, dumplings. She loves her desserts. The chef is great."

People were supported to eat a balanced and healthy diet which met their dietary needs and personal food preferences. We observed the lunch meal on both days of our inspection. The food was served from a hot trolley which was brought to the dining room where people were already seated. People gave their meal choices in the morning so staff knew which meal to serve each person. Fresh vegetables were served with the main choices of, for example, shepherd's pie, beef burgers or omelette. Staff offered practical assistance and encouragement to people to help them to eat and appropriate equipment such as plate guards were provided which enabled people to retain more independence when eating. A choice of drinks was offered at mealtimes and hot drinks were provided throughout the day as well as cake and biscuits.

Staff knew about people's dietary needs. For example, one person had diabetes and staff were able to explain how this was managed and how they checked their glucose levels. Where people required food or drinks to be prepared in a specific way, such as pureed food or thickened fluids, we saw this was prepared appropriately. The chef had a good understanding of people's dietary needs. They told us, "I love it here. I will do alternatives for anyone if they don't like the main choice. [A person] doesn't like eggs or cheese but likes fish and vegetables so I can always find something she likes." They told us that staff informed them if anyone's needs changed.

People were supported to maintain their health and wellbeing. They had access to a range of preventative health care services, such as dentists, opticians and chiropodists. Where staff had concerns about people's health, prompt referrals were made to health care professionals such as a GP or district nurses. People were also referred to specialist services such as the mental health team and speech and language therapists when required. People's care records recorded health appointments and visits from health care professionals and any recommendations or treatment plans were followed up appropriately. Where people had on-going health care needs, such as wound dressings or continence care, this was planned, monitored and reviewed appropriately with health care professionals.

Improvements had been made which ensured that staff received regular supervision and an annual appraisal to support them in their roles. Supervision and appraisals provide opportunities for staff to discuss concerns and have their performance and objectives reviewed. Staff told us they felt very well supported by the registered manager who provided support, advice and guidance when needed. One staff member commented, "I have it [supervision] quite often. It's very useful. I had an appraisal at the beginning of the year. If I have any doubts about anything I can be advised, it's all learning."

Staff received training in key topics such as; falls prevention; end of life; first aid; safeguarding; dementia

awareness and moving and handling. Specialist training about Huntingdon's disease had recently been provided for staff. New staff received an in-house induction and were also required to complete the Care Certificate. This is a national set of standards which staff are required to meet when working in social care. The induction included shadowing experienced staff, attending training and completing a probation period.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood and worked within the principles of the MCA. Appropriate assessments had been completed and best interest decisions, involving relevant people, had been made when required. A health care professional confirmed to us, "They have clear capacity assessments on peoples' files." We observed throughout our inspection that staff asked people for their consent before providing any care or support. People had access to advocacy services if they required independent support to help them make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). The registered manager had submitted appropriate applications to the local authority for authorisation where required. They maintained a register of DoLS authorisations and when these were due to expire so they could ensure they re-applied for these in plenty of time. There was evidence that any conditions relevant to the authorisations were being met.

The registered manager and provider told us they had just received planning permission for a large extension which would include a full refurbishment of the downstairs to include new carpets and furniture which was more dementia friendly. Handrails were in place around communal areas to aid people when walking. Picture signage was displayed around the home to help people with their orientation.

Good

Is the service caring?

Our findings

People told us they were happy at Moorland House. One person said, "They [staff] are nice. You can always ask them anything, they're not snappy." Another person said, "You can tell how affable they are." A third person said, "I'm happy here. It's very nice." A relative told us, "It's a lovely home. As soon as I came in I got a good feeling, a lovely feel. People seem happy. The carers are very attentive and kind and they're always pleasant to me. They seem really happy. We always have a laugh." A health care professional told us, "I would say something they do particularly well is being respectful of residents and they make the environment feel very homely."

The atmosphere in the home was calm and friendly. Staff treated people with dignity and respect and understood that Moorland House was people's home. Staff had positive relationships with people who in turn seemed relaxed and comfortable with the staff. A staff member told us, "It's their home. They should feel relaxed and at home." Another staff member told us, "It's a lovely home. We have lovely residents. It's lovely to get a reaction, a smile, a giggle, it's so rewarding." We observed there was a lot laughter, smiles and banter. One person asked a staff member why they needed to be weighed. The staff member replied, "To make sure you haven't lost too much weight or had too many puddings!" They both started laughing.

