Regal Care Trading Ltd

Moorlands Care Home

Inspection report

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Tel: 01773781381

Date of inspection visit:
11 August 2016

Date of publication:
05 October 2016

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 11 August 2016.

Moorlands Care Home provides accommodation and nursing for up to 40 people who have nursing or dementia care needs. There were 34 people living in the home at the time of our inspection.

On the day of our inspection there was not a registered manager in place. 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.

People felt safe and trusted the staff who cared for them. Staff knew how to keep people safe from harm. People had access to information on how to keep them safe. Individual risks were identified and managed. Risks to people's health and welfare were assessed and action was taken to minimise any risk. Sufficient staff were on duty at the time of our visit. Safe recruitment had taken place to ensure staff were suitable to care for people. People received their medicine in a safe and timely manner and as prescribed.

People needs were met by skilled and knowledgeable staff. Staff had opportunities to improve and develop their skills and knowledge. People were involved in decisions about their care and welfare. Staff had received training about the Mental capacity Act (MCA) and the MCA was adhered to. People received sufficient to eat and drink. Where supported appropriately to receive a balanced diet. People were supported and had access to other healthcare professionals to ensure they maintained their health and wellbeing.

People were encouraged to form and develop caring relationships, but people felt staff needed to spend a little more time with them. People were supported to express their views and were actively involved with decisions about their care and support. People were involved with their care planning and had access to advocacy services if needed. People were treated with dignity and respect.

People felt their needs were responded to appropriately and in a timely manner. People were encouraged to make choices and have their preferences adhered to. People were supported to participate in activities that were meaningful and of interest to them. There was a complaint procedure available and accessible for people should they wish to raise a concern. People were aware how to make a complaint in line with the provider's policy and producers.

The service had been without a registered manager since August 2015. The manager had not submitted an application to CQC at the time of our inspection. People felt there had been some improvement to the home since the new manager was appointed. Effective systems were in place to monitor and assess the quality 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?

Good

The service was safe.

People were encouraged to form and develop caring relationships, but people felt staff needed to spend a little more time with them.

People were supported to express their views and were actively involved with decisions about their care and support.

People were involved with their care planning and had access to advocacy services if needed.

People were treated with dignity and respect.

Is the service effective?

Good

The service was effective.

People needs were met by skilled and knowledgeable staff.

People were involved in decisions about their care and welfare. The Mental Capacity Act was adhered to.

People felt the food was good and they received and had access to drinks throughout the day.

People were supported to have access to other healthcare professionals to ensure they maintained their health and wellbeing.

Is the service caring?

Good

the service was caring.

People were encouraged to form and develop caring relationships, but people felt staff needed to spend a little more time with them.

People were supported to express their views and were actively

involved with decisions about their care and support.

People were involved with their care planning and had access to advocacy services if needed.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs were reasoned to appropriately and in a timely manner.

People were encouraged to make choices and their preferences were adhered to.

People were supported to participate in activities that were meaningful and of interest to them.

There was a complaint procedure available and accessible for people.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The manager was not registered with the care quality commission at the time of our visit.

People felt the manager was approachable and supportive.

Effective systems were in place to monitor and access the quality of the service provided.

Moorlands Care 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.

This inspection took place on 11 August 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.
Before the inspection, we asked the provider 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. We reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

Some people were unable to express their views due to their specific needs, so we used a Short Observational Framework for Inspection (SOFI). This is a method designed to help us collect evidence about the experience of people who use services.

We contacted visiting health and social care professionals, the commissioners of the service and Healthwatch to obtain their views about the care provided in the service.

During our visit we spoke with three people who used the service, four visitors, five members of staff and the provider's representative.

We observed people participating in day to day activities. We looked at the care plans for three people, the staff training and induction records for four staff, four people's medicine records and the quality assurance audits that the manager completed.

Good

Is the service safe?

Our findings

People told us and their families confirmed people were safe. One person said, "The staff are lovely and I trust them." We spoke with three relatives. One relative said, "If [name] was still at home they would be in and out of hospital." They told us their family member was safe at the home. Another relative said, "For the first time in years we can go home and not worry about [name], knowing they are okay and safe." A third relative told us they felt their relation was in safe hands.

Staff told us how they kept people safe from harm and that they would report any concerns if they needed to. One staff member told us they were confident if there were any safeguarding issues these would be dealt with immediately. Information about how to raise a safeguarding was displayed in the home. This provided guidance to people and their relatives about what they could do if they had concerns about people's safety. The provider's representative told us about the process that was used for reporting concerns of a safeguarding nature. This process was put in place to make sure people were kept safe. This included how to contact the local authority and the Care Quality Commission.

