

Care Worldwide (Ashton) Limited

# Moss Cottage Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Moss Cottage is a care home providing personal and nursing care to 23 older adults and people with physical disabilities at the time of the inspection. The service can support up to 34 people. The home has communal areas including lounge and dining area and communal bathrooms. There are individual bedrooms across two floors, some of which have en-suite facilities.

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

The service was not always safe. We found that medicines were not always securely stored, and information was not always accurately recorded within people's records. Checks of the environment did not always ensure that concerns were quickly addressed. The service was clean and tidy, but good infection control processes were not always being followed. We received mixed feedback about whether there were enough staff and have made recommendations about staffing and use of agency staff.

Kitchens staff understood people's dietary requirements and how these were to be met. However, other records, such as care plans and handover records, did not always contain the right information. There was a programme of redecoration and we have made recommendations about the decor of the premises and meal time experiences. People told us the food was generally good. A programme of ongoing training, checks of competency and supervision was in place and staff told us they felt equipped for their role. People were supported to access healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were generally kind and caring and we observed positive interactions between people and staff during the majority of the inspection. We noted some issues with how staff considered people's dignity but were reassured by people, relatives and staff that this was not the normal behaviour of staff. Staff appeared to know people well.

An electronic system for care plans had recently been implemented. Care records contained enough details to ensure staff knew how to meet people's needs, but this information was not always accurately reflected in other records used by staff. Improvements to make care plans more detailed and person centred were needed. An activity coordinator was in place, offering a range of activities, but some people stated they would like more stimulation. Processes were in place to support people with end of life care and staff worked with healthcare professionals when supporting people at end of life.

Systems for auditing and checking the quality of the service were not always effective in identifying issues and ensuring effective action was taken in response to concerns identified. There were a range of meetings held for people, relatives and staff where information was shared, and views and ideas were sought. The management team had an action plan in place to drive improvement and was working closely with local stakeholders who told us they could see that things had improved within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (Published 22 June 2019).

#### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of people with swallowing difficulties who require a modified diet. This inspection examined those risks

The inspection was also prompted in part due to concerns received about allegations of abuse and poor moving and handling practice. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to safe care and treatment as medicines were not always being safely managed and robust infection control processes were not always being followed in the laundry during this inspection. We also identified breaches of good governance as the provider failed to have systems to ensure lessons were learnt and systems for checks and audits were robust enough to identify and action the areas for improvement.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Moss Cottage Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors, a nursing specialist advisor and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of inspection one inspector and an inspection manager attended Moss Cottage Nursing Home and on the third day one inspector made phone calls to family members.

#### Service and Service Type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on both days we visited the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the home manager, regional support manager, senior care workers, day and night care workers, domestic staff, the activity co-ordinator and the chef. 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 reviewed the services staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and continued to seek feedback from relatives and professionals who visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff did not always safely store people's medicines. Thickening powders were not always securely stored, and we found three occasions where thickening powders were accessible to people in their bedrooms and posed a potential risk. Other medicines were securely stored within a clinic room which was organised and had systems for rotating medicines, so they did not pass their expiry dates and were stored at the correct temperature.
- Medication administration records (MARs) were not always accurate. We found examples of missing signatures and one occasion where allergy information was inaccurate and stated the person was allergic to something they were being prescribed. The home manager took steps to ensure that all paperwork accurately reflected the person's allergies and people had the medicines they needed.
- Information to support staff to safely administer medicines covertly, hidden in food or drink, were not always in place. At our last inspection we found that the service had already identified this issue and was working with other services to address this. Some progress had been made in this area and best interest decisions were in place. However, work regarding guidance on how medicines should be altered to be given covertly was still required.

We found no evidence that people had been harmed. However, the provider had failed to ensure medicines were securely stored and ensure information about people's allergies were clear and up to date. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They removed all thickening powders from people's bedrooms and set up systems to check this when completing daily walk rounds. They confirmed allergies information was accurate in people's records.

- People were supported to take their medicines patiently by staff. The nurse took time to ensure people understood what medicine they were being given where appropriate. One family member told us, "[Family member] gets their tablets on time."

### Preventing and controlling infection

- A robust programme for good infection control was not being consistently followed in the laundry. The laundry was disorganised and processes for managing soiled laundry were not always being followed.

We found no evidence that people had been harmed. However, the provider had failed to ensure a robust

system for good infection control was being followed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that infection control processes were being followed within the laundry.

- The service was clean and there was a team of domestic staff who completed a regular programme of cleaning. We noted that staff had access to personal protective equipment (PPE), this was used appropriately, and generally stored securely.

