Care Quality Commission

Methodist Homes

Moorland House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection visit took place on 5 April 2018 and was unannounced.

Moorland House is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Moorland House is registered to provide care and accommodation for 48 older people. On the day of our inspection there were 44 people living there. Moorland House, changed from a nursing home to a care home in November 2017, and no longer provides care and accommodation to people who require nursing care.

The registered manager had been in post since November 2017. 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.

The service was safe. Appropriate checks and assessments of staff were completed to ensure they were safe to care for people. Staff understood their duty to protect people from abuse and the policies in place supported this. Risk assessments were in place and identified people who required additional support for some or all of their daily living activities. Medicines were mostly managed safely; and there were processes in place that prevented the spread of infection.

The service was effective. People's needs were assessed and used to develop personalised care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had relevant training, skills and knowledge to care for people's individual needs; and teams worked together across the service to ensure people received safe and effective care. People were supported to live healthy lifestyles and had sufficient to eat and drink. The building was designed to provide a safe living environment with a variety of private and communal spaces, both indoors and outside; where people were able to spend time alone, with friends or with family.
People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service was caring. Staff were kind, compassionate and caring and they developed positive and professional relationships with people. They cared for people with respect and promoted their dignity and independence. Family and visitors were made to feel welcome and were encouraged to spend time with their loved ones. People were encouraged to express their views about their daily care and preferences for daily living.

The service was responsive. Staff took time to get to know people, their histories and their aspirations and

used this to promote their wellbeing and emotional health. Staff understood people's individual care needs, preferences and responded positively, when people needed assistance. People felt able to make comments, complaints and suggestions and we found these were acted upon by the staff and registered manager. People received dignified care and support at the end of their life, where families were encouraged to visit and spend time with loved ones.

We found aspects of the service that were not always well led.

The provider, Methodist Homes had not always consulted with staff or people when it made changes to how the service was delivered. Recent changes to the rota had taken place without prior consultation with staff or discussion about impact on people. The service had also recently stopped providing nursing care and had only consulted the four people who were receiving nursing care at that time. It had not consulted all the people in the home, whose needs may change in the future. This had left people and families unsure about their ability to remain in the home if their needs changed.

We recommended the provider considers how to create a more open and inclusive culture, where people and staff are involved in planning future change and developments.

We also found the Statement of Purpose to be a generic statement about the types of care available across all services managed by Methodist Homes. It did not accurately reflect the service user types and care specifically provided at Moorland House; nor had it been updated following the changes to the service and to the registered manager. This had led to people being confused about the admissions process and the suitability of the service to care for them or their loved one.

We recommended the provider review their Statement of Purpose to more accurately reflect the care provided at Moorland House.

We found the local management arrangements to be responsive to the needs of people using the service. The registered manager was caring, responsive and effective in managing the staff team; monitoring performance and assessing the quality of the service. They used the systems and processes in place to ensure people received good quality care and outcomes. There were effective links with other agencies where they all worked together to achieve good outcomes for people.

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.

Pre-employment checks were completed before new staff cared for people. Staff understood how to keep people safe from abuse. Risks to people were identified and managed within their care plans.
Medicines were managed safely; and processes were in place for the prevention and management of infection within the home.

Is the service effective?

Good

The service was effective.

Staff received on-going training to ensure people received personalised and effective care, which considered their choice and preferences.
People had a nutritious and balanced diet and access to healthcare services.
Information was shared appropriately and effectively to ensure people received consistent care.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.
People and their families (where appropriate), were included in making decisions about their care and daily activities.
People and staff developed positive relationships based on dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood people's preferences and choices.
The registered manager sought feedback and used this to improve the service and the care people experienced.
Staff had the skills and knowledge to ensure that people received dignified care and treatment when they approached the end of

their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The culture of the organisation was not always open and inclusive. We found the provider sometimes made changes to how care was delivered without full consultation of staff or the people it affected.
The systems and processes in place ensured risks to people were identified; performance was monitored and the quality of care was assessed.
The registered manager had the knowledge and skills to develop the staff and improve the quality of the service.

Moorland 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 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 visit took place on 5 April 2018 at the care home. The inspection was unannounced,

The inspection team consisted of two inspectors and one expert-by-experience. The expert-by-experience had personal experience of caring for an older person who used health and residential services.