We saw appropriate safeguarding records were kept. There had been two safeguarding concerns raised in the last 12 months. We saw the manager had followed protocols and completed investigations. They took appropriate action with the support of the local safeguarding team. We felt assured that if any further issues did arise they would be dealt with.

We found the lift was out of order during our visit. The provider had completed the relevant notification to inform us of the issue. We found the provider had put emergency plans in place to ensure all people were safe. The provider had a chair lift installed as a temporary measure to support people to go up and down stairs. Personal evacuation plans (PEEP) were being reviewed and updated to incorporate the temporary measure for the broken lift. There was a copy of evacuation plans in reception. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire or a lift breakdown, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. We saw repairs were completed in a timely manner.

Individual risks were identified and managed. We saw risk assessments in place for all people while the lift was out of use. A robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people. The registered manager recorded information for each accident or incident. Information was analysed on a regular basis to monitor any trends or themes that may occur so they could be addressed promptly. We found appropriate action had been taken when required, for example people had been referred to the falls team when they had a fall or were at risk of falling.

Risks to people's health and welfare were being assessed and action was being taken to minimise any risks identified. Care files we viewed contained risk assessments for people at risk of absconding, pressure ulcers,

falls and bedrails. This meant risks were identified and action was taken to reduce the risk to people. We found the risk assessments were reviewed on a regular basis.
The provider told us they were making improvements to ensure risks for people were minimised. They were updating their software with new applications that incorporated and identified the level of risk. For example, the front door was to be fitted with an alarm to alert staff if the front door does not close securely, to minimise the risk of people leaving the home without staffs' knowledge.

There was sufficient staff on duty on the day of our visit. However, people made mixed comments about the use of agency staff and staffing levels on the night shift. One person said, "I don't think there's enough staff on nights." Another person said, "They use a lot of agency staff, especially at night." One person told us there had been some staff changes and a few of the staff had left the service. One person commented that the staff "was all nice now." Another person when asked about the staffing levels said, "It's all right, Its okay." The provider's representative told us they used a dependency tool to identify the number of staff required each day. They told us staffing levels were calculated through the systems they used, which acted as a guideline to ensure the home was adequately staffed. The provider's representative told us they had used regular agency staff, but were actively recruiting. They told us they had made changes to the rota system to make sure staff were aware of what hours they were required to cover each day. They also told us they would ensure an experienced member of staff supported the night staff team.

The provider operated an effective recruitment process to ensure that people employed were suitable to work with older people. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and saw all the required checks had been carried out. This showed that the provider followed robust recruitment practices to keep people safe.

People told us they received their medicines in a timely manner. One person said, "My medicine comes on time. They [staff] bring my medicine and make sure I take them." Staff we spoke with were competent and knowledgeable when they were administering the medicines.

People received their medicines safely. Creams had a label with the date they were opened. There were clear procedures for administering, or when a person was responsible for self-administering their medicines. Protocols were in place and followed for individual PRN for medicines to be taken as required.

Staff confirmed, and records we looked at, showed they had received up to date medicine training. Staff completed competency test and observations were completed by the manager. There was a named person responsible for completing audits of medication administration records (MAR) and ordering and disposing of any medicines. We saw the MAR sheets were completed as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person. This was to help ensure they received the medicine that was relevant to them and as prescribed by their GP. The MAR also identified how the person wanted to receive their medicines.

We saw nurse pin numbers were checked and monitored regularly to ensure the nurse's registration with the nursing and midwifery council was up to date. This meant people had their medicines administered in a safe way and by appropriate staff members.

Good

Is the service effective?

Our findings

People had their needs met by staff who were knowledgeable and skilled to carry out their roles and responsibilities. We did not receive feedback from people regarding staff skills and knowledge, but we observed staff providing support to people. Staff we spoke with described people's different and complex needs. We found staff were knowledgeable about the people they cared for. One staff member discussed each person's individual needs, for example if a person was at risk of falls, required fluid restrictions, had a low body weight or used specialist equipment. This told us staff had access to relevant information to meet people's needs.

Staff felt supported and confirmed they had opportunities to undertake specialist training or complete the care certificate. The care certificate was developed by 'The Skills for Care', which is a nationally recognised qualification. It is regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. One staff member told us they were in the process of completing the care certificate. Another staff member said, Records we sampled confirmed staff training was up to date. Staff confirmed they had received competency checks and observation of their work from the manager. New staff received an induction and as part of the induction they were supervised by a senior care worker. This was confirmed by the provider's representative, the senior care staff and also written in the provider's statement of purpose. We saw all training was up to date and systems were in place to monitor and check staff development.

