

# HC-One Limited

## Moss View

### Inspection report

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26 July 2019

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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?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Moss View is a purpose built two storey building situated in Liverpool. The service supports people some of whom are living with dementia and people with nursing needs. The service can accommodate up to 78 people. At the time of the inspection, there were 66 people living at the home.

### People's experience of using the service

At our last inspection in July 2018 the registered provider was in breach of regulations in relation to safe care and treatment, consent and governance. We found during this inspection the service had taken action to meet these breaches. However, we found some issues regarding medicines management, as well as staffing, and made recommendations

Medications were mostly managed well. One of the clinic room temperatures exceeded the recommended storage temperature of medications which we raised with the manager. Action was being taken to rectify this and this has since been corrected. There were some minor recording errors in the Medication Administration Record charts which the providers own audit had already picked up. We did see however, for one person, the directions of their medication was recorded incorrectly on the MAR, which we brought to the attention of the manager who was not aware of this. This was corrected straight away. We have made a recommendation regarding medicines.

A dependency tool and analysis were used to determine staffing numbers. Whilst rotas evidenced the correct number of staff were being used, people fed back and we observed that while the number of staff in the building was acceptable, their deployment was not always in line with people's needs. We have made a recommendation regarding this.

Records were of good quality in most areas however, there were some minor inaccuracies which we discussed at the time with the manager. We saw that audits had highlighted some of the issues during our inspection, in relation to medication and minor care planning inaccuracies. There was a manager in post who had not yet registered with the Care Quality Commission. The staff had team meetings and people told us they felt engaged with and they liked the manager.

Staff training was in date and staff had undergone a recent refresher update. We saw no unexplainable gaps in the training matrix in relation to subjects the registered provider had deemed mandatory. Additionally, induction for agency staff was robust.

We observed kind and caring interactions from long standing staff. People told us they liked the staff, they just wished they had more time to spend with them.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 20 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulations, however we have made two recommendations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Moss View

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector an Expert by Experience and Specialist Advisor.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Moss View is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager who was not yet registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who lived at the home and seven relatives who were visiting on the day of our inspection. In addition, we spoke with four staff, the manager, the area manager, a manager who was supporting the new manager throughout their induction, and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated quality assurance action plans.

# Is the service safe?

## Our findings

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

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

At our last inspection the provider had failed to robustly assess the risks relating to People's medication, and risk assessments. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12, however we have made a recommendation around medications.

### Using medicines safely

- Medication was mostly managed safely. We did observe however, on day one of our inspection the medication room exceeded the recommended storage temperature. We highlighted this with the manager, as we were concerned that people's medications might not work properly.
- The manager had already identified this and had ordered a new cooling system which was in place on the second day of our inspection.
- One person's directions for taking a medication was documented incorrectly on the Medication Administration Record (MAR) chart. This meant that if staff did not know the person they could administer the medication for the wrong reason. This was corrected straight away and had not caused any harm.
- Protocols and procedures were in place for staff so they knew how to respond to people and administer their medications as and when required, often referred to as PRN medicines. We did see a PRN plan was not in place for one particular medication, which we highlighted to the manager and they took action to rectify.

We recommend the registered provider refers to best practice guidance from a reputable source around medications and takes action to update and check their records.

### Staffing and recruitment

- Rotas showed there were enough staff on shift to support people. We observed there were enough staff in the building, however they were very busy completing tasks. This was reflected in some of the feedback from people, such as "They [staff] are lovely, but they are always so busy" and "It would be nice if they had more time to sit with me".
- We observed on day one of our inspection one of the communal lounges was left unsupervised for over 15 minutes. There was one person in the lounge who was at risk of falls. The person came to no harm, and staff returned the lounge as soon as they were finished their task of assisting others.
- We checked the dependency tool, which also evidenced the correct number of staff on shift to meet peoples assessed needs, although it did not always feel person centred, due to people wishing to spend more time with staff. We raised this with the manager, who agreed to re-look at the deployment of staff

throughout the home.

We recommend the provider reviews their approach to staffing deployment and takes action accordingly.