Before the inspection visit we reviewed any information we held about the service, including any information the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke with people. We spoke to 14 people who used the service or their relatives; as well as the registered manager and 9 staff. In order to capture the views of relatives, (as there were very few available during our inspection) we have referred to comments and feedback, that relatives have left in 'Thank You' cards and feedback online at 'www.carehome.uk.' We talked to staff with different roles within the service including the registered manager, senior care workers, care assistants, activity workers, administration manager, chaplain, the cook, domestic and maintenance staff. We reviewed 4 care records which included needs assessments, risk assessments and daily care logs; and management records which included three staff records, policies, audits and evidence of training. We asked the registered manager to email us copies of their policies after the inspection and verify their process regarding renewal of Disclosure and Barring Service checks. This information was provided promptly within the time period requested.

Good

Is the service safe?

Our findings

People and relatives told us the home was safe. One person said, "It feels very safe. They do very well." A relative told us, "It's transformed our lives having [family member] here." They said they no longer had to worry about their family member because they knew they were 'in safe hands'.

Each person living at the home had an emergency call pendant so they could call staff if they needed them urgently. One person told us, "It's good to have this. It means that wherever I am in the home I can press it and the staff will always come." Another person said they used their pendant sparingly but when they did staff always came immediately.

Staff were knowledgeable about safeguarding (protecting people from abuse) and understood the signs of abuse and how to report any concerns they might have. For example, one staff member told us, "We know our residents and if a person doesn't seem right, or is withdrawn or any other change, we would look into it and tell the manager or the person in charge."

Records showed staff reported safeguarding concerns as required to the relevant agencies including the local authority and CQC. Where necessary they took immediate action to protect people and worked with other agencies to ensure people were safe.

The registered manager and staff had a good knowledge of the people they supported and where they might potentially be at risk of harm. This meant they could monitor people's well-being and take preventative action to keep them safe. One person told us, "The staff keep an eye on me. When I'm walking with my frame they tell me to slow down and be careful." Another person said, "I'm far safer here."

People had individual risk assessments in place so staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely and which aids to use. A staff member told us, "We read all the risk assessments and care plans so we know how to care for people safely. We also discuss this in handovers and meetings." Risk assessments were evaluated and reviewed once a month or if any changes occurred. This helped to ensure that any new factors were recognised and care and support adjusted to safely meet people's changing needs.

People's personal emergency evacuation plans included specific details to ensure people were safely supported to exit the building in an emergency. These included information on how staff would support people to leave the building, for example in a wheelchair or on foot, and where the nearest emergency exit was in relation to a person's bedroom.

The provider and registered manager carried out regular health and safety audits and took action as necessary to bring about improvements. For example, the provider's 2017 fire risk assessment recommended that fire safety equipment was clearly marked on a plan of the building and held with the assessment. We checked the plan of the building and saw this had been done. Health and safety

information was held in the reception area so it was easily accessible to people, visitors and staff.

All the people and relatives we spoke with said the home was well-staffed. A relative told us, "As far as I know [family member] has never had to wait for a carer. When they press their buzzer the staff come straight away."

During our inspection visit there were enough staff on duty to support people safely. Most staff said they were satisfied with the number of staff available. Some staff members said staff were busy in the mornings when people were getting up and felt that an extra member of staff at that time would be beneficial.

We discussed this with the registered manager who said the provider recommended staffing ratios, but these were flexible depending on the needs of the people living at the home at any one time. She said this issue had not been raised by any people or relatives however she reviewed staffing levels on a daily basis and would check with people, relatives, and staff, to see if the morning staffing levels were satisfactory.

People using the service were included on staff recruitment panels, to help ensure the staff employed were suitable for their roles and met with people's approval. Staff recruitment files showed that the registered manager followed the provider's recruitment policy when they took on new staff and ensured they had the documentation required to show they were suitable to care for people.

People told us they had their medicines when they needed them. Some people looked after their own medicines and others let staff manage them. These arrangements were risk assessed to ensure medicines were kept safely. One person said they preferred the staff to dispense their medicines as it meant they were sure they were getting the right dosage at the right time.

Records showed that each person had a personalised medicines profile and risk assessment which included special instructions on how they wanted their medicines given to them. For example, one person wanted each medicine identified to them verbally before they took it. People's individual MARs (medicines administration records) were audited monthly by a manager and action taken if any improvements were needed. If people received 'as required' medicines, staff followed the protocols in their records to ensure these were give when they should be.