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 people 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interest's documentation had been completed. We saw where relevant referrals had been made for DoLS, but none had been authorised at the time of our visit.

People were involved and consented to how they wanted their care and support needs met. One person told us they had discussed their individual needs with staff. One relative said, "I have Lasting Power of Attorney for my relation. That was [relative's] decision." Staff told us they had received training in the MCA and DoLS. One staff member described how the MCA reflected people's rights to make decisions for themselves.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately with the involvement of a GP.

People told us the food was good. One person said, "The food is nice, It's good. There is a choice and I get what I ask for." Another person said, "I think the food is excellent." The person told us they received plenty of snacks throughout the day. A third person told us they had some issues about the food, but it was much better now. They said, "The cook is brilliant."

Staff confirmed people received choices of what they wanted to eat and drink. The cook told us they used a four week menu rotation that was based on people's choice. They told us consultations had taken place with people who used this service on the choices of food they wanted. The cook was knowledgeable about people and their special dietary requirements, such as those with diabetes and those who required a pureed diet. We were told there were no people who required dietary needs due to their culture or religion at the time of our inspection. We found the cook had information available for each person. We saw recorded what an individual liked or disliked to eat and drink. If a person had any allergies or required a different choice this was documented.

During the meal time We saw staff gave gentle encouragement to people to eat their food. One person was asleep at the table and staff tried to encourage the person to eat. Staff told us this was not normal for this person. They said they would try a couple more times to try and encourage the person to eat and then report the issue to the nurse who in turn would contact a GP. We saw the daily notes had been updated and the nurse had been consulted during our visit.

The atmosphere of the dining room was calm and relaxed. People who remained upstairs due to the lift being out of order received their food in a timely manner. We saw drink stations around the home that were signed to help encourage people to drink more. There was also fresh fruit distributed around the home. This told us people received a varied and balanced diet.

People were supported to maintain their health and wellbeing by having access to healthcare services. This included a GP, dentist and chiropodist. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. We saw people had been referred to appropriate health care professionals.

Efforts had been made to support people living with dementia to lead as fulfilling a life as they could. The home was decorated in a way which would be appropriate to the age of the people living at the home. People's bedroom doors had photographs and their names on to support people with identifying their own bedroom. Different coloured handrails, doors and corridors were also in place to support people with identifying different parts of the home.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and each other. People told us the staff were lovely and always had a bit of fun. One person said, "We end up laughing and giggling, it's lovely." However, One person said, "I never see them [care staff]". Another person told us the staff do sometimes come and talk to them, but it was very rare. A third person told us that staff knew about them and their background, but felt there was no time to sit down (and talk). Two people told us they were lonely. We spoke with four relatives. One relative said, "They are friendly [staff]. One relative told us the staff were very kind and lovely. Another relative said, "I watch the staff interact with people, it's good." Another relative said I have been standing outside my relations room and heard how staff speak to my relative. The way they talk to [relation] is smashing, encouraging them to use terminology that is easy to understand and in their [relatives] own words to describe things." A fourth relative told us that one of the recommendations for people living with dementia was a 10 minute chat every day. They said, "The senior care staff do this sometimes, but some staff are not experienced enough."

Staff told us they would like to spend quality time with people, but there is not always time to do this. We found the staff survey had identified there was no time to spend with people. We spoke with the provider's representative who told us they had identified this. There was a vacancy for a dignity champion and two staff had been appointed and training was to be implemented. They also told us the provider was looking at different dementia models which help staff support people living with dementia; however this was not in place at the time of our visit. We observed staff to be kind and caring when speaking or providing support for people. Staff were mindful of people's individual needs and aspirations.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. For example personal care or support. Care records contained evidence that the person or their relatives had been involved in the development of their care plans. One person told us they were aware of their care plan and that staff had discussed their needs with them. One relative said, "My [relation] was involved with their care planning".

There were details and information available for people about an advocacy service on the notice board in the home. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up.

People told us they were treated with dignity and respect. One person said, "Staff treat me with dignity and my privacy is respected." Staff described how they treated people with dignity and respected their wishes. One staff member said, "I always cover people with a towel and close the doors and curtains to make it private." Another staff member told us they had used a dignity screen when a doctor visited a person and the person was unable to retreat to their bedroom. We observed people being treated respectfully and with dignity by staff who were caring and kind. Staff received dignity training and this had been discussed in their supervision sessions. The senior care staff member told us this was to make sure staff fully understood what this meant for people.

Good

Is the service responsive?

