Moors Park (Bishopsteighton) Limited

# Moors Park House

**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? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

The inspection took place on the 2 and 3 December 2014 and was unannounced.

Moors Park provides care and accommodation for up to 37 older people who may also be living with dementia. On the day of the inspection 32 people were living in the home. The service had a registered manager. 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.

Staff were caring and kind. Comments from people included "The staff are kind, they always check on me and help me with anything I ask". Feedback from relatives included "The staff are kind and caring, I just think they are always so busy and don't have time to spend doing things with people".

People's safety was compromised because staff were not employed in sufficient numbers. Staff were caring and worked hard to support people but there were not enough staff to meet people's needs and keep them safe. Due to the low numbers of staff, call bells were regularly not responded to within the timescale set by the provider as being acceptable and safe. The provider did not have an effective system to assess staffing levels and make changes when people's needs changed. This meant they could not be sure there were enough staff to meet

# Summary of findings

people's needs and to keep them safe. Staff told us they wanted to spend time with people and meet their needs but felt the low staffing levels had a negative impact on staff morale and the quality of care provided.

Staff undertook an induction when they first started work and an on-going training plan was in place. However, some staff said the training plan did not provide them with the necessary skills and knowledge to support people recently admitted to the home or to support people as their needs changed and increased.

Medicines were stored and administered safely. However, some of the documentation in relation to medicines had not been completed in line with the provider's medicines policies and procedures. These issues were discussed with the registered manager at the time of the inspection and we were told this would be addressed as a matter of priority.

Some people who required assistance during their meals did not get the support in an appropriate or timely manner. However, people told us that the food was good and they were able to make choices about what they ate. People had support to access healthcare services when required.

The provider's admissions process did not always ensure that people had appropriate and consistent care when moving into the service.

People said they had their needs met by staff. However, records did not in all cases provide staff with sufficient information about people's needs and how they chose and preferred to be supported.

The roles and responsibilities of management and senior staff were not clearly defined and led to confusion about decisions relating to people's needs and support arrangements. Staff said that they were well supported by their colleagues and the registered manager

A system was in place for receiving and responding to complaints. However, the provider did not always respond to concerns positively and this could have an impact on whether or not people felt confident to raise concerns about the service.

Staff knew how to recognise signs of possible abuse. They said they were confident that reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately by the registered manager. Staff understood their role and correct procedures had been followed when it had been assessed people did not have capacity to make decisions themselves. This helped ensure people's human rights were protected.

Recruitment practices were appropriate and helped keep people safe.

Family and friends were able to visit the home without any restrictions and staff supported people to maintain links with people who mattered to them.

Systems were in place to seek feedback from people about the quality of the service. Improvements had been made in relation to the environment and activities as a result of this feedback.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 ( Regulated Activities) 2014. Staff were not available in sufficient numbers to meet people's assessed needs and to keep them safe.

You can see what action we told the provider to take at the back of the full version of this report.

# 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?**

Requires Improvement

Some aspects of the service were not safe.

People's safety was compromised because staff were not employed in sufficient number to meet people's needs and to keep them safe.

Medicines were stored safely and administered safely. However, some of the records in relation to changes in medicines and as required (PRN) medicines required improvement to ensure people were kept safe.

Recruitment practices were appropriate and helped keep people safe.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

**Is the service effective?**

Requires Improvement

Some aspects of this service were not effective.

The provider did not ensure that staff felt skilled and confident to meet the needs of people they supported.

People did not always receive assistance that met their needs when eating. People had a choice of meals and individual dietary needs were documented and understood by staff

Records did not in all cases provide staff with up to date information about people's current and changing healthcare needs.

People were supported to access healthcare services when required.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

**Is the service caring?**

Good

The service was caring.

People were supported by staff that promoted their dignity and maintained their privacy.

People were supported by staff in a compassionate and respectful manner.

Friends and family were able to visit the service without any restrictions.

**Is the service responsive?**

Requires Improvement

Some aspects of the service were not responsive.

People's needs and preferences about how they would be supported were not in all cases documented sufficiently or understood by staff.

# Summary of findings

People needs were not sufficiently assessed and understood when they moved into the service.

Systems were in place to receive and respond to complaints or concerns about the service. However, some concerns were not always received and dealt with positively by the service.