We sampled people's medicines administration records and those we saw were completed correctly with no gaps or errors evident. If people wanted staff to manage all or some of their medicines they signed consent forms which showed they were involved in the process of safe medicines administration. Staff were trained in the safe administration of medicines and had regular competency checks to ensure their skills remained up to date.

We observed part of the lunchtime medicines round. The staff member administering the medicines was kind and patient and did not rush people. They followed people's care plans and risk assessments and ensured the medicines trolley was kept locked when they were away from it.

Some people had their medicines in one of the dining rooms where they were finishing lunch. We saw that in some cases the staff member gave the medicines to a person and left it with them to take it unsupervised, returning a few moments later to check that they had done this. They later told us, "I always check to make sure they've taken their meds". This was in line with people's medicines risk assessments. However it did not take into account that other people might have access to these medicines too.

We discussed this with the registered manager who said medicines were given in this way to preserve

people's independence and dignity as they would not have a staff member standing over them while they took their medicines. While this is understood, we could not be sure that this practice was safe.

We looked at the providers' medicines policy. This stated, 'Colleagues must administer the person's medication directly to him/her and not leave it where another person may get it.' It also stated, 'If a person does not want to be directly observed, a discreet distance and risk assessment is acceptable.' Although risk assessments were in place at the home they did not address the possibility of another person having access to a person's medicines if they did not take them straight away.

The registered manager said she would address this issue by reviewing medicines practices in the home and assuring they were safe and in line with the providers' medicines policy.

All the areas of the home were cleaned to a high standard. A relative told us, 'When you visit the first thing you notice is how clean and fresh it smells."

Staff were trained in infection prevention and control and told us they always had a ready supply of personal protective equipment (PPE) including gloves and aprons. We saw staff washed their hands before assisting people with meals, personal care, and their medicines.

Records showed the registered manager carried out regular infection control audits which were shared with the regional manager and provider. They also checked the cleanliness of the home on a daily basis.

Like many care homes this winter the home had had a Norovirus (sickness and diarrhoea) outbreak. Staff immediately reported this to the relevant agencies including Public Health England and the local NHS Infection Control team and took advice as necessary. Affected people were cared for in their rooms and visitors encouraged to stay away until people were clear of infection. Domestic staff deep cleaned the home and followed NICE (National Institute for Clinical Excellence) guidance in dealing with laundry. This showed that staff took immediate and effective action to contain the outbreak and keep people safe.

We looked at how lessons were learnt and improvements made when things went wrong at the home. For example, the home's accidents and incidents book showed that when an accident or incident happened, staff took action to minimise future risk. We saw, one person had missed a prescribed medicine as it had not been delivered on time. Although the registered manager said staff had chased up the medicine, contacting both the GP and pharmacist, there was no clear audit trail to show this had been done. To prevent this happening again the registered manager had introduced a pharmacy communication book for staff to complete if there were any issues with a person's medicines. This meant that that the registered manager and staff would be aware if there were problems and could take prompt action to ensure people had their medicines safely and when they needed them.

Good

Is the service effective?

Our findings

People received effective care and support because their needs and choices were assessed, understood and met in line with relevant guidance. Records showed that people had comprehensive assessments before coming to the service. These considered their mental, physical, social and cultural needs to ensure a full picture of each person was completed. One relative told us, "The staff have got my [family member] sussed here. They really understand them and know exactly what they want."

The registered manager gave us examples of how staff members had provided empathetic, non-discriminatory and effective care to people and supported them to determine their own lifestyles. For example, we saw records that demonstrated people were supported to follow their own personal cultural or religious beliefs. This was in line with current legislation, standards and evidence-based guidance.

Records showed staff completed a wide range of training courses to help ensure they could care for people safely and effectively. They began with a comprehensive induction followed by further mandatory training including safeguarding and first aid. One member of staff told us how they'd progressed to a senior role since being at the home. They said, "The training is excellent, as an organisation they are very good at supporting staff to develop professionally." The care practice we observed, demonstrated that staff had a good understanding of people's and the skills to care for them effectively.

The managers had systems in place to ensure staff regularly refreshed their training and were up to date with good practice and new requirements in care. If staff needed specific training to meet the needs of a particular person using the service this was provided. For example, staff had had training in choking prevention in order to care effectively for a person at risk in this area.

