

Boldlawn Limited

# Moorland View Care Home

## Inspection report

Moorland View  
Exchange Street  
Darwen  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection which took place on 16 December 2015. The service was last inspected in April 2014 when it was found to be meeting all the legal requirements we reviewed.

Boldlawn Ltd is registered to provide accommodation for persons who require personal care at Moorland View Care Home. Accommodation is provided in 32 single bedrooms over two floors. 16 of the bedrooms have en-suite facilities. The home is located in a residential in Darwen. At the time of this inspection there were 28 people using the service.

The service had a registered manager in place who was also the provider of the service. 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.

Recruitment processes were generally robust enough to help ensure people were always protected from the risk of unsuitable staff. However, we noted one staff member's file did not include a full employment history.

# Summary of findings

People who used the service told us they felt safe in Moorland View. Visitors we spoke with said they were happy with the care their relative received and had no concerns about their safety. Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse. They told us they were confident they would be listened to and taken seriously should they raise any concerns.

People we spoke to told us that the staff at Moorland View were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs, interests and preferences of people who used the service. However, care plans did not always contain detailed information for staff to follow to help ensure people received safe and effective care, including advice received from other professionals such as the Speech and Language Therapist (SALT).

Although staff generally responded promptly to people's request for assistance, the deployment of staff at lunchtime did not ensure that people received the individual support required to eat their meals.

Systems to ensure the safe administration of medicines needed to be improved; this was because records did not always show when staff had applied prescribed creams. However, a visiting health professional told us they had no concerns regarding the skin care people received. People were supported to be as independent as possible when taking their prescribed medicines.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Regular checks were in place to ensure staff were aware of the action they should take in the event of a fire at the service. However, personal evacuation plans (PEEPS) had not been developed. This meant there was a risk people who used the service would not receive the support they required in the event that an evacuation of the home was necessary.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The majority of staff had received training in the Mental Capacity Act (MCA) 2005 and told us how they would support people to make their own decisions wherever possible. The registered manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Staff told us that they completed an induction when they started work at Moorland View. We saw that systems were in place to ensure staff received the training, supervision and appraisal to support them to deliver effective care.

People told us they enjoyed the food provided in Moorland View. We observed the food to be well presented and nutritionally balanced. Systems were in place to help ensure people's nutritional and health needs were met. Visiting health professionals we spoke with told us the standard of care provided by staff was very good.

A programme of activities was in place to help stimulate people and maintain their contacts within the local community.

Records we reviewed showed people had opportunities to comment on the care provided in Moorland View. All the people we spoke with told us they would feel confident to raise any concerns with the staff and registered manager.

Staff told us they enjoyed working in the service and received good support from both the registered manager and senior staff. Regular staff meetings provided staff with an opportunity to comment on the service provided and to suggest any improvements they felt could be made.

A system of audits and quality assurance monitoring was in place. However, this needed to be more robust to identify and drive forward required improvements in the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Recruitments procedures were generally robust enough to ensure people were protected from the risk of unsuitable staff. The deployment of staff at lunchtime did not ensure people received the individual assistance they required to eat their meal.

Staff did not always follow advice received from the Speech and Language Team (SALT) to ensure people received safe care.

Medication administration record (MAR) charts did not show that staff had always applied skin creams as prescribed.

Although staff had received training in fire safety, there were no personal evacuation plans (PEEPS) in place to ensure people received the support they needed in the event of an emergency at the service.

Requires improvement



### Is the service effective?

The service was effective.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

The registered manager had taken steps to ensure that any restrictions in place for people who used the service were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

People were supported to access services to help ensure their healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People who used the service told us staff were kind and caring in their approach. This was confirmed by our observations during the inspection.

Staff showed they had a good understanding of the needs, interests and preferences of people who used the service.

Good



### Is the service responsive?

The service was responsive to people's needs.

Care records included information about how people wished to be supported to achieve their individual goals.

People had opportunities to comment on the care provided in Moorland View. Systems were in place to investigate and respond to any complaints people might make.

Good



# Summary of findings

A programme of activities was in place to help improve the well-being of people who used the service.

## Is the service well-led?

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. Staff told us they enjoyed working in the service and received good support from the registered manager and senior staff.

The quality assurance systems needed to be more robust to help drive forward improvements in the service.

**Requires improvement**



# Moorland View Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 December 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services for older people

Before our inspection we reviewed the information we held about the service including notifications the provider had

made to us. We contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service.

During the inspection we spoke with eleven people who used the service, seven relatives and two visiting health care professionals. We also spoke the registered manager, three members of care staff, the chef and a domestic.