#### Assessing risk, safety monitoring and management

- Potential risks within the environment were not being fully assessed and quickly remedied. We found that people were exposed to risk through radiators being uncovered, missing window restrictors and hot water taps not having thermostatic valves to control the temperature. Some of these areas had been identified and were listed for action on the service action plan. We spoke to the regional support manager who requested these issues were immediately actioned by the maintenance team. This is discussed further in the well led section of this report.
- People's individual risks were assessed but this information was not always readily available to staff. The provider was in the process of changing from paper care records to electronic records and not all information had been transferred to electronic records. Handover records contained a brief overview of people's needs and risk. However, this did not always contain the most up to date information.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. A relative said, "The care [family member] receives is exemplary and it makes me feel they are safe." However, some people shared some negative experiences and one person told us, "The worse ones are agency. They are horrible and off handed." We noted that some safeguarding concerns had involved agency staff.

We recommend the provider ensures a robust system for the use of agency staff to ensure these staff have the training and uphold the values of the service.

- Staff completed training in safeguarding and whistleblowing. Where safeguarding concerns were raised these had been investigated and action taken. This had included following the staff disciplinary procedures when necessary.

#### Staffing and recruitment

- We could not always be sure there were enough staff to meet people's needs. We noted that call bells were responded to quickly. However, we saw times when communal areas were left unattended, there were limited opportunities for social interactions, and staff were busy, and task orientated. People and staff gave us mixed feedback about their views of staffing levels.

We recommend that the provider regularly reviews staffing levels in line with dependency tools and feedback from stakeholders to ensure there are enough staff to meet people's needs.

- The provider followed safe recruitment processes. This included checks of reference and with the disclosure and barring service. We noted that it was not always recorded that references with limited information had been followed up, or that professional references were obtained in preference to personal

references.

#### Learning lessons when things go wrong

- Medicine audits and checks were undertaken by the management team and medicines optimisation team. These audits had identified areas for improvement and work in these areas was ongoing. Systems were not always effective in quickly identifying medicine errors. This had resulted in some safeguarding referrals, but the provider had acted to address concerns regarding staff performance once these were identified.
- Action plans were in place to ensure lessons were learnt but these had not always been effectively implemented. This is discussed further in the well led section of the report.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Meal times did not always provide people with an enjoyable and sociable experience. The meal time experience had been identified as an area for improvement on the action plan which included visual menus and improving table settings. People generally spoke positively about the food provided.

We recommend the provider review all good practice guidance when implementing the service action plan in this area.

- Kitchen staff were aware of people's dietary needs. Kitchen staff had up to date information regarding people's dietary needs and understood how to provide food that met these needs. However, this information was not always accurate and up to date in paperwork and care records. The maintenance of accurate records is discussed further in the well led section of this report.

Adapting service, design, decoration to meet people's needs

- The décor of some communal areas, bedrooms and corridors needed attention. At our last inspection we were told there was an ongoing programme for redecoration which would consider people's preferences and best practice guidance. We found little progress had been made and the decor did not support people living with dementia to remain as independent as possible.

We recommend the provider ensures the plan for redecoration throughout the service is in line with people's preferences and best practice guidance and reviewed regularly to ensure progress is made.

Staff support: induction, training, skills and experience

- Staff had completed training and had their competency assessed. We observed staff's moving and handling practice and found that people were generally supported safely with this. We noted some occasions when best practice was not always being followed by staff. Staff told us they had all the training they needed, and the service had recently identified champions in certain areas to support and embed good practice and learning. Some mandatory training was outstanding for some staff and actions to address this formed part of the service action plan.

