

# The Hawthorns Lodge Limited







# Moorlands Nursing Home

## Inspection report

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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	

### Overall summary

We inspected Moorlands Nursing Home on 23 March 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. At the last inspection we found the Moorlands Nursing was not meeting requirements of five regulations.

Moorlands Nursing Home provides accommodation and nursing care for up to 29 older people. The home is spaced over two floors with bedrooms on each floor. Communal dining and lounge facilities are located on the ground floor.

The home has not had a registered manager in post since October 2014. 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.

# Summary of findings

The provider has employed a new manager and they came into post mid-March 2015. The new manager confirmed they intended to submit an application to become the registered manager.

In August 2014 we completed an inspection and issued a formal warning telling the provider that by 31 December 2014 they must improve the following areas.

- Regulation 9 (Outcome 4): Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.
- Regulation 14, (Outcome 5): People were not protected from the risks of inadequate nutrition and dehydration.
- Regulation 24, (Outcome 6): People's health, safety and welfare was not protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider did not work in co-operation with others.
- Regulation 21, (Outcome 20): People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also checked what action had been taken to rectify the breach of regulation 13 (Management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that the provider had ensured improvements were made in these areas and these had led to the home meeting the above regulations. We also found that medication practices had improved and staff were administering prescribed medicines safely.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

People told us that they made their own choices and decisions, which were respected by staff. We observed that staff had developed positive relationships with the people who used the service. Where people had difficulty making decisions we saw that staff gently worked with them to find out what they felt was best.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that action was taken to ensure the requirements of the act were adopted by the staff. The provider recognised that staff needed additional support to ensure they had the skills and knowledge to consistently work with the Mental Capacity Code of Practice.

The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

We saw that the activities coordinator engaged people in a wide range of meaningful occupation and this was tailored made to each person's preferences.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. One nurse and five care staff were on duty during the day, One nurse and four care staff were on duty from the late afternoon and a nurse and two staff were on duty overnight. In addition ancillary staff such as cooks and domestic staff were on duty throughout the week. The

# Summary of findings

new manager and deputy manager, an activities coordinator worked weekdays and the provider was also based at the home. Three apprentices worked at the home.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and Parkinson's disease. We found that the provider not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice.

Regular surveys, resident and relative meetings were held and we found that the information from these interactions were used to inform developments in the home such as the introduction of free WFI access for people who used the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review the service. This had led to the systems being effective and the service being well-led.

We highlighted that the provider did need to ensure notifications were submitted in line with the requirements of The Care Quality Commission Registration Regulations 2009.

# Summary of findings

## 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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

We found that the provider and manager were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found senior management were very supportive and felt able to have open and transparent discussions with them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



# Moorlands 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 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.

The inspection team consisted of two adult social care inspectors and a specialist advisor who was a speech and language therapist.

The provider was not asked to complete 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we spoke with nine people who used the service and two relatives. We also spoke with the owner, the manager, deputy manager, senior care, a nurse, four care assistants, the cook, a domestic staff member and the activities coordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at six people's care records, six recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home. They found staff kept them safe and were very caring. People said, “The staff are very good. I am quite happy in here.” And, “I have never had a worry about anything at all.”

Relatives told us that they thought the staff provided care that met people’s needs and kept individuals safe.

Relatives said “My relative is very safe.” And, “There is nothing we are worried about. Nothing is a problem to them and the staff always go the extra mile.”

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with six members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The new manager discussed how they were introducing new tools that would further assist the provider to analyse incidents to determine trends and how they intended to use this to assist the senior managers look at staff deployment.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. However we noted that the hot water was running below the recommended temperature of 43°C and mentioned that people may be experiencing baths in cool water. The provider undertook to ensure the staff made sure the bath water was comfortable for people.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the

## Is the service safe?

people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. A nurse and five care staff were on duty during the day and a nurse and four staff were on duty during the evening and a nurse and two care staff were on duty overnight. In addition to this the manager and deputy manager provided cover during the week. Also additional support staff were on duty during the day such as activity coordinators; administrators, catering, domestic and laundry staff. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt

into the home; and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. We noted that when administering 'as required' medication they needed to ensure their record keeping practices were consistent and to the standard they applied to the other medication. The manager undertook to review staff practice in this area and make the necessary changes.

We found that since the last inspection action had been taken to ensure staff administered medicines in line with safe handling of medication practice. Staff ensured people had sufficient fluids to take their medicine; used pots to administer the medication into; and had improved the recording practices.

# Is the service effective?

## Our findings

The people and relatives we spoke with told us they thought the staff were excellent and had ability to provide a service, which met their needs. We heard that relatives were confident that each person was effectively supported. They told us that the staff worked very closely with them and always kept them informed of any changes in their relative's condition.

People said, "I am very pleased with the care I get." And "Staff are always there when I need a bit of help." And, "I find my relative is well cared for at the home."