We noted that staff were considerate towards people and acknowledged their feelings. For example, a staff member accidentially knocked the back of one person's chair when walking behind them. They responded, "Sorry [name]. That was me. I caught the back of your chair." When transferring a person from their wheelchair to a dining chair using a hoist, staff took care to make sure they informed the person of what was happening. We observed one member of staff explaining, "Mind your head sweetheart. Keep your arms in. That's it. Well done. I'll turn you around now."

Relatives and visitors could visit at any time and were made to feel welcome. We observed staff welcoming visitors who they were clearly familiar with and knew well. There was relaxed conversation and thoughtful discussion between staff and relatives. A friend who was visiting told us, "They [staff] told me 'If you want to come and have lunch you only have to tell us."

Staff knew people well and what was important to them. They encouraged people to maintain their independence and make day to day decisions. For example, one person was able to go in and out of the garden for an independent walk which they clearly enjoyed. Chairs in the dining room had arms which enabled people to push themselves up more easily, retaining more independence when mobilising. A staff member explained about the support they offered one person with personal care and said, "I help them to stay independent as much as they can. I offer choices, encourage, and assist if they need it."

Although busy, staff made time for people and listened to them. Staff responded with kindness and compassion when people, or visitors, became anxious or tired. One person had been sitting in the dining room with their head on the table. A staff member approached quietly and said kindly, "[Name] are you alright?" They leant in towards the person and started to gently rub their back. A visitor told us they had known their friend they were visiting for a very long time. They told us, "Staff always talk to me. They

reassure me if I get upset."

Staff understood the importance of maintaining confidentiality. Appropriate action was taken to ensure paper and computer records were only accessed by those who had authority to do so.

Good

Is the service responsive?

Our findings

People told us they felt involved with their care. One relative told us, "They keep me informed. Overall it's the best." A close friend who was visiting told us, "Staff have asked me about [my friend]. They said they like to know what they did and what their home life was like. They ring to ask me to bring anything in. They'll tell me if she's fine. I talk to them [staff] a lot. No way would I want her to leave here." A care professional told us, "She [the registered manager] has taken people who need emergency care/ respite; been responsive, welcoming and caring of clients…..I find the care plans to be up to date, staff are respectful and know the residents well."

People's support was planned with them and with people who knew them well, such as relatives, friends and staff. People's care plans were detailed and included information about their life histories and the people and things which were important to them. A staff member told us, "Care plans and reviews are about person centred care. They are built around the person. We get basic info. [The registered manager] does most of the care planning and we build on it. Ask about history, if they married, had children, likes, dislikes, hobbies work…." Care plans also included information about how to promote people's independence and choice. There was detailed guidance for staff about how people would like to receive their support, such as with their nutrition, mobility, personal care and skin integrity. We observed staff understood people very well and supported them in line with their wishes. We observed one person started to walk with their frame. A staff member said, "You need both hands on your frame [Name]. Where are we going? To your room? Okay! Let's go."

People were encouraged by staff to take part in activities. One person told us, "I like to join in when there is singing." Another person said, "I love writing poetry. I'm writing my life story." They told us they liked to read and said, "I just ask and they get books in for me." A programme of activities was provided by external entertainers and in-house activities were facilitated by staff. A singer visited on the first day of our inspection and sang old songs which most people remembered. The singer provided shakers and tambourines and we saw most people joined in, tapping their feet and singing. Staff joined in with people and encouraged them to sing and dance. People clearly enjoyed themselves! A photo book contained pictures of recent events such as flower arranging, a visit from a reptile centre with snakes and iguanas, a family day with a bouncy castle and pet rabbits and guinea pigs. A paddling pool full of water had been set up in the garden for people to cool their feet in during the hot weather.