Staff had guidance and support when they needed it. Staff told us they had confidence in the registered manager and were satisfied with the level of support and supervision they received. Records showed that supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their roles.

At our last inspection we found lunchtime in the downstairs dining room was disorganised. Some people had to wait a long time for their food, tables weren't set properly, not everyone had a drink, and staff were more focused on serving food than engaging with the people having lunch.

Following our inspection the provider wrote to us to say they had introduced a dining room coordinator to lead and improve the dining experience for people.

At this inspection we saw improvements had been made. Both dining rooms were well-staffed and people comfortably seated with drinks as they waited for their meals. Staff had the time to engage with people and assisted them with their meals where necessary. The atmosphere was calm and sociable and we saw people enjoying their food and conversing with staff and each other.

People told us they liked the food served and had had plenty to drink throughout the day. Comments included: "the food is perfect"; "the food is excellent"; and "the food's tremendous, top whack". People said they had plenty of choice at mealtimes and staff would always make them an alternative if they didn't want anything on the menu. One person told us they liked the breakfast hours of 07.30 to 10.30 as they could choose to eat breakfast when they wanted. Another person said they had breakfast in bed at 6.30am which was their choice.

Relatives also said their family members were happy with their meals and commented on the effective support staff gave them regarding their nutrition. One relative said, "Since my [family member] has been here they eat more. The staff coax them into eating and bring little things to tempt them."

We met with the chef who had a good knowledge of people's dietary needs and preferences and prepared a varied menu of wholesome food including diabetic, gluten-free, fork-mashable and of the required consistency for people with Dysphagia. Dysphagia is a condition where people may struggle to swallow and are at risk of choking. The chef told us the provider was in the process of introducing the International Dysphagia Diet Standardisation Initiative (IDDSI) into its care homes, with the aim of improving the safety and care of people with dysphagia. The chef had recently had training on the IDDSI and showed us the guidance staff would be using to support people to have an improved eating and drinking experience.

Records showed people's nutritional needs were assessed when they came to the service. Staff worked with GPs, dieticians, and speech and language therapists to help ensure people's nutrition and hydration needs were met. If people were at risk of poor nutrition staff completed diet and fluid charts to monitor their intake with a view to ensuring they were receiving effective nutrition.

People told us their medical needs were met. They said a local GP ran a clinic at the home every week and they could see him if they had any health issues. One person said the staff arranged for people to visit the dentist when they needed to. A relative told us their family member's health had improved since they came to the home. They said their family member had 'really perked up' and told us, "All their needs are met here. Staff take care of medical appointments and know what to do if people are under the weather."

Records showed that each person had a 'health promotion care plan' which set out what staff needed to do to ensure their health care needs were met. People had access to a wide range of health care professionals who came to the home nearly every day. These included district nurses, dieticians, occupational therapists, chiropodists and opticians. People received prompt and effective healthcare. A relative told us how helpful and supportive the registered manager and staff had been when their family member developed a health care issue and how speedily they ensured this was resolved.

The premises were suited to the needs of people living at the home. There was ramped access to the main entrance and emergency exits. The décor was neutral with brightly lit corridors and rooms. Doors to bedrooms and communal rooms were wide and accessible for people using wheelchairs or walking aids. There was a range of communal areas so people could choose where to sit and whether they wanted to socialise or not. People had a choice of a lift or stairs to access both floors in the building. Mobility aids and adaptations were provided where necessary. All bedrooms had ensuite facilities, TV and telephone points to enhance people's privacy and independence. People chose colours and furniture for their own rooms and decisions about the decoration of communal areas were put to a vote. There was also plenty of safe outdoor space for people to walk, sit and enjoy fresh air and outdoor activities on warmer days.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection one person had been referred to the local DoLS team for assessment. Records showed that in the meantime the person was being supported in line with their best interests to ensure they received effective care.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. We saw that staff always sought people's permission before they assisted them. Care records included a section on people's mental capacity and stressed the importance of people consenting to their care and advised staff how best to seek consent. This meant that staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "The staff are all lovely, they can't do enough for you." Another said the staff were, "Great, very good indeed, they cheer me up, they're a good lot, all of them, some are very, very good, they treat you like a friend." As we did not have an opportunity to speak to many relatives during our inspection, we read thank you letters from them and reviews they had posted online. One relative had written, "As a whole family we have felt utterly supported and care for. We have never been afraid to ask for things and they have always been so willing to provide." Another wrote, "We were welcomed into the home and experienced a very calming, friendly, warm environment. Nothing was too much trouble." This showed that staff were kind, caring and supportive to people and their families.