During the inspection we carried out observations in all public areas of the home and observed the lunchtime experience in the dining room.

We looked at the care record and medication records for four people who used the service. We also looked at four staff personnel files and reviewed a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe in Moorland View and had no concerns about the care they received. One person commented, “I feel very safe here; everything appears to be spot on.” A relative also told us, “I am [my relative’s] power of attorney and I feel confident she is safe here.” One person told us that, although they felt safe in the service they would like to be able to lock their door. We discussed this with the registered manager who told us this arrangement was already in place and they would ensure the person concerned was shown how to use the lock on their door.

During the inspection we saw one person go into the room of another person who used the service while they were in the dining room. We observed this person open drawers in the room before leaving. When we discussed this with staff they told us they were aware that the person concerned needed close observation to ensure their safety and that of other people who used the service. However, they had failed to notice them entering the person’s room. The registered manager told us they would ensure that people who used the service were asked to keep their bedroom doors closed as much as possible when they were not occupied; this should help to ensure their personal possessions were protected.

Staff told us they had received training in safeguarding adults; this was confirmed by our review of staff training records. They were able to tell us of the correct action to take should they witness or suspect any abuse. Staff were also aware of their responsibilities to report poor practice and told us they were confident the registered manager would listen to them if they raised any concerns.

We looked at the systems in place to ensure staff were safely recruited. We reviewed four staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person’s identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We found that on one of the staff personnel files the application form did not include a full employment history. The registered manager told us the gaps had been

discussed with the person concerned but they were unable to provide us with a record of this discussion. In contrast, on another person’s file we noted the gaps in their employment history had been discussed and recorded at interview. Evidence we saw during the inspection showed that the registered manager had not contacted the previous employers of one person who had worked with vulnerable adults to ascertain why their employment in that service had ended. This is required by the current regulations to help ensure people are suitable to work with vulnerable groups. However, following the inspection, the registered manager sent us evidence to confirm this contact had in fact taken place.

All the people we spoke with who used the service told us staff responded promptly when they needed support. One person commented, “My buzzer does work. I only use it at night and the staff come when I press it.” However, a relative told us, “There doesn’t appear to be sufficient staff on duty on some occasions.”

During the inspection we observed staff generally responded promptly to people’s requests for assistance or support. However, during the lunchtime period we found the deployment of staff did not ensure people received the individual assistance they required to eat their meals. We noted that one staff member was assisting three people at the same time, including one person who required close observation due to the risk of choking. Although this staff member was supportive and encouraging in their interactions with people, they were unable to provide the individual attention people needed. At the start of the inspection the registered manager told us they had increased the number of staff on duty at mealtimes to help ensure people received the individual support they needed. However, our observations showed staff were not provided with direction and leadership to ensure they were deployed in the most effective manner to meet people’s needs.

One staff member we spoke with told us they did not feel there were enough staff on duty in the evenings. The registered manager told us there 4 members of staff on duty on the evening shift. They also told us that 12 people who used the service required the support of two carers to meet their needs. We discussed the concerns raised with us that if two people who required the support of two carers needed assistance at the same time, this would mean there would be no staff available to meet the needs of all the

## Is the service safe?

other people in the service. The registered manager agreed to review staffing levels although they advised us that the numbers of staff on duty had not decreased in spite of a reduction in the number of people using the service.

We reviewed the systems in place to ensure the safe administration of medicines. All the people who used the service told us they always received their medicines as prescribed. We noted that the registered manager had introduced lockable medicine cupboards in some people's rooms; this helped to ensure people could be as independent as they wished to be when taking their prescribed medicines.

We reviewed the medication administration record (MAR) charts for four people who used the service. We found these to be fully completed to confirm people had received their medicines as prescribed. However we noted the MAR chart for one person recently admitted to the service did not contain a photograph or a list of known allergies. This meant there was the person might receive medicines which were not prescribed for them or which were unsafe for them to take.

We saw there was a separate record kept of the creams prescribed for people and when they had been administered by care staff. We reviewed the cream charts for four people who used the service. We found that only one of these had been fully completed. Three records contained missing signatures and two did not include full administration instructions for prescribed creams. This meant we could not be certain that staff had always applied people's skin creams as prescribed. However, a visiting health professional we spoke with told us they had no concerns about the skin integrity of people who used the service.

We saw that staff had received training in the administration of medicines. One staff member told us they were always accompanied by another staff member until they felt confident in their ability to administer medicines safely. The registered manager told us the training provider undertook assessments of the competence of staff to safely administer medicines. However, we did not find any records of these assessments on any of the staff personnel files we reviewed.