People received sensitive and dignified end of life care. The registered manager told us they had a good relationship with GPs and district nurses who supported them to deliver safe and compassionate end of life care. They said, "We are confident for people to stay at home. We don't want to move them unnecessarily." Staff had received training in end of life care in May 2018 and we observed one staff member supporting a person who was receiving palliative care in bed. They talked to the person gently and explained what they were doing then raised the bed up as they had started to cough. The staff member told us, "[The person] has been seen by a specialist and is on their end of life pathway. There is nothing more anyone can do. We keep [the person] comfortable and treat her with dignity and respect."

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. A variety of communication methods were used by staff to help people communicate in a way they could understand. For example, one person had a whiteboard which staff could write on as the person was hard of hearing and chose not to use their hearing aids. Staff ensured that where people required reading glasses or hearing aids, these were kept clean and accessible for them to use.

The home had a formal complaints procedure which was on display in the reception area. This included information about who they could complain to and how to escalate a complaint if they were not satisfied with the outcome, including external agencies. People told us they would speak with the registered manager or staff if they had any complaints. The home had received one formal complaint in the past twelve months. This had been investigated and the complainant had been responded to by the registered manager in writing outlining the actions taken. We saw the complainant was satisfied with the response.

Good

Is the service well-led?

Our findings

The registered manager was visible within the home and people and relatives knew the registered manager very well. A friend who was visiting told us, "They [my friend] couldn't be in better hands with [the registered manager]. I have every confidence in this place." A care professional told us, "The service is well led by [the registered manager]. She shows support to her staff and respect to residents [people]."

Staff understood their roles and responsibilities and the vision for the service. The staff team worked well together and shared out responsibilities throughout each shift. A staff member told us, "[The registered manager] is always observing. She wants things to run smoothly and for residents [people] to be happy and cared for and all to be treated with dignity and respect. It's a happy and well-run home." Another staff member said, "The organisation and communication is really good. We have handover in the morning and at 2pm if we have a half [day] shift. The handover book is always there. You can go back and look." The communication book and daily diary helped staff to organise any events or appointments and for important information to be shared. Team meetings took place every month for staff to share ideas and keep updated, for example, about people's needs, training and developments within the home. A staff member told us, "We have a meeting once a month. We can raise any issues."

There was an open and supportive culture within the home which staff appreciated. Staff told us the registered manager and providers were approachable and listened to what staff had to say. One staff member said, "I've worked in other care homes and never saw the owners [providers]. They [the providers] are approachable. She [name of provider] comes down and makes tea, always asks 'does anyone want a cup of tea?' Even the handyman. No one thinks they are better than anyone else." Another staff member told us, "[The registered manager's] door is always open." A third staff member said, "We are supported by [the registered manager]. If I had a problem or an issue, her office door is always open. No problem, come in. She deals with it appropriately, efficiently and promptly. She has turned it around and made it better. It's improved majorly since she's taken over as [registered] manager. Nothing is kept from us now. We're always included. It's more open and relaxed."

Quality assurance systems were in place to monitor the quality of service and help drive improvements. Residents' and relatives' meetings took place which provided opportunities for discussion and feedback about people's care and how the home was run. Minutes from the most recent meeting in May 2018 showed the provider had discussed the results of a relative's survey which was mostly positive. They had also informed people and relatives about the proposed building work and updates on new legislation relating to personal information. Surveys were also sent out to external professionals to obtain their views about the service. Results were very positive and comments included, "I have noticed significant improvement since [the registered manager] has taken on the manager position" and "always gets back to me quickly."

Both providers spent time at the home each week and the registered manager provided regular operational reports for the providers which ensured they maintained oversight of the service. Management meetings also took place regularly between the providers and the registered manager which ensured issues could be raised, discussed and any actions monitored for progress.

A range of audits were in place to monitor the effectiveness of the service. These needed to further embed to ensure all shortfalls were identified and consistency was achieved. Improvements had continued to be made to develop the quality of recording in people's individual care and support records. Records were more detailed, organised and easily accessible. Some minor issues we identified with records were addressed by the registered manager at the time of the inspection.

The registered manager had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and submitted relevant notifications of events to the commission when required. Incidents and accidents were recorded by staff after each event. These were reviewed by the registered manager to identify any trends and share any learning with staff. This ensured action could be taken to reduce the likelihood of reoccurrence.