We observed staff talking to people with kindness and respect. During lunch we observed some very positive interactions. One staff member approached a table and respectfully asked, "What would you like for desert ladies." We saw another staff member walk around to a person across the room, bend down and talk to them close to their ear, so they hear them. They listened to the person and engaged in a conversation; we saw the person smiling and nodding. This demonstrated that staff respected people, showed compassion and recognised their particular needs; in this case making an effort to ensure that they could hear and respond to a person with hearing difficulties.

In discussions with staff they demonstrated their knowledge of individual people and their histories, families and preferences. One staff member told us how one person enjoyed talking about their family and previous jobs and how they would bring it into daily conversation with them, to help maintain a connection with their families and their past. One staff member told us that staff worked well together in their teams, supported each other and were willing to take on extra shifts when staff were off sick or on leave. This indicated good teamwork and a caring staff team. People were cared for by kind and compassionate staff who developed positive and caring relationships with them.

One relative who had written a positive review online, said, "The staff are extremely helpful and cheerful - they know and care about all the residents." People told us they were involved in their care planning and decisions about their daily living and care arrangements. The registered manager told us people who required nursing care were consulted and reassessed when the home changed to residential care only. They said people, families and relevant healthcare professionals were involved in joint discussions and assessments of people's needs. People were either supported to find appropriate, alternative care or were re-assessed and found they no longer required nursing care and were able to stay in the home. One relative told us they were pleased their family member was in this home as they were able to meet all their care needs, but they were concerned about what would happen if their needs increased. The registered manager assured us they would still be able to support people in this situation with the help of the district nurse team who came in daily.

We saw a variety of information leaflets available in the reception and communal areas. These provided information on local community services as well as health and advocacy services. Staff told us they had time to talk to people and we saw staff engaged in conversation with people during our inspection. We also

observed staff taking part in the '3 o'clock stop', where staff were encouraged to stop what they are doing and spend 10 minutes with people, chatting over a cup of tea. People were supported to express their views and were actively involved in making decisions about their care and daily living activities.

We saw a comment on the compliments and comments board which said, "My family are so grateful to the all the staff at Moorland House for looking after my [relative] and all of us so well. All the staff – care staff, kitchen, cleaning, laundry and maintenance, admin staff – are kind, welcoming and professional." This showed that staff respected people and their families and promoted their dignity. Whilst walking around the home we observed bedroom and bathroom doors were closed when people were receiving personal care. Staff provided lots of examples of how they promoted people's dignity during personal care and in day to day care. We observed staff using people's preferred names; moving in close to engage in conversation to ensure they were heard; and people were well groomed and smartly dressed, including accessories and make-up. Personal data regarding people's care was kept in secure areas and on password protected computers.

We saw records demonstrated that some people managed their own medicines, personal care and engaged with activities within the local community, independent of the staff. One person said, "I'm very happy here, they're very nice to visitors too, provide them lunch as well, you couldn't find anywhere better. They try very hard and the atmosphere is nice." Visitors were also welcome at any time and there were lots of communal areas for people to entertain their visitors, other than their bedroom. This demonstrated that the layout of the building and the staff promoted people's dignity, independence and individuality.

Good

Is the service responsive?

Our findings

When we reviewed people's care plans we noted people were consulted about their care and we saw their wishes were clearly recorded. For example, one person preferred baths to showers and this was clearly recorded. This person also told us they had a bath whenever they wanted. We saw a care plan where a person had commented on how they liked to dress and staff told us how they supported this person to dress as they preferred.

People were well-groomed, with coordinating clothes and accessories during our inspection. The registered manager had arranged for a local hairdresser to visit the home every week and attend to people's personal grooming. We saw people enjoyed having their hair washed and arranged to their liking. One person said, "It's lovely having my hair done here, it saves me having to go out. I don't know what I would do otherwise." This demonstrated staff understood and were responsive to people's individual care needs and preferences.

There was an activities coordinator who arranged regular activities for people. There was an activity board in the reception area, where the weekly activities were displayed. People told us they received a weekly newsletter with a timetable of activities for the week ahead. People and families told us this was useful so they could plan their visits and other activities around their preferred activities in the home. People received the newsletters and post in their individual post boxes which were located next to the entrance door to their room.