People were supported to maintain relationships with those who mattered to them.

**Is the service well-led?**

Some aspects of the service were not well-led.

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. The systems used had not ensured that people were protected against the risk of insufficient and unsafe staffing levels.

Staff were well supported by the registered manager. Roles and responsibilities of management were not clearly defined and did not ensure that people's support needs were met in an appropriate and timely manner.

Feedback from people and their relatives had been used to drive improvement and raised standards of care.

**Requires Improvement**

# Moors Park House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was undertaken by two inspectors on the 2 and 3 December 2014 and was unannounced.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Prior to this inspection we had received concerns about the service. These concerns related to staffing levels and the quality of care provided to people. These concerns were taken into account and looked at during this inspection.

During the inspection we spoke with 12 people who used the service, three relatives, the registered manager, registered provider and eight members of staff. We also spoke with a district nurse and a social worker who were visiting the service at the time of the inspection. We contacted a representative from the commissioning team who had involvement in the contracts and support arrangements of people who used the service.

We looked around the premises and observed the care and support being provided. As part of our observations 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 also looked at six records related to people's individual care needs, three recruitment files and records associated with the management of the service including quality audits.

Requires Improvement

# Is the service safe?

## Our findings

Prior to the inspection concerns had been raised regarding staffing levels. During this inspection we found evidence to substantiate these concerns.

Most of the people at Moors Park were living with dementia and were unable to tell us if they felt safe. Two people said they felt safe and protected by the staff. One person said "The staff always check on me at night, that makes me feel safe".

There were not enough staff to keep people safe and to meet people's needs. Comments from staff included "We are always so rushed, there is never any time to sit with people", and "staffing at night is poor, it is not surprising people have so many falls".

Some people were left for long periods of time without interaction or support from staff. One person was left at the breakfast table for an hour after their breakfast. When we spoke with them they said they didn't know what they needed to do and were unable to leave the table without support. A staff member who came to support the person to move to another room said that this had been their first opportunity to take them to the lounge. Another person had suffered a fall the previous night. Although staff supported this person to sit in a chair in the communal sitting room we saw they were then left without any planned or regular checks.

Staff were very busy rushing around the home answering call bells and supporting people's needs and requests. We saw that call bells regularly switched to an emergency ring tone as they had not been answered within a designated time. Staff said the call bell system had been set to ensure that staff responded within a reasonable time scale. However, due to low staffing levels this was often not possible. Comments included "This happens all the time, there is not enough staff so we have to decide who we need to help first, we often have to leave the person you are supporting to help another". Staff were required to serve the evening meal as well as support and assist people with eating. This meant that people were left waiting a long period of time before they received their meal and the support they needed to eat. Staff told us, "There will often only be four or five staff on in the afternoon. We have so many chores to do as well as serving the evening meal, people do get left", "I would love to sit with people, that is what they need, but there is no time".

The registered manager said they recognised there were problems with staffing levels in the service. They said staffing levels at night had been reviewed and increased following an incident. However, care staff said additional night staff were only available on two nights each week. Comments from staff included "Staffing is particularly bad at night" and "There is not enough staff at night to prevent falls or to support people if they are anxious or unwell".

This was a breach of Regulation 22 of the Health and Social Care Act 2008 ( Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a sample of staff files and saw safe and effective recruitment practices had been followed. However, on the first day of our visit we saw that one person was being supported by a newly arrived temporary worker from an agency. The staff member was not able to speak English and was unable to interact with or understand the needs of the person they were supporting. We spoke to the registered manager about our concerns. We were told that the staff member had been recruited from an agency and had been interviewed over the telephone. The registered manager said at the time of the interview the person had spoken English and had been considered suitable to work in the home. The registered provider said they would raise this issue with the agency and would review their recruitment process in relation to telephone interviews.

Care files included risk assessments relating to mobility, nutrition, skin care and falls. The assessment documented the level of risk for the person concerned. However, the information about how the staff would manage and reduce the risks was in some cases either not documented or was very brief. For example, one risk assessment stated that the person was at risk of poor hygiene, but did not state how the staff would manage this risk and help maintain the person's rights, choice and independence. Risk assessments recorded some people were at risk of falls but did not in all cases outline management plans for reducing these risks.