Care records we reviewed included information about the medicines people were prescribed. We noted one person's care record stated it had been agreed by the person's GP

that prescribed medicines could be given in food or drink to help ensure the person was able to take them as prescribed. However, we noted there was no information on the person's record to guide staff on the action to take should the person not consume all of the food or drink in which their medicines had been placed. We discussed this with a staff member who told us the person would always eat and drink everything they were given. We also noted this person's care records contained information from the Speech and Language Team (SALT) which had not been included in the person's nutritional care plan. This included information about how fluids should be thickened to reduce the person's risk of choking and the way in which staff should support them to eat. During the inspection we observed that a staff member did not act in accordance with the advice from the SALT team; this included failing to ensure the person was in an upright position when eating their meal in order to reduce the risk of choking. We discussed this with the registered manager who told us they would ensure all staff were aware of the correct action to take when supporting people to eat.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We saw infection prevention and control policies and procedures were in place. We saw infection prevention and control training was undertaken by all staff. The housekeepers on duty confirmed they had completed this training and knew of the action they should take to help prevent the risk of cross infection. However, we noted that the registered manager had only carried out one infection control audit during 2015. Records of this audit did not clearly document what action had been taken to address any identified shortfalls.

Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

## Is the service safe?

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency. The registered manager told us that following advice received during a recent visit from the fire service they had arranged for an evacuation chair to be purchased. This was to help ensure the safe evacuation of people located on the first floor of the building. They told us they were awaiting training for staff about the safe use of this equipment.

Although each bedroom contained information about escape routes people should follow in the event of an emergency, we noted there were no personal evacuation plans (PEEPS) in place. These plans provide guidance for staff and emergency service personnel about the support people require should an evacuation of the building be necessary. The registered manager told us they would make immediate arrangements to ensure these plans were put in place for everyone who used the service.



# Is the service effective?

## Our findings

Staff we spoke with told us they received the training, support and supervision they required to be able to deliver effective care. One staff member told us, “[The registered manager] is very good at arranging training for us.” Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss practice issues with staff to help ensure they were delivering effective care.

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 application procedures for this in care homes and hospitals are 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 were being met. At the time of this inspection there were eight people subject to DoLS in the service. We saw that the manager had recorded when each authorisation was due for renewal. They were also aware of the need to ensure any restrictions in place were regularly reviewed.

Records we reviewed showed the majority of staff had completed training in the MCA and DoLS. Staff we spoke with demonstrated their understanding of the principles of this legislation. All staff told us whenever possible they would encourage and support people to make their own decisions. One staff member told us they would always refer to care records and senior staff if they had any concerns regarding a person’s ability to make a particular decision.

All the staff we spoke with demonstrated a commitment to providing person centred care. Comments staff made to us included, “We care for each person as an individual, giving them their choices” and “It’s not what is best for me; it’s what’s best for them [people who used the service].”

We looked at the systems in place to ensure people’s nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person’s needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the chef at the service who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available; this was confirmed by our observations during the inspection. A member of the inspection team joined people who used the service to eat at lunchtime. They found the meal to be well cooked and presented to a good standard.

Comments people who used the service made about the food included, “Food is good”, “Food is ok” and “If I don’t like the dinner, I can have a sandwich.” We noted the kitchen was clean and well stocked. The most recent inspection from the environmental health department in June 2015 had awarded the service a 5\* rating.

People who used the service told us they were supported to access healthcare services should they need them. One person commented, “I have visits from the optician, the hearing people and my dentist, plus my hair is done on Tuesdays, so everything is fine.” During the inspection we noted one staff member asked a person who used the service, “How are you? Let me know if you need the doctor.”

Records we reviewed showed a log was maintained of all professional visits and of any advice given. We spoke with a visiting health professional who told us, “Staff always ask for and follow my advice. They are very on the ball here; I have no concerns whatsoever.”

# Is the service caring?

## Our findings

All the people we spoke with who used the service told us staff were kind and respected their dignity and privacy. Comments people made to us included, “The staff are very caring and good to me” and “My carer treats me with respect.”

During the inspection we observed warm and caring interactions between staff and people who used the service. A visiting health professional told us, “Staff here are wonderful. I would be very happy for a relative of mine to be cared for here.”

Our review of records showed the service had received several ‘thank you’ cards from the relatives of people who had used the service. One card included the comment, ‘Thank you for treating [my relative] with dignity, respect and care in the last years of her life. When we visited we were always made welcome and nothing was too much trouble.’ During the course of the inspection we observed a large number of visitors to the service, all of whom were made welcome by staff.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. They were able to tell us about the needs and preferences of people who used the service. One staff member told us, “I definitely know what people like and don’t like.”