We saw people taking part in chair exercises and a 'brain training' exercise during our inspection. We could see people joining in with enthusiasm and they told us they looked forward to the activities. We saw that activities were discussed at resident and relative meetings and we saw that people made suggestions for activities and these were arranged by the staff. People told us they enjoyed going out on trips around the Peak District in the provider's mini-bus.

A trip to a local tea room was planned for the day of inspection, but staff responded to requests from people to take advantage of the lovely weather; so the trip was changed to visit a local garden centre instead. This showed how the staff responded to the changing needs and preferences of people.

Staff told us how they supported people to access activities and resources to suit their particular needs and cultural preferences. We saw books in large print, CD's with 'hearing books', books and displays about religious and cultural festivals. One staff member told us how they had supported a person to learn about a different religion and how people and staff took part in ethical and cultural discussion during the monthly 'Lifeways' Group. Visits to local churches were arranged and the chaplain held Christian services at the home for people, families and staff to attend.

People told us staff listened to them and they were involved in discussions about their care. One person said, "I have no concerns but if I did, I would be quite happy to raise them". Another person said, "The management team are very approachable". One person told us they had always preferred a room with views

over the front of the building and when one became available they were offered it. They said, "This is one of the best rooms in the home." They were delighted with their move.

In the Provider Information Report (PIR) the registered manager stated that they held regular resident and relative meetings, where they discussed plans and ideas with people and their families. People told us they attended the resident meetings and found them useful. One person said the meetings were, "A good opportunity to catch-up with what's going on." We saw minutes of the meetings where people had discussed menus, activities and made suggestions, which we saw had been implemented. For example at one meeting one person had commented on the lack of menus in the upstairs dining room, during our inspection we saw that daily menus were in place on each table upstairs. We also saw the daily menu was written on the dining room notice board each morning, at the request of another person.

We saw evidence that when people made comments, suggestions or complaints, these were recorded and acted upon. For example some people had complained that the soups served at lunchtime, were sometimes cold and were not to their taste; this was recorded and discussed with the cook. Changes were made and people told us they were happy with the soups during our inspection. This demonstrated that staff listened to people and acted upon their complaints and suggestions where possible.

The service is part of the carehome.uk scheme and has received positive feedback from families of current and former residents. It currently has a rating of 9.3 out of 10 from carehome.uk. The registered manager encourages people to feedback to carehome.uk as this provides a transparent process for feedback. We saw feedback cards in the reception area for people and visitors to use and a notice board with compliments and thank you cards from families of current and former residents. One relative had written, "We all felt 'at home' coming to Moorland House. It is easy just to pop in at any time of day and share a meal, activity or simply spend quiet time together. The staff will always change their schedule to suit visitors and you always get offered a cup of tea or coffee." This demonstrated that staff were flexible and responsive to the individual needs of people and families.

The registered manager told us that even though the service no longer provided nursing care, they had a good working relationship with the local GP and district nurses, who provided care, support and advice to staff when people were approaching the end of their life. They also said, "We have people who have chosen to come here at the end of their life, knowing they will be well looked after; especially people who live alone or who are leaving hospital. Families can visit at any time and we try and prepare a nice calm environment for people and their families." There was a chaplain at the home who offered emotional and spiritual support to people, staff and families when a person was approaching the end of their life. There was a room set aside for use as a chaplaincy which was used for quiet reflection and support for families and staff following bereavement.

There was also a staff 'champion' who had received specialist training and was working with the wider staff team to develop a responsive and personalised approach to caring for people and families, who were approaching the end of their life. We saw 'Thank You' letters and online reviews which commented positively, on the care their relatives had received at the end of their life. One relative had written, "During his last hours and following his death everyone has been so helpful and considerate." Another relative had written, "Overall the standard of care was excellent, I cannot praise them enough. The support for her was amazing." This demonstrated that people were supported to have a dignified death that considered their wishes; and where families and staff were supported following bereavement.

Requires Improvement

Is the service well-led?

Our findings

Although the home had mostly good outcomes for people there were some issues at provider level, where improvement was needed.

