

Veatreedy Development Ltd

Moorland Nursing Home

Inspection report

Moorland Road
Poulton Le Fylde
Lancashire
FY6 7EU

Tel: 01253883457

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection took place on the 12, 16 and 18 January 2017. The first day of the inspection was unannounced and we spoke with relatives by telephone on 16 January to gather their views. We returned to Moorland Nursing Home on 18 January 2017 to gather additional evidence.

Moorland Nursing Home is situated in a residential area in Poulton-le-Fylde. The service provides accommodation for up to 22 people. It is a care home that provides nursing and personal care. All areas of the home are accessible and there are aids to assist people with their mobility. Some rooms have en-suite facilities. At the time of the inspection there were 14 people living at the home.

There was no registered manager at the time of the inspection. We were made aware by the provider an application had been sent for a member of the management team to be interviewed and approved as registered manager for Moorland Nursing Home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

At the last inspection on 10 March 2016, we found the provider was meeting the requirements of the regulations that were inspected. However, it was identified risk assessment of medicines, the application of topical creams and medicine audits required improvement. We also recommended, how the provider responded to complaints, required improvement. Since our last inspection, these areas have improved.

During this inspection, we noted the provider had systems that ensured people who lived at the home were safe. Records we looked at indicated staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at the nursing home.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. We investigated and noted medicines were kept safely and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their relatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Comments we received demonstrated people and their relatives were satisfied with the care delivered. The provider and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

A complaints procedure was available and people and their relatives we spoke with said they knew how to complain. One relative spoken with told us they had previously complained and were happy with the outcome. Staff spoken with felt the manager was accessible, supportive and approachable.

The manager had sought feedback from people who lived at Moorland Nursing Home and staff. They had formally consulted with people they supported and their relatives for input on how the service could continually improve.

The provider had regularly completed a comprehensive range of audits to maintain people's quality of life and keep them safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff that were aware of the assessments to reduce potential harm to people.

There was enough staff available to meet people's needs and wishes. Recruitment procedures the provider had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Good 

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good 

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive, caring relationships and spoke about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions

about their care and the support they received.

If people required end of life care, there were systems to support people sensitively and compassionately.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

The manager had clear lines of responsibility and accountability.

The manager had a visible presence throughout the service.
People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

Moorland Nursing Home

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 was planned to check 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.

The inspection team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included four people who lived at the home and six relatives by telephone. We spoke with the owner, the manager, two nurses and four staff.

We had a look round the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked five care documents and six medicines records in relation to people who lived at Moorland Nursing Home. We looked at three staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, training records, team meeting minutes and findings from weekly and monthly audits.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. During the inspection, we observed people were comfortable around staff and were happy when staff approached them. People we spoke with told us they felt safe living at Moorland Nursing Home. One person told us, "I do feel safe here. When I press the buzzer, the staff come. They are quite good at that." A second person commented, "I am safe and I feel safe." A relative said, "I am satisfied [my relative] is safe and well looked after."

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Recording (MAR) forms for six people. We also observed the administration of medicines by trained staff. We did this to see if documentation was correctly completed and best practice procedures were followed.

We observed consent was gained from each person before having their medicine administered. The MAR was then signed. Medicine audit forms were seen and checked as correct. During our observation, one person questioned why they had to take a specific prescribed tablet. We observed the trained member of staff explain its importance and why it had been prescribed by the GP. They then sought consent to administer the tablet and passed it to the person to take with the drink provided. This showed staff had knowledge of the risks to individuals and the provider had a system that ensured people received their medicines safely.

We looked at medicines prescribed 'when required' (PRN). PRN medicines may be given when they are needed. We found clear written protocols for staff to follow. This helped ensure medicines were given appropriately when they were needed.

Some prescription medicines are controlled under the misuse of drugs legislation. These medicines are called controlled medicines or controlled drugs, for example, morphine. Controlled drugs at Moorland Nursing Home were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All staff we spoke with told us they did not start work with Moorland Nursing Home until they had received their DBS check. The manager told us no-one had started work at the home until their DBS check had been received and records we looked at confirmed this.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was

confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns.