Care records we reviewed included information regarding people’s interests and their family and social history. This should help staff form meaningful and caring relationships with the people they supported. Care plans also included information about the support people wanted to ensure they remained as independent as possible. One person’s care record stated, “I like to do a lot for myself. I want to remain independent as much as I can.”

We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We asked the registered manager about the support offered to people at the end of their life. They told us the service had links with the specialist palliative care nurses who they would approach for advice or support as necessary. Care records we reviewed included people’s wishes and preferences for how they wished to be cared for at the end of their life.

# Is the service responsive?

## Our findings

We asked the manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had an assessment of the support they required before they were admitted to the home. The registered manager told us they had recently introduced the system that two staff would undertake all initial assessments in order to ensure the service was appropriate for people's needs.

We looked at the care records for four people who used the service and noted that these contained information about people's social and personal care needs; this information had been regularly reviewed and updated. The records also included information regarding people's wishes and preferences, including what was important to each individual and how staff should best support them to achieve their goals. The registered manager told us, wherever possible, staff would sit with people who used the service to discuss their care plans. They told us, "We make sure we provide care that is appropriate for that individual." However, we saw that care plans did not always include detailed guidance for staff to follow when providing care. One person's records stated that 'different approaches can sometimes help'. However, there was no further guidance regarding what kind of approaches staff should try to reduce the person's levels of agitation and distress when providing care. However, our discussions with staff showed they were aware of how best to support the person concerned.

Records we looked at showed people who used the service or their relatives had been involved in reviewing and commenting on the care provided in Moorland View. Comments we saw were positive.

We asked the registered manager about the activities available for people who used the service. They told us one member of care staff had the responsibility for organising trips and activities in the community to help prevent social isolation. These trips included visits to a local market and pub meals. On the day of the inspection we observed a local school attended the service to deliver a carol service which was enjoyed by many of the people living in the home.

Records we reviewed showed keep fit activities were delivered three times a week by a company specialising in armchair exercises for older people. Other activities provided in the service included listening to music and individual time with staff. The registered manager told us there were also regular approved volunteers who came into the service to spend time with people.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints log which showed that appropriate action had been taken to investigate any complaints received by the service.

We asked people who used the service whether they would feel confident in raising any concerns they might have. Comments people made to us included, "If I have anything to complain about, I would complain, but I don't", "If I had anything to complain about my daughter would deal with it. She sorts everything out" and "My niece rings me a number of times a week, and if I had anything that I can't deal with, she will deal with it."

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to allow people the opportunity to provide feedback on the service.

# Is the service well-led?

## Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was also the provider of the service.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had improved the experience of people who used the service at the time of the evening meal by adding extra staff to the rota. They told us this meant they could better meet the needs of people who required assistance to eat at this time.

The registered manager told us the key challenges for the services over the next 12 months were to continue to improve the quality of recording regarding the care people received and to maintain the consistency of staffing, particularly at night time due to changes in the local employment market.

People we spoke with during the inspection were positive about the registered manager and senior staff in the service. Staff told us they enjoyed working in the service and found the registered manager to be approachable if they wanted advice or support. One staff member told us, "He's a good boss. He's supportive and approachable."

Records we reviewed showed staff meetings were held which afforded staff the opportunity to make suggestions about how the service could be improved. The registered manager demonstrated a commitment to involving staff in service developments. They told us, "The culture of the service respects the skills, knowledge and talents of staff; success depends on an inclusive system. Often staff know what needs to be done and come to me for the support to achieve this."

We asked the registered manager about the systems in place to help monitor and review the quality of the service provided in Moorland View. They told us there were a number of audits in place including those relating to the safe management of medicines, care plan records, infection control and staff training/supervision. However we noted there was no timetable of required audits; this meant the medicines audit had not been completed since June 2015 and the last infection control audit had been in February 2015. When we looked at the infection control audit we found it was not evident what action had been taken to address any identified issues. There was also no clear delegation of responsibility to senior staff regarding any audits they were expected to complete. The registered manager told us they would ensure the programme of audits and senior staff responsibilities were reviewed and documented as a matter of urgency.

Records we reviewed showed the service had an improvement plan in place but this had not been reviewed or updated since 2014. We also saw notices around the home which informed staff of the improvements identified as necessary during the most recent quality assurance visit by the local authority. The notices encouraged staff to continue to improve practices in the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.