- There was some dependency on the use of agency staff throughout the home, mostly to cover long standing sickness and holidays, however, the service used the same agency staff where possible and there was a thorough induction of new agency staff before they commenced their first shift.
- Recruitment and selection of staff was safe. Checks were undertaken on staff before they started work, and records were kept in relation to recruitment decisions, and interviews.

#### Assessing risk, safety monitoring and management

- Assessments of risks to people's health and safety were in place to minimise the risk of harm occurring and we saw some good examples of actions staff were to take to prevent harm occurring.
- There were some minor inaccuracies documented in relation to people's risk assessments, which had already been highlighted on an audit. For example, some scores, such as one person's MUST had not been added up for June. We highlighted this to the manager who corrected this straight away.
- Everyone we spoke with said they felt safe living at Moss View. Comments included, "They are lovely girls yes I feel safe here", "We have the same staff, but sometimes this changes but we feel safe" and "We all look after each other."

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

- Staff were aware of how to keep people safe from harm and abuse. This included reporting to the local authority or whistleblowing to external organisations, such as CQC or the police.
- There was a safeguarding policy and procedure in place. There was information displayed around the home which ensured people knew how to raise concerns.

#### Preventing and controlling infection

- We observed people were protected by the prevention and control of infection.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).

#### Learning lessons when things go wrong

- Lessons had been learned as a result of some recent safeguarding concerns. We saw evidence that recommendations had been discussed at team meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the service was found to be in breach of regulation 11 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014 in relation to consent.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- People had their capacity assessed, and DoLS were in place for those who needed them. Some of the assessments did not always reflect people's preferences for communication, which we discussed with the registered manager.
- Best interest decisions had been completed for people for the use of bedrails and other complex decisions. Other medical professionals were involved in this decision-making process where appropriate.

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

- There was pre-assessment information in each of the care plans we viewed. These pre-assessments had been used to develop each person's care plan, and we saw that information gathered at the pre-assessment stage had been transferred over into people's care plans.

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

- People we spoke with said they enjoyed the food.
- We ate lunch with the people who lived at the home and found it tasted good and was presented nicely. However, there were limited menus displayed which showed the choices available. There were no pictorial menus for people to select what they wanted. We saw an audit had identified this and it was being addressed.
- People who were required to have specialist diets had information in their care plans detailing what their diets were. Where people were at risk of dehydration or malnutrition, staff completed records to monitor their food and fluid intake.
- People were supported with their specific requirements for eating and drinking. For example, one person required assistance with eating and drinking via their PEG. There were assessments in place to support the person's choice with regards to how the staff supported them with this need, including how the staff ensured the PEG did not become blocked or damaged.

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

- Care plans evidenced that people had been referred to other health care professionals such as Speech and Language (SALT) and Dieticians when needed.
- Our conversations with staff evidenced that advice from these professionals was followed. We saw an example of someone being referred to the falls team for advice and support and recommendations were being followed.
- Staff documented each time a medical professional, such as a district nurse or a GP, visited a person and the outcome of the visit.

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

- People had their own rooms in the home which were decorated according to their taste and choice.
- There was an ongoing programme of redecoration in the home, we discussed that some areas were in need of modernisation and saw there was a plan in place to address this.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and supervised in line with the registered providers policies and procedures.
- We viewed the training matrix. Staff were trained specifically in understanding and supporting people living with dementia.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

# Is the service caring?

## Our findings

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

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

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

- People we spoke with said the staff were kind and caring. Comments included, "They do try hard to please and look after me." Relatives told us, "The staff can not be faulted here, they really do seem to care". Someone else said, "They are so lovely and caring with my mum" Another said, "They are brilliant with our sister and that helps us a lot" Also "Without a doubt they are friendly, approachable, caring staff".
- We observed interactions between people and staff that were caring.
- Some care plans we viewed did not detail enough information around people's diverse needs and how they can be supported effectively. This was being addressed by the manager who was in process of reviewing people's care plans. Staff knew people well, and understood their diverse needs, therefore this had no impact on people.

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

- Care plans were signed by people to demonstrate they had been involved in their completion.
- We saw best interest discussions had taken place around aspects of care provision, such as consent to remain in the home.