At our last inspection in September 2016, we found the provider had not always responded positively to staff concerns about staffing levels and some staff felt their concerns were not heard or respected by the provider. At this inspection we found staffing levels had improved but some staff told us other changes had been imposed by the provider without any true consultation with staff or consideration of the impact on the people they supported. For example, the home had recently changed from a care home with nursing to purely a care home. It no longer had nurses on the staff team and did not accept people with high nursing needs. This change in registration was approved by CQC and the change took place on 1 November 2017.

Some people and relatives said that as a result of this they were unsure as to what services the home provided and how long people could stay if their needs changed. One person said they had a friend who was also living at the home and they were worried that if their friend's mental health deteriorated they might have to leave. Another person had similar concerns about their own needs, but said the registered manager had put their mind at rest.

Two relatives told us they feared for the future because they thought that if their family members developed dementia they would have to leave the home. We discussed this with the registered manager who said this would only happen in extreme cases, for example if staff were unable to meet people's needs with regards to challenging behaviour. However this was not made clear in the information the home shared with people and relatives so was understandably a cause for concern. The registered manager said she would address this to ensure people and relatives were clear about what the home could offer in terms of their future care and support.

The statement of purpose, produced by the provider, was generic in that it contained information that applied to all the provider's care services. It stated that care was provided for people with nursing needs, dementia, learning disabilities and a variety of health conditions. This mean it was unclear from the statement of purpose what services Moorland House actually provided and to whom. This was compounded by the provider's online brochure for Moorland House that stated the home provided nursing care, although this was no longer the case. The registered manager confirmed that Moorland House only accommodated people who required personal care and with low level nursing needs that could be met by the district nurse team and GP. They said they did not accept people living with dementia as the environment was not suitable for them.

When we asked to see the consultation held with people who used the service they told us that only the four people who were receiving nursing care at the time were consulted. They told us these discussions were recorded in their care plans. When we asked about consultation with other residents and families they told us they were informed of the changes at resident and relative meetings. We saw minutes of meetings that confirmed this. However, we felt this was not a consultation; it was information sharing about decisions that

had already been made. This meant the impact on other people, or their views, were not considered when making the changes.

We discussed these with the registered manager and explained how the statement of purpose, online brochure, and the lack of consultation with people who did not require nursing, had led to confusion about the type of care that was provided at the home. The registered manager said they would try and keep people with them as long as possible and would only move people on in exceptional circumstances. However, they said they were no longer able to accommodate any new people with dementia or high or complex needs, due to the staffing levels and the design of the building.

We recommend the provider reviews the statement of purpose and online brochure to more accurately reflect the service user types and care specifically provided at Moorland House.

The provider did not always promote a positive culture that was open, inclusive and empowering to staff and people who used the service. We saw evidence of staff meetings where staff received group supervision, discussed themes and concerns arising from the management audits and were updated on changes within the service. Whilst staff told us they found these meetings useful and informative, they also commented that sometimes they felt information was given about changes that were happening without any formal consultation with people or staff. For example, the provider had introduced a fortnightly rota across its services and a 12 hour shift pattern; this had been implemented at Moorland House with limited consultation with staff, beforehand. Staff told us that some staff had left due to lack of flexibility in the new rota which affected their personal responsibilities. However, the provider told us that only one staff member had left the service due to rota changes as others had been re-deployed in non-caring roles or as bank staff; as they could no longer commit to the 12 hour shifts that were part of the new rota. Many of the staff we spoke to had been recruited since the start of the new rota and expressed no concerns about it.

We found the new rota impacted on how activities were planned. The fortnightly rota made it difficult to plan some activities on the same day each week, as the activities staff no longer worked on the same days every week. People had told us they found it useful to have regular weekly activities, as they planned their other activities around them. The registered manager said volunteers came in from the local community for some regular activities and other activities were offered on different days of the week, to provide variety for people.

We recommend the provider considers how to create a more open and inclusive culture that respects the views of people and staff when making decisions about future changes or developments to the service.

People and relatives told us they were mostly happy at the home and felt it was well-managed. One person said, "I feel so very fortunate to be here. The manager and staff run a tight ship but the home is still remarkably relaxed." A relative told us, "It's fantastic here. The home is always well-run and my family member's needs are always met. The registered manager is great, she's lovely and very well-organised, and the staff are excellent." A staff member told us, "If something needs doing the manager gets it done. We asked for keypads on some of the stock cupboards and she got that done within a week."