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff said, "I get to do a wide range of training and I find it is all really helpful for making sure I do a good job." Staff were able to list a variety of training that they had received in the last few months such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the provider would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff received a wide range of training that was relevant to their role. Virtually all the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for the remaining staff to complete this training. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid. We also found that the provider checked that staff applied the learning to their practice.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out

with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that competency checks had been completed with nurses and those staff who assisted people to eat.

The new manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The new manager understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which are used to monitor whether people's weight is within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. We found that since the last inspection a wide range of action had been taken to make sure staff were adept at supporting people with compromised gag reflex or those who required percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds are an alternative means of ensuring people get sufficient nutrients when they are unable to safely swallow food and fluid.

The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff

## Is the service effective?

knew people's personal likes and dislikes. People also had the opportunity to eat at other times. We observed people having their breakfast later in the morning. All the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital

appointments. We saw that since the last inspection the provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

# Is the service caring?

## Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. People said, “The owner and staff are really attentive and go the extra mile.” And, “The staff are very kind and thoughtful.” And “The staff and owner genuinely care.”

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. Staff were seen to use a wide range of techniques, such as humour and a clear communication style, to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example assisting people to eat their meals at a pace that suited them. The staff were skilled in communicating with people who experienced difficulties. Staff could readily interpret what people said and always checked that they had heard before moving away.

The provider and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff said, “I always treat people with respect.” We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. The service had policies and procedures in place to ensure that staff understand how to respect people’s privacy, dignity and human rights.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

The environment was well-designed and supported people's privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff took care looking after peoples’ possessions as clothing was labelled and all toiletries in the bathroom were also labelled.

The staff also promoted people to be as independent as possible. The activities coordinator said, “I’m always looking at how we can give people the opportunity to do as much as they can for themselves. One of the people used to be an extremely good artist but seems to have lost their confidence so I have been trying various ways to encourage them to take this up again. The person seems to be growing in confidence and I hope will want to paint on canvass again soon.”

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

# Is the service responsive?

## Our findings

People told us how the staff provided a service that aimed to meet their needs and people felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. People told us that the activities coordinator was fantastic at their job and really brought the home to life.

People said, “The activities coordinator is fantastic and always trying to make each day special.”

We found people were engaged in meaningful occupation and the activity coordinator had assessed people and tailored the programme of activity to stimulate each person and entertain individuals. The activities coordinator was very enthusiastic and recorded information about which activities people enjoyed participating in. All the people we spoke with were very enthused by the activities that were on offer. During the inspection we saw people engaged in a 50's inspired afternoon tea with scones and musing and during the morning people enjoyed taking part in quizzes and one-to-one sessions.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. We saw that since the last inspection nurses had been actively contacting other healthcare professional such as speech and language therapists to ensure they followed best practice. We found that the provider had sourced a range of current guidance such as NICE guidelines and incorporated references to best practice into policies and procedures. We found that they were critically reviewing current practices at the home to make sure they were in line with expectations and contacted various healthcare professionals to assist them in this work.

The staff discussed how they had worked with people who used the service to make sure the placement remained

suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

At the last inspection we found that the care records did not accurately reflected people's current care needs. This inspection we reviewed the care records of nine people and found that each person had a detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

The new manager discussed the care plans and told us that they found these needed to become more personalised and discussed the improvements they intended to make such as including information about personal choices such as whether someone preferred a shower or bath. The staff were able to discuss in detail the care they provided and clearly worked in a person-centred manner.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. We saw that when complaints had been made in the last 12 months, which the provider had thoroughly investigated and resolved. We noted, although these were dealt with appropriately staff recorded them in different documents and did not always record their actions in the complaints folder.

# Is the service well-led?

## Our findings

People we spoke with who used the service spoke highly of the service, the staff and the provider. They told us that they thought the home was well run and met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently.

We found that the provider was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the provider and senior management team clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that they actively monitored the service and used the information they gathered to make improvements.

We saw that the provider held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views.

We saw that the provider had supported staff to review their practices and constantly looked for improvements that they could make to the service.

The staff we spoke with had a pride in the home that they work in. Staff said, "I am proud to tell people where I work." And, "I love working here. I get a real sense of worth because I am allowed and supported to do a good job." All the staff members we spoke with described that they felt part of a big team and found the provider was very supportive. They all discussed how the provider wanted to provide an excellent service and really cared about the people at the home.

The staff we spoke with described how the provider constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us that the senior management team were supportive and accessible. They found they were very fair. Staff told us they felt comfortable raising concerns with the managers and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the provider to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

We found that the provider had comprehensive systems in place for monitoring the service, which they fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. This combined to ensure strong governance arrangements were in place and an exceptional service was delivered.

We noted that on occasions the provider had not notified us of matters defined as requirements in the Care Quality Commission (Registration) Regulation 2009 such as safeguarding incidents, when the police were called and when the manager left. The provider took immediate action to make sure we were appropriately notified of all incidents required in these regulations.