During the inspection, we had a walk around the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchen and communal areas of the home. We found these areas were clean and tidy. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary and hairnets when in the kitchen.

As we completed our walk around, the water temperature was checked from taps in bedrooms, bathrooms and toilets; most were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed. The tap in one person's ensuite toilet did not produce any hot water. The person whose room it was and the provider both stated the maintenance person was aware of this and a plumber had been informed.

We checked the same rooms for window restrictors and found not all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. The manager told us there was no-one currently at the home who walked independently. Should that situation change they would review the risk. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We found call bells were positioned in bedrooms close to hand, allowing people to summon help when they needed to. Throughout our inspection, we tested and observed the system and found staff responded to the call bells in a timely manner.

People living in the home, their relatives and staff told us there were sufficient numbers of staff available at all times to meet people's needs. We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One staff member told us, "The nurse plans the day and tells staff where they are working at handover." Staff told us the nurse gave staff different tasks on different days so they knew everyone at the home. This showed the deployment of staff throughout the day was organised.

We checked how accidents and incidents had been recorded and responded to within the home. We found no accidents had occurred. However, there was an accident book and a falls register analysis framework to look at any patterns and trends that occurred. This meant the provider had a system to monitor accidents and ensure the recurrence of risk to people was minimised.

We looked at care records for five people who lived at the home. We did this to check how risks to people were identified and managed. We found individualised risk assessments were carried out related to people's needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw bathing risk assessments which highlighted 'care needs in this area'. During our observations, we noted people were supported as described within their care plan. Staff we spoke with and the manager confirmed, assessments of people's needs and individual risk assessments were reviewed and updated regularly, in line with changes in people's needs. This was also evident when we looked at documented assessments. Regarding this, a staff member told us, "As things change it is put in the care plan."

Is the service effective?

Our findings

We asked people whether they felt staff had the skills and knowledge to provide effective care and support. People told us they were happy with the service they received at Moorland Nursing Home. They felt staff were skilled to meet their needs. One person when asked told us, "The staff are brilliant." A second person said, "Staff know what they are doing." One relative told us they felt staff were effective stating, "The staff are on the ball."

We spoke with staff members and looked at their training records. Those we spoke with said they received induction training on their appointment. One staff member told us, "We got a good induction and shadowed staff." A second staff member commented, "We did some shadowing so we knew what to do." They told us the training they received was provided at a good level and relevant to their role. Regarding ongoing training, a staff member commented, "We have done mental capacity training so we know what's going on, it's about giving people choice." This showed the provider had a framework that ensured staff had the knowledge and skills to carry out their roles and responsibilities.

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 when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. Throughout our inspection, we observed staff offered people choices. At the time of the inspection visit, all 14 people who lived at Moorland Nursing Home were being supported in accordance with deprivation of liberty safeguards.

Staff we spoke with told us they had regular supervision meetings and felt supported by the management team. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision, a staff

member told us, "I get asked if I need any help in any way." They further commented, "I have worked here six months and I have had three supervisions."

As part of our inspection, we looked at what foods and drinks were available. Prior to our inspection, we had received information of concern about the standard and choice of meals available. We observed people eating their breakfast, lunch and evening meals. In the morning, we observed the cook visited people and confirmed what was on the menu for the day and what they would like. We observed staff offered support to people with their meals when required. Meal times were relaxed and staff were able to offer one to one support. One person told us, "The food is quite good actually, we get choices. She is a good cook." A second person told us, "The food is good, it has improved. I don't like gravy; they [the cook] are very obliging." About the meals, a third person said, "The food is absolutely brilliant. I never leave anything and I'm quite fussy."