Our findings

People felt staff responded to their needs. People told us when the need arose staff responded quickly, for example if a person needed the toilet or had an accident and needed to be assistance. One person said, "Sometimes I make a mess, but staff come and help me." One relative said, "[Relation] had settled in the home really well. They are happy and interacting quite well with the staff in such a short time." Another relative told us about a time their relation had to go to hospital as they were ill during the night. They said, "One of the care staff accompanied the person to hospital even though it was the end of their shift they stayed with my family member." This told us staff were prepared to go the extra mile and support people. Another relative described how they thought their family member would only be at the home for a short period time, due to ill health. They told us how the person's health had improved. . The relative said, "That is partly to do with the home and the staff and how they care for [name].

Staff told us people were treated as individuals and made personal choices. They said it is all about what the person wants and how they prefer their care. We observed staff responding promptly to most people when they required assistance or support.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Staff told us they listened to people's choices and everyday decisions. We observed staff asking people to make choices throughout the day, such as where they wanted to sit or if they wanted to participate in an activity. Care plans were being updated and the new style care plans were informative. They were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and there was clear guidance for staff to meet people's needs.

People were supported to take part in activities and visit the local community. One person said, "I go out, I have a bus pass and have been out this morning to the shops." Another person told us they were going to use the hairdresser that attended the home on a weekly basis. One relative told us their relation liked having their nails painted. Another relative said, "[Relation] likes sewing" and we saw a member of staff supporting the person to sew.

Staff told us people liked walking in the garden, colouring (in books and pictures) they also liked folding laundry. One staff member said if a person showed an interest, for example, in gardening they would encourage the person to participate in this inactivity. One staff member told us people had attended a coffee morning at the local church and community centre. This showed us people had the opportunity to participate in things that were of interest to them and take part in the local community.

None of the people we spoke with told us they had needed to make a complaint, but all said they would feel able to if required. Relatives also felt able to complain if they needed to. One relative said, "We raised a concern. I met with the manager and regional manager and it was all sorted."

People were provided with guidance on how to make a complaint in the service user guide and statement of

purpose they were given when they first came to the home. The staff were able to explain how they would respond to a complaint.

We viewed the complaints register and saw the manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner and in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

We found there was no registered manager in post. There had been subsequent changes in management arrangements of the home. At the time of this inspection visit there was a new manager in post who had not yet submitted their application to be registered with the Care Quality Commission. We spoke with the provider's representative who told us they would follow up on the process to ensure there was no further delay. The manager of the home was unavailable at the time of our visit. However the provider's representative told us the manager was fully supported by senior management to ensure they delivered the care and support required to meet people's needs. The provider's representative told us they regularly met with the manager to discuss best practice for the home.

People told us they felt the home had improved since the appointment of the new manager.
People also told us the staff were kind, caring and approachable and listened to them if they had any concerns. One person said, "I find the manager and staff really approachable." Another person told us they felt the area manager was very supportive. They said, "They [area manager] is very good, they come and ask if I am all right, is everything okay." We received mixed comments from relatives about the manager one said, "The manager is all right." Another relative felt the manager was not very approachable.

Staff told us they felt supported by the manager and that they could approach them at any time. They said they could talk through work related or personal issues should any arise. One staff member said, "All the staff here were very friendly." They also told us they felt they had received sufficient training to meet people's needs.

People were supported by staff who told us they would be comfortable raising issues using the processes set out in the whistleblowing policy. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The provider's values and philosophy of care were in the guide provided for people who used the service and staff followed care practices in line with those values. The atmosphere of the home was comfortable and relaxed. Staff told us they enjoyed working at the service, they said they liked the atmosphere and culture of the home.

The provider had an effective system to regularly assess and monitor the quality of the service that people received. From records sampled the information told us that regular audits had been completed by the manager and also by representatives of the provider. The provider's representative told us the manager completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly and that they had a plan and time scale in place they had to adhere to, to ensure they were monitoring the service they provided was effective and efficient.

The homes service lift had been out of order and we found the provider had taken relevant action to address

the issue. We saw correspondence between the engineers had been constant to make sure the lift was up and running as soon as possible. The engineer was also contacted on the day of our visit. This gave us reassurance the lift would be up and running. The provider had been proactive and put an alternative means for people to access upstairs by use of a chair lift. This told us the provider supporting people and managing the issue of the broken lift.

We saw incident and accident were recorded. Themes and trends were monitored and action taken when required. Staff said if there was a incident, the registered manager would meet and discuss with staff. They said that they explored ways in which similar issues could be prevented In the future. This was recorded in meeting minutes, which we saw copies of. We saw that concerns and safeguarding issues had been responded to appropriately and appropriate notifications were made to us as required.

The home was working with other healthcare professionals and staff were following guidelines and recommendations made. We made contact with Commissioners of the service and Healthwatch no one raised any concerns regarding the running of the home.