- Staff told us they felt well supported. Records showed that staff had not always consistently been provided with supervision, but action had been taken and an annual plan for supervision was now in place. One member of staff said, "I get regular supervision where I can talk about things like what I would do in certain situations. If I wasn't sure about something I would always ask."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to external services when additional needs were identified. We saw the service had referred people to specialist services, such as speech and language therapy, dietician and podiatry. We noted that there had been previous safeguarding concerns that referrals and action had not always been taken in a timely manner. Improvements were being implemented which included the introduction of a clinical lead.
- People and relatives told us staff would seek medical support when needed. One relative commented, "They get the doctor and let me know straight away when necessary." Staff liaised with digital health and local GP surgeries to obtain health care input.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care plans put in place to meet these needs. Staff understood how to deliver care in line with standards and guidance, such as when people required support with catheter care, enteral tube feeding, where nutrition is taken through a tube directly into the stomach, or diabetes. We found occasions where the plans could be more specific and detailed to ensure people's specific needs were met.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff requested consent from people before providing support and personal care. We observed that staff would generally speak to people to obtain consent and respected people's choices and decisions.
- People's capacity to make decisions had been assessed by staff. Where people lacked capacity relatives and others were consulted and involved in best interest decision making which were decision specific. These included best interest decisions for the use of covert medicines, bedrails and other restrictive practices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated and respected. We observed that when staff interacted with people they were kind and caring. However, we did observe some occasions of poor practice which we fed back to the home manager. We found there was no evidence of impact upon people and our discussions with people, relatives and staff reassured us this was not the normal practice of staff.
- People's diverse needs had been assessed. Care records contained information about people's cultural and religious needs and guidance on how staff would support people in this area. The management team understood how to support people with equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in their daily lives. We observed staff would involve people in decisions such as where they wanted to sit, and what they wanted to eat and drink. One person told us, "Staff respect me, they ask what I want. They are not bad."
- People and relatives told us they were involved in decisions about their care. Relatives told us they got invited to review planning meetings and felt their views and ideas were valued and respected.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected by staff. People told us their dignity was respected and we generally saw that staff were discrete and respectful when providing support with personal care.
- People's needs were assessed, and care plans were clear about what people could and could not do for themselves. We saw care plans contained specific information about when people only needed prompting and when they needed full support from staff to complete tasks including personal hygiene or eating.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained details about people's care and support needs. The provider had recently introduced an electronic care record system and staff were in the process of transferring and updating care plans to an electronic format. We noted that not all records contained accurate information, and this was addressed by the home manager on the day.
- Staff appeared to know people well. We saw that staff were aware of people's needs and preferences and understood how to support people with personalised care. People and relatives told us they were generally happy with how staff supported them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider could support people with a variety of communication needs. The management team understood the accessible information standard and told us they could adapt information to different formats according to people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity co-ordinator was in place who was proactive about delivering a range of activities to people. The activity co-ordinator told us they offered a range of group activities, such as pet therapy and intergenerational work with schools. They also looked at people's individual interests and providing one to one reminiscence work. Overall people and relatives spoke positively about the activities offered and one relative told us, "They had a valentine's day, children came and [my family member] loved it."
- Staff provided some activities with people. We were told, and observed, that some staff would support people to engage with activities such as playing cards, colouring and singing. However, one relative told us, "I would like more activities, they do spend time with [family member] but I would like to see more mental stimulation for them."

Improving care quality in response to complaints or concerns

- People and relatives felt able to make complaints. People and relatives told us they knew who to complain to and there was a complaints policy in place.
- Complaints were investigated, and action taken to address concerns. We saw that the management team

would send out a response and apology letter to the complainant.

#### End of life care and support

- There were care plans in place for people who required end of life care. Advanced care plans were in place to guide staff on people's advance wishes. Staff liaised with the GP to ensure anticipatory medicines were in place so a person could remain pain free and comfortable.
- Staff knew how to support people with end of life care. We saw flowers and a thankyou card were on display from family of a person who had recently died. Comments included positive feedback about the care and support that had been given by staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a manager registered with the CQC in place at the time of the inspection. This is a potential breach of Regulation 5 (registered manager) of the Care Quality Commission (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

- The manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. However, we found one example where the provider had not sent a required notification to the Care Quality Commission in a timely way. This is a potential breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

- The management team undertook a variety of audits to monitor the quality of service. Action plans were in place to drive improvement, but it was not evident that the provider had taken timely action in response to concerns identified, such as window restrictors. The systems for audits were not robust enough to have identified some of the issues we found during inspection. These included inconsistency of care plans and handover records and storage of thickening powders.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (2) (a) (b) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that all window restrictors were in place, the hot water had been addressed and radiators covers were on order and being fitted following inspection. Handover records were updated and inaccurate paperwork removed and this had been completed by day two of the inspection.

- The provider had an action plan in place and was working closely with other agencies to drive improvements. The action plan incorporated areas for improvement identified by stakeholders and this was being reviewed and updated. Stakeholders stated that things were improving and felt the provider and management team were engaged with all the support and advice offered.

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

- The management team recognised the need to improve the staff culture within the service and were in the process of undertaking a number of actions to address this. The management team completed competency assessments with staff and completed spot checks. Staff were being reminded of the whistleblowing policy.
- People, relatives and staff told us they all felt able to approach the management team which included the home manager and regional support manager. One relative told us, "The manager has always responded when we have raised things." Staff said, "I feel more supported by both [regional support manager] and [home manager]. I've not got any concerns about how things are run now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents, incidents, safeguarding concerns and complaints were investigated and action taken to address these concerns. However, lessons were not always effectively learnt. For example, in relation to ensuring handover records and care plans were accurate regarding people's dietary needs.
- The management team understood duty of candour. The provider would arrange for written responses to be provided to people with apologies when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was working closely with local services to drive improvement. The management team worked closely with professionals from the local authority and clinical commissioning group to make improvements to paperwork, management of medicines and people's experience of the service. The programme for improvement was ongoing and still needed embedding in practice.
- A range of meetings were in place for residents, relatives and staff. These meetings were used as an opportunity to update people on what was happening in the service and obtain people's views and ideas. Relatives confirmed that the provider did request feedback in the form of surveys.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always safely managed.  Robust infection control systems were not always being followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems for monitoring were not effective in ensured action was taken in response to safety concerns, or robust enough to have identified some of the issues found during inspection.  Lessons had not always been effectively learnt to prevent future risk.  Care records were not always up to date, accurate and contemporaneous.