Respecting and promoting people's privacy, dignity and independence

- Care plans had a good level of detail recorded with regards how staff should encourage and promote people's independence. We observed staff using words of encouragement and speaking to people in a dignified way.
- People told us that staff treated them with dignity and respect and we saw staff treating people respectfully during our inspection.
- People's records and personal data were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People's backgrounds and hobbies were not always recorded in their care plans which meant staff were not always able to get to know more about them. We discussed this with the manager who had already identified during an audit that care plans would benefit from more person-centred information.
- Information in relation to people's position changes, and fluid intake was recorded consistently.
- Care plans contained information which was person-centred which focused on the person's needs, choices and wishes for support.
- Dignified language was used throughout care plans to describe people's choices and wishes. We saw sentences such as, 'always ensure I have a choice' and 'make sure you ask me what I would like.'

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

- Some people and their relatives told us the activities were 'fine' however there was not much going on. People also commented that they wished staff had more time to spend with them. One person said, "The staff are lovely, I just wish they had more time." One staff member we spoke with also said that despite there being enough numbers of staff on duty, they sometimes felt they did not have enough interaction with people to do personal activities.
- We discussed this with the manager and the area manager during our feedback and were reassured that deployment of staff would be re-looked at to ensure people had meaningful time together.
- We observed during our inspection that people were mostly in communal areas in their chairs or in their bedrooms. We fed this back to the manager during our inspection, who assured us that activities were always on offer, and more would be done to try to engage people.
- The feedback surveys from 2018 showed the question around activities had received the poorest response.
- There was an activities coordinator in post, and a programme of activities at the home. One person said, "I really look forward to bingo on a Friday. A relative joins me and we have a laugh and a joke"

Improving care quality in response to complaints or concerns

- There was a process in place for dealing with and responding to complaints and concerns.
- We discussed at length some of the concerns we had been made aware of with the manager as we wanted to be sure they were taking action to be responsive to complaints and safeguarding's raised.
- People told us they knew how to make a complaint.
- The manager assured us, and we saw that all concerns the service were aware of had been addressed and

responded to.

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

- There was limited information available for people to access in formats such as easy read and large print.
- We discussed with the manager how this could be developed to include other types of communication needs. The menu, for example, was only available in print, which did not support some people's communication needs. The manager said this was something they were working towards.

#### End of life care and support

- Staff had undergone a training module to enable them to support people in their last days.
- Some of the records relating to end of life planning were in place. Some people chose not to discuss this, and this was recorded in their care plans, however others had basic information which would require further development with the person or their family.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

During our last inspection the provider was in breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities (regulations) 2014 in relation to governance. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- Audits took place in areas such as medication, staff recruitment and the environment. Care plan audits were in place and had already highlighted some areas of improvement in relation to person centred care. Medication audits had highlighted the need for a cooling system in the clinic room, which had been ordered and was now installed in the clinic room.
- The manager had been responsive since our inspection and has sent us an action plan to assure us some of our feedback after the inspection has already been actioned.

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

- There was a manager in post who was in the process of registering with the Care Quality Commission (CQC), the manager was available throughout the duration of our inspection and was supported by another registered manager who was their mentor.
- The manager had notified CQC of specific events they had to tell us about by law.
- Staff we spoke with said they felt the home was well managed and were positive about the new manager.
- We received feedback from a health and social care professional who advised they did not have any current concerns.

Continuous learning and improving care

- Our feedback during and after the inspection and regular contact since the inspection with the manager assured us that action was being taking to learn and improve from previous shortfalls.
- We discussed some recent concerns we had received with the manager and the they described how the staff had learned from these, and what they would do going forward.
- The service had adhered to their action plan from the last inspection and had made enough improvement to not be in breach of regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People were invited to 'residents' meetings' and we saw examples of some minutes of these. People told us they felt they could approach the staff and the manager and there were no concerns raised around this.
- Feedback was sent out to people, families and staff to ask for their input into the service. We saw that no concerns had been raised from feedback other than people requesting more activities, which we saw was being addressed.

#### Working in partnership with others

- The manager was supported by another manager from a home close by who was inducting and mentoring them in their new role, and there was support from the area manager.
- The service had relationships with the Local Authority and the GP surgeries to ensure good communication.