Requires Improvement

# Is the service safe?

We looked at the way medicines were managed. Medicines were stored safely and appropriately. We saw records of medicines, which had been prescribed to be given as required (PRN). The home's medicines policy stated "A PRN guideline form should be added to the MAR that details the reason for the medication". However, these forms had not been completed. The staff had not followed the provider's policy in relation to obtaining a counter signature for changes made to a person's medicines following telephone calls about blood test results or other verbal changes made by a GP over the telephone. This was discussed with the registered manager at the time of the inspection and we were advised that this gap in recording would be addressed as a matter of priority.

People could be safely evacuated from the building in the event of a fire because individual safety evacuation plans had been put in place.

Staff were up to date with their safeguarding training. Staff knew how to recognise signs of possible abuse. They said they were confident reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the registered manager.

Requires Improvement

# Is the service effective?

## Our findings

Staff said training was available but did not always provide them with the skills to meet the changing needs of people in the service, or the needs of new people being admitted. Comments included; "People's needs are changing as they are getting older and people are being admitted with different needs, but the training doesn't change". Staff said the on-going training provided did not give them sufficient knowledge and skills to support and provide care for people living with dementia. Staff who had recently started working in the home told us they felt their induction had prepared them for their role. Comments included, "I had the opportunity to shadow staff and I am now working through my initial training plan. I have also had time to read the support plans of people I have been working with".

At lunch time some people ate their meals in the main dining room and others either chose or had been assessed as needing to have their meals served in their bedrooms. Staff rushed to and from the main kitchen, serving meals, as well as responding when they could to people's requests and support needs. We saw that some people waited half an hour for their meal to be served. One person commented "It takes a long time" and "I wish there were drinks on the table while we are waiting". We were told by staff that six people in the main dining area required some assistance or prompting to eat their meal. One staff member moved from one person to another assisting them to eat with very little interaction or time being given to each person. One person was being supported to eat by a new member of staff. The staff member was unaware of the person's sensory needs and disability and caused the person to jump when they attempted to assist them with eating.

People chose what they would like to eat and drink. Support plans included information about what food people liked and disliked and this information was also available to the chef in the main kitchen. People were encouraged to say what food they liked and had opportunities to partake in the planning of meals and menus. One person said "The food is very nice and we have a choice" Another person said "I always have the same for breakfast, but that is my choice".

Care records highlighted where risks with eating and drinking had been identified. The chef showed us information about people's special dietary needs. They said "We do plenty of home baking and make sure that all special diets such as diabetes are catered for". When necessary staff had sought advice and liaised with a speech and language therapist (SALT). For example one person had guidelines in place due to the risks of choking. One person said "I came to the home quite unwell, the staff helped me build up my appetite again, and have helped me eat the right food".

Records in relation to people's health needs were not organised in a way that provided staff with clear information about current and changing health care needs. Support plans did not in all cases document when monitoring arrangements were in place such as fluid charts, or when changes in the person's health had occurred. This information would help ensure that staff had up to date and accurate information about people's needs and support arrangements. One person had suffered a fall the previous night. However, there was limited reference to this incident in the morning notes or arrangements for staff to monitor this person following the fall. People said the staff supported them to keep healthy and to access healthcare services when required.

People said they felt well supported by staff. Comments included "The staff are kind, they always check on me and help with anything I ask".

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Applications had been made or advice sought when it was thought that people lacked the capacity to make decisions. For example, an application had been made in relation to one person who was choosing to leave the home unsupervised and the staff believed they may be at risk of harm. Health and social care professionals had appropriately been involved in these discussions. Stair gates had been placed at the entrance to communal stairways. The registered manager said this was to protect people who were at risk of falls. The use of this equipment had not been agreed as part of a best interest process, and had not taken into account the

Requires Improvement

# Is the service effective?

rights and freedom of all people who used the service. This issue was discussed with the registered manager at the time of the inspection and we were told that it would be addressed as a matter of priority.

All staff had attended up to date MCA training and had a good knowledge of issues relating to capacity. Staff understood the importance of ensuring people were enabled to make choices and gave examples of how this was supported.