We visited the main kitchen during the inspection and saw it was clean, tidy and well stocked with food. We were told all meals were home cooked and freshly prepared. We confirmed this by comments we received from people who lived at the home. The chef was aware of food preferences and which people were on special diets or required pureed or soft foods.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising its rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good food safety standards.

We looked at how people were supported to ensure their health was monitored and maintained. Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs and district nurses. During our inspection, we observed visits from two different health care agencies to support people with their ongoing health issues. One person told us they had recently had a visit from an optician and had their eyes checked. A member of the management team told us they worked closely with community based nurse practitioners. They told us they did this to prevent admissions to hospital. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People told us they liked the staff. One person commented, "The staff are brilliant, they chat with me." A second person told us about one staff member in particular, "[Staff member] is a lovely fella." One relative told us, "I find them all [staff] extremely pleasant and respect [relative's] dignity. They are very caring indeed."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. They spent time actively listening and responding to people's questions. Staff spoke with one person who used gestures and vocal tones to communicate, several times in a respectful way. This ensured they had followed the person's requests correctly. We observed once they had supported the person appropriately staff stayed and had a laugh and joke with the person and put them at ease.

Throughout the inspection, we observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. Staff were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We observed this happening when we had a walk around the home. We looked in people's bedrooms and saw they had been filled with personalised items people cherished. One person was sitting looking at old photographs when we visited. We reminisced together looking at a small selection of the photographs in their room. They had wooden toys they made as a child close by. In another bedroom, we saw several pictures of one person's favourite actor. Everywhere you looked in their room were items that reflected their individuality. They told us they had had the walls painted by the provider in the colour of their choice. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Relatives we spoke with said they were made to feel welcome. They told us they could visit whenever they liked. One person told us they had a relative briefly visit at 11.30 pm at night. They told us they had informed the night staff who said it was not a problem. One relative commented, "We go at least three times a week and the staff are very friendly." A second relative when asked commented, "I tend to go in the evenings but I know I can go anytime." This showed the provider valued and maintained positive relationships with people's loved ones.

We spoke with the management team about access to advocacy services should people require their guidance and support. We noted information regarding advocacy services was advertised publicly within the nursing home. The manager had information on several advocacy services available in the local area that could be provided to people and their families if required. This ensured information was available on additional independent support outside of the home to act on people's behalfs if needed.

We asked a member of the management team about end of life care for people. They told us, "We have a good relationship with the local hospice." They then told us they had arranged training with staff from the hospice to take place at the home. They said this was to ensure as many staff as possible were able to attend. The training focused on preventing admissions to hospital and providing stable continuous support

at Moorland Nursing Home. The management team had enrolled on a forthcoming training programme run by the local hospice. The programme was developed as a programme of learning for care homes to develop awareness and knowledge of end of life care.

We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. There was a do not attempt cardiopulmonary resuscitation (DNACPR) register which ensured end of life wishes were valid and current. We noted people had also chosen not to discuss end of life plans. This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care the provider assessed each person's needs before they came to live at Moorland Nursing Home. This ensured the care would meet their needs and staff would have the skills to keep them safe. One person said, "I don't like taking tablets first thing and they [staff] respect that." A relative told us, "We are very pleased with how [my relative] is looked after." A member of the management team told us about the service delivered, "It's all about comfort and care and being client focused."

To ensure the support was responsive to their needs, people had a care and support plan. Within each person's plan was information from early childhood to present day. This showed their life history, who was involved in the person's life and who was important. For example, we noted the plan identified people's family, past and present and their past occupation. It also highlighted areas in people's past that were sensitive and guided staff not to start conversations about. There was information about people's memory, moving and handling, speech skills and communication abilities. We noted one person needed guidance with their eating disorder and the care plan signposted staff to contact specialist support should it be required.

Care plans provided staff with details about people's preferred name, their GP details, past and present medical history, allergies and how they wished to be supported. There was information on people's safety in the event of a fire, spiritual, oral and foot care as well as future decisions. One file identified the person liked to laugh and joke with staff; another person enjoyed reading the bible. This showed the provider had developed care plans responsive to individual care needs.