People and relatives said the registered manager was visible in the home and always approachable. During our inspection people and relatives continually visited her office to talk about the home and generally socialise. We heard much laughter and banter and it was evident that people and relatives got on well with the registered manager. The registered manager said her door was always open, unless confidential matters were being discussed. She said people always took priority, as it was their home, and she did the rest of her work around them so they remained her top priority.

One person told us they were invited to sit on the recruitment panel for new staff and they were very pleased to have been involved. The registered manager said this was a new initiative and some people had volunteered to do this. They were now rotating who would be involved in recruitment panels to ensure everyone had a chance, who expressed an interest in doing so. New staff told us they thought this was an excellent idea and gave a good impression of the home as a place to work.

We saw how technology was used effectively to support the management team to monitor and audit risks to people and the quality of the service they provided. We were shown the weekly and monthly audits which assisted the registered manager to produce accurate quarterly reports for the provider, commissioners and their own monitoring purpose. For example, we saw people's weight was recorded each month and where people were identified as having significant weight loss one month and at risk of further weight loss, this would be 'flagged' by the system. This led to increased monitoring of their health to try and find the reason for the weight loss. In such cases, increased monitoring meant a person at risk, had their food and hydration monitored daily, they were weighed weekly and referrals made to a dietician or GP where required.

We also saw evidence that the IT system in place was used to identify areas for improvement and opportunities for learning for example identifying people at risk of falls and for identifying themes and patterns of incidents and falls. When the data had been analysed, the registered manager was able to identify that most falls occurred between 8-9pm, when people were tired. They responded to this by asking people if they wished to go to bed earlier or ensuring staff were aware of those people at increased risk of falls at that time and offered assistance when mobilising. This demonstrated how management systems and processes were used effectively to identify and manage risks to people and keep people safe.

Before the inspection visit we reviewed any information we held about the service and noticed there had been an increase in falls over the previous 6 months. When we discussed this with the registered manager, they advised us they had only been in post for 5 months since the change in registration from a nursing to care home. They told us how they notified us of all significant incidents, as required under the terms of their registration with the CQC. After discussion with the registered manager, we agreed the increase in notifications was likely to be due to an increase in reporting rather than an increase in falls. This was further evidence of how the processes helped the service to identify risks to people; and of the registered manager taking responsibility for performance, quality monitoring and of understanding and meeting their regulatory responsibilities.

A staff member showed us the 'Champions Board' in reception and explained the process of staff volunteering to be champions in areas of their personal interest. They told us how individual staff had taken on responsibility for particular areas of care and spent time collating resources and information that they used to upskill themselves and the staff team. We saw there were 'champions' in continence care, end of life care, nutrition and infection control, as well as a variety of other care needs. Staff told us 'champions' could access a training budget if required and their acquired knowledge would benefit the wider staff team. We were told the champion scheme had been very popular with staff and had improved moral.

The registered manager told us they encouraged staff to learn about wider areas of caring for people including nutrition, diet and infection control. This meant they became multi-skilled and able to work in different areas of the service, if they wished. They said this was another way to reduce dependency on agency staff and improved the quality and consistency of care people received. This was evidence that the registered manager was investing in the staff team and providing opportunities for learning and up skilling of staff which in turn had a positive impact on the sustainability of the service. This was particularly important considering the geographical location of the service and the limited pool of potential staff who lived in the local area.

Moorland House is very much part of the local village and community. People attended the local church, visited local shops, businesses and used local services. The home regularly took part in local community events and festivals; and the community was invited to many of the social events at Moorland House. For example, summer garden parties, Hathersage Lantern Parade and Christmas Carols.

The registered manager told us they had a good relationship with the GP and district nurse team. People told us they had regular visits from health professional whenever they needed them and we saw evidence of this during our inspection. One person said, "I have bandages on my feet and the doctor will be seeing me later to have a look at them, my carer arranged the appointment for me." The registered manager had arranged for volunteers from local schools and groups to provide regular activities and events at the home.

We saw evidence in care plans that people were referred to specialist services when required. Staff followed the advice and guidance from other services to ensure consistency of care and safe treatment of people. For example we saw people had been referred to the 'falls prevention team' when they had two or more falls; and other people had been referred to the dietician if they had lost their appetite or lost weight. This was evidence that the service worked in partnership with other agencies and partners in the local community; which had a positive impact on people and improved their outcomes.