Good

# Is the service caring?

## Our findings

People said “The staff are very kind and caring”, and “The staff always knock on my door and respect my privacy”. “The staff care and make me feel like they want me here”. A relative said, “I visit the home every day and I would know if people were not being cared for”.

Staff said they cared about people and wanted to spend time getting to know people more. Comments included; “I would love to be able to sit and talk to people, we try hard but just don’t always get the time”.

The quality of the interactions we observed were positive. We saw staff treating people with compassion and respect. For example, we saw a staff member recognised when a person had spilt their food. They asked them in a gentle and kind way if they could wipe the person’s face and change their clothing so they felt more comfortable. Another staff member asked a person who had recently moved into the home if they had settled in and if they had a good night’s sleep. When staff were busy they made time when possible to check on people and ensure people were happy and comfortable. One staff member, while supporting one person, checked if another person was warm and provided them with a shawl and reassuring words that their family would soon be in to visit.

Staff provided gentle reassurances when people were distressed or unsure what was happening. One staff member asked a person if they were experiencing any pain and if they wanted any medicine to relieve their discomfort. The staff member responded promptly to the person’s request.

People told us their privacy and dignity was respected. Relatives and health professionals were able to meet with people in private. Staff knocked on doors and waited for a reply before entering and closed doors and curtains when they provided personal care. Staff gave examples of how they promoted people’s dignity and independence. This included telling the person what they were doing at every stage and encouraging the person to make choices and be independent when possible.

Friends and relatives were able to visit without unnecessary restriction. One relative said “I visit all the time, the staff welcome and look after me”.

Requires Improvement

# Is the service responsive?

## Our findings

We found the quality of records relating to people's support needs varied. For example, of the six plans we looked at two clearly described how the person needed and chose to be supported. However, other records we looked at did not provide sufficient detail to reflect the level of care required. For example, one support plan stated the person needed full support with dressing and personal care but did not state how the person preferred or needed this support to be delivered. Staff we spoke to said that some people in the home would at times become distressed and displayed behaviours which could be challenging. Staff said they did not always have written guidance about how to manage these situations. Some of the files we looked at had forms to document people's specific mental health needs.

Although the registered manager told us support plans were reviewed on a monthly basis, records did not demonstrate these reviews took place or if people were involved in the process. The absence of a clear and consistent review process could mean that information about people's needs would be inaccurate and out of date.

The provider did not in all cases undertake a thorough assessment of people's needs before they moved into the service. For example; people who had changed from a respite arrangement to full time care had not had their needs assessed in relation to these changes. We saw that one person's health needs had changed significantly since a previous stay in the home, however, this had not been documented as part of a pre-admission assessment and had not been communicated to staff. Staff did not have the information they required to meet the needs of people when they first moved into the home. We saw that the absence of this information caused confusion for people and staff who supported them. For example, staff did not have information about one person's dietary needs and were unclear about how they needed to provide support at the lunchtime meal. Staff said they would not always be told about new people and written information was not always available.

Records contained limited information about people's interest, history and what they enjoyed doing. Some of the people we spoke with said they were often bored and that there was very little to do in the home. One person told us "We used to have a staff member who organised activities, that was good, but we haven't had that for a while". The registered manager told us they had recently appointed an activities coordinator who would be working with people to plan a weekly timetable of activities. This new staff member started work on the second day of our visit and spent time chatting with people in the service. During the afternoon of our visits we saw some people partaking in craft activities in the communal dining area. We saw that during this activity people chatted and laughed with staff and other people in the service. However, a number of other people sat in the communal lounge with very limited interaction from staff. Although the television was being watched by some of the people in the lounge we did not see any magazines, books or other objects in this part of the home, which people could engage with and enjoy. Following the inspection the provider told us that these items were available for people and recognised that staff should when possible encourage people to enjoy and use them.

We received mixed feedback from people about the response by the provider if concerns were raised. Some people said they would have no problem raising a concern and believed it would be dealt with immediately. However, other people said complaints were sometimes taken as a criticism by the provider and were not always dealt with in a positive manner. People went on to say that this response could affect people's willingness to raise concerns or issues in the future, which could impact on quality and people's care. The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. Examples were given of when the registered manager had supported and encouraged relatives to raise any concerns about the home or quality of care provided.