We asked about activities at Moorland Nursing Home. We noted there was a weekly timetable of activities available for people to participate in. Activities included, arts and crafts, hand and foot massage, skittles and individual and group worship. However, due to deteriorating health and personal choice many people chose not to participate in structured activities offered. People we spoke with confirmed this. The provider kept a daily account of what activities had been offered and who had participated or declined to take part.

We saw photographs and evidence of themed days and parties that had occurred since our last inspection. We saw photographs of people dressed up for Halloween; there was a fireworks party with hot food. On Christmas Day, we saw the provider had live music and a party in the afternoon. On New Year's Day, there was a three course meal and a selection of wines and sherry. People we spoke with told us they had enjoyed these activities.

We noted a local evangelical group visited regularly to speak with people and their relatives. The provider told us they were in the process of supporting someone to purchase a hand held computer to use when they spent time in their bed. The manager told us the person would use this to access music and to access the internet. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one person told us, "If I needed to I would complain, but it is not needed." A second person also stated, "I don't need to make complaints. The manager always asks me if everything is alright." A relative when asked told us, "I've complained a few times over the years and things have improved." They further commented, "If my [relative] has a problem, the manager visits her, closes the door and sits down and puts things right. She has never had that before." Another relative said, "No problems. The manager has encouraged me to address concerns immediately but I have no concerns." We looked at complaints received. We saw one had been received, documented and dealt with within the timescale identified within their policy.

Is the service well-led?

Our findings

People we spoke with, relatives and staff all gave us very positive feedback about the management team at Moorland Nursing Home. People we spoke with said they thought the home was well run and everyone knew the manager and the nurses in charge. About the manager, one staff member told us, "She is approachable and we all have her number if we need to ring." A relative commented, "She's really nice."

Regarding a member of the management team, one person said, "They are great. If you want anything doing you go to [named person] they will get it done." A relative commented about the same person, "She [relative] loves [named person], they have been fantastic. Even my son loves them."

Staff told us they worked well as a team and the manager promoted an open working culture. A staff member told us, "All the staff get along, it's good." They told us the manager was aware of what was happening at the home. A staff member told us there was an on call system for staff to use if they needed support or advice. This showed the manager had a visible presence in the home and guided staff to deliver quality care.

Staff told us they had daily handover meetings and regular staff meetings. The staff meetings ensured good communication of any changes or new systems. There were also meetings involving people who used the service and their relatives. This gave the opportunity to raise any issues or concerns or just to be able to talk together communicating any choices or requests. Satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

On the day of our unannounced inspection, there was a staff meeting scheduled for the afternoon. One staff member said, "I was due to start my job on the Tuesday and the manager rang me and invited me to the staff meeting on the Monday. I appreciated that, it let me meet everyone." They further commented, "At meetings the manager tells us what needs to be told and gives us chance to have our say. We all get along so communication is good." A second staff member said, "It's good to talk together." We saw minutes, which indicated regular meetings took place. The meetings enabled the manager to receive feedback from staff, and gave staff the opportunity to discuss any issues or concerns.

We found effective systems to monitor and improve the quality of the service provided. Audits were completed weekly and monthly. They included environmental audits to prevent infection such as inspecting bathrooms, toilets, the laundry and if hand dispensers held soap. There was evidence of mattress audits and care plans were audited monthly and three monthly. We noted monthly medicine audits took place. The manager told us a different nurse completed the audit each month. They said this enabled a different perspective on the audits. The manager told us, "The audits are used to catch anything that could be missed."

We noted the provider had a plan of action to refurbish the home. The main bathroom had been updated and modernised. There was a systematic approach to updating bedrooms and there were plans to update the main entrance of the home. We saw maintenance and safety certificate checks, emergency lighting, fire

door and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. The home's liability insurance was valid and in date. This ensured the provider delivered care and support in a safe environment.

We found the manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We saw from our records we had received notifications, as required.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.