People were able to make choices about their care and support and were encouraged to remain independent, comments included; "I like to have a lie in, the staff know this and don't disturb me", "The staff know I like to be independent, they care for me exactly as I want".

People had the opportunity to attend a church service within the home twice a month. A hairdresser also visited the home each week. A notice board in the hallway kept people informed of these arrangements and people had the support they needed to attend.

People were able to maintain relationships with those who mattered to them. Several relatives visited on the day of our inspection and people went out for the day with their families. We saw people being welcomed back when they

Requires Improvement

# Is the service responsive?

had returned from a short break to stay with family. The registered manager told us they supported people to maintain relationships. For example, two people in the home were supported to enjoy trips out together and to spend time with family and friends outside the home. A relative told us "The staff look after me as well and always check that I am ok".

Requires Improvement

# Is the service well-led?

## Our findings

Comments from staff included, "We do our best to provide good quality care, but there is not enough time or staff to spend time with people in the way they need". Staff said that morale had been low and they believed this was due to low staffing levels and the expectation on staff to work long and unrealistic hours. Staff said they believed that issues of staffing had not been addressed by the provider and this had a negative impact on the quality of care provided. The manager said that recruitment had been difficult recently with few responses to adverts for new staff. They said that this had resulted in a higher than usual use of agency staff and permanent staff being asked to work extra shifts.

Staff said they were not always clear about the roles and responsibilities of people working in the home. They said this often led to confusion and also a feeling of being undermined and de-valued within their role. Staff also said it was not always clear who was able to make decisions about issues to do with the home and people's care. Discussion with the registered manager also highlighted that management roles and responsibilities were not clearly defined and agreed. For example; there was inconsistency about who was responsible for reviewing staffing levels and this has led to staffing levels not being sufficient to meet people's needs.

Audits had been carried out to assess the quality of the service. An audit had been undertaken into the number of falls. The audit concluded more falls had occurred at night, and as a result an additional member of night staff had been recruited. However, staff said the additional member of staff only worked two nights each week and this was not effective in addressing the risks identified. We spoke to the registered manager about this issue at the time of the inspection and we were told that they would speak to the staff and review people's needs and staffing levels during the night.

We received mixed feedback from relatives. Some relatives felt communication was good and they had been fully involved in issues concerning the home. However, other comments referred to poor communication and a lack of openness, particularly in relation to concerns about the service.

Some of the records relating to people's care arrangements were disorganised and did not provide a clear picture of people's current and changing needs. The registered provider told us that they were in the process of implementing a new computerised recording system. The registered manager and provider said they believed the new system would improve the quality of record keeping in the service and also allow staff more time to spend with people in the service. The new system was not in place at the time of the inspection therefore it was not possible to see what impact this would have on people or the quality of the service.

Staff meetings had been held to provide an opportunity for open communication. The minutes of a recent staff meeting showed staff had been encouraged to discuss and consider issues of quality and improvement within the service. However, staff said communication in the service was often poor and although meetings were scheduled staff would often not have time to attend them. Comments included "Staff work such long hours they do not feel they should have to also attend meetings", and "Information about people and the service is often passed to staff in a rushed way, which is not good".

People said that the registered manager was approachable and took an active part in the running of the home. Comments included, "The manager is always around and I trust that they would deal with any concerns we have about the service".

People were kept informed about events happening in the home. A large notice board was displayed in the hallway with information about church services, hairdresser visits and chiropody. A weekly menu and information about the weather was also available. Staff said they would ensure that people who could not read this information were kept informed of what was going on.

Improvements were made to the environment to ensure people's safety and to meet people's changing needs. For example, carpets were being replaced in some communal areas and changes were being made to parts of the home to meet people's specific care needs. This demonstrated the provider had considered and taken steps to improve the quality of the service.

Health and social care professionals who had involvement in the home said all the staff were very helpful and provided them with the information they needed.

Requires Improvement

# Is the service well-led?

Feedback had been sought from relatives as part of the provider's quality monitoring system. Issues raised by relatives concerned staff training, activities and the environment. The provider had responded positively to these comments and had informed relatives about planned training, the recruitment of an activities coordinator and planned changes to the décor and environment.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing<br><br>Staffing<br><br>Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The Registered Provider had not employed staff in sufficient numbers to meet people's needs and keep them safe. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.