

Lions Meadow Ltd

# Moorleigh Nursing Home

## Inspection report

278 Gibson Lane  
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Leeds  
West Yorkshire  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Moorleigh Nursing Home is a nursing home which provides personal and nursing care for up to 36 people. At the time of the inspection the service was providing care to 29 people. The home is located in Kippax near Leeds and provides purpose-built accommodation over two floors.

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

People said they felt safe and secure living in the home. People were treated well by staff and risks to their health and safety were assessed. Medicines were generally managed in a safe way although some improvements were needed to documentation. Since the last inspection, staffing levels had been increased, however better consistency of staffing levels was needed from day to day. The service investigated incidents and learnt from them.

People said staff provided effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received a range of training, however not all staff had received supervision and appraisal. People received a variety of food and drink that met their needs.

Staff were kind and compassionate and had developed good, caring relationships with people. People were listened to and their privacy and dignity respected.

People's care needs were assessed and a range of care plans put in place. We made a recommendation around the need to develop a diabetes policy and more robust care planning in this area. People received some activities although staff told us they did not always have time to provide these on a daily basis. Complaints were appropriately managed.

The service had significantly improved since the last inspection. We found systems to assess, monitor and improve the service were more robust. Further improvements were needed to ensure the service delivered a consistent high-quality service, for example around topical medicines and providing staff with supervision and appraisal. People and staff said the manager was approachable.

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 inadequate (published 7 September 2019). 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 improvements had been made and a number of regulatory breaches had been addressed. The provider was still in breach of one regulation.

This service has been in Special Measures since 7 September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We found a breach relating to governance and record keeping. We issued a requirement action and will request an action plan from the provider setting out how it will improve.

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

#### 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.

## 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 consistently safe.

See our safe findings below for further detail.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

See our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

See our caring findings below.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

See our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

See our well-led findings below.

**Requires Improvement** ●

# Moorleigh Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The manager, recruited in 2019 had put in an application to become the registered manager. This was awaiting assessment by our registration team.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with fourteen people who used the service and seven relatives, asking them questions about the quality of the service. 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 spoke with six members of staff including the manager, nurse, team leader and four care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at 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.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that some aspects of the service were not always safe and there was not complete assurance about safety. In particular, the service was not yet able to demonstrate sustained good practice over time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and relatives said they were confident people were safe and that staff treated them well. We observed people appeared comfortable in the presence of staff. Following any safeguarding incidents appropriate action was taken to investigate and learn from incidents.
- Staff had received training in safeguarding vulnerable adults and guidance was available to staff on the correct procedures to follow. Staff demonstrated an appropriate knowledge of safeguarding matters.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Since the last inspection, improvements had been made to risk management processes. Clear risk assessments were now in place which were kept up-to-date. Staff had a good understanding of the people they were caring for, which gave us assurances that risk assessments were followed.
- The premises was safely managed and suitable for its intended purpose. Safety checks took place on the building and equipment. Whilst the premises was maintained in a safe state, décor was tired in places. The manager told us they were developing a refurbishment plan to further improve the environment.

Staffing and recruitment

At our last inspection there were not enough staff on shift to ensure people's needs were met. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation. However, we asked the provider to ensure a greater level of consistency in staffing levels from day to day.

- Most people and relatives said there were enough staff and that requests for assistance were answered in a timely way. Since the last inspection staffing levels had been increased and resident numbers had reduced. However, whilst they had been increased, daytime staffing levels were variable from day to day, with some staff raising concerns about being overstretched on the days when staffing levels were lower. The registered manager told us there would be greater level of consistency of staffing levels when newly recruited staff started in the coming weeks.
- On the day of the inspection we observed there to be enough staff to meet people's needs. Steps had been taken to ensure communal areas were supervised with ancillary staff assisting care staff in fulfilling this duty.

- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

#### Using medicines safely

At our last inspection medicines were not managed in a safe or proper way. 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 improvements had been made and the service was no longer in breach of regulation. However, some improvements to documentation were needed to demonstrate consistent good practice.

- Most medicines administration records (MAR) were well completed and all medicines could be accounted for. This gave us assurance that people were receiving their medicines as prescribed.
- Medicines were administered by trained nursing staff and team leaders who had their competency to give medicines regularly assessed.
- Some protocols were in place to support the administration of "as required" medicines although these were not fully in place. The nurse on duty showed us they had identified this and had plans to complete these over the coming few days.
- Records of topical cream administration were variable and we saw there was a lack of oversight of these records. We raised this with the management team and felt confident this would be addressed by them.

#### Preventing and controlling infection

At our last inspection the home was not kept in a clean and hygienic state. 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 improvements had been made and the service was no longer in breach of regulation. However, some minor improvements were needed to demonstrate consistent good practice.

- Overall the home was clean and tidy with people's rooms kept clean and odour free. Equipment was in the most part clean, although more attention was needed to detail in some areas. For example, we found some crash mats on bedrooms floors were stained and required cleaning. Staff had access to a supply of personal protective equipment and infection control checks were carried out.

#### Learning lessons when things go wrong

- The service ensured incidents were logged, investigated and learnt from. Incident forms were well completed and subject to analysis, which demonstrated learning from adverse events.
- The manager was committed to continuous improvement of the service and demonstrated they had learnt lessons from the shortfalls identified on the previous inspection.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support was not yet consistent.

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

- People's needs were assessed prior to admission and a range of care plans put in place which demonstrated people's needs were assessed. People and relatives were complimentary about the care and said the service was effective.
- Care was planned in line with standards and guidance with recognised tools used to assess risks and help inform plans of care for example with regards to pressure area care and nutrition.

Staff support: induction, training, skills and experience

At our last inspection staff training, support and supervision was not kept up-to-date. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation. However some further improvements were needed as the service had not consistently ensured people had regular supervision and appraisal.

- People and relatives said staff had the right skills to care for them. Staff were knowledgeable about the people and topics we asked them about. Staff training had been brought up-to-date and staff received a range of training delivered through a mixture of computer based and face to face. Health professionals also provided training to staff in areas such as pressure area care.
- Most staff told us they felt well supported and able to access further learning and development. Staff had received some group supervisions and some staff had received individual supervisions, but this was not consistently the case. We saw a plan was in place to address this over the coming weeks.

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

- People's nutritional needs were met by the service. People praised the food on offer. One person said "Food is grand, there is certainly enough." We saw people had access to a varied diet with sufficient choice although some staff told us there needed to be more variety of pureed options in the evening. We raised this with the manager
- Appropriate action was taken to address weight loss. People's weights were closely monitored by the registered manager. Some nutritional care plans required more detail reflecting the person-centred care staff were providing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were assessed, and the service worked with a range of professionals to meet people's individual needs. Records showed appropriate action was taken to contact healthcare services when required.

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

- Some adaptations had been made to meet people's individual needs with further environmental improvements required. Work had become to make the premises more dementia friendly for example points of sensory interest had been created. There was a pleasant garden area where people could spend time and dementia friendly signage had been put up around the building.
- Some areas of the building had tired décor and required updating. The registered manager told us a refurbishment plan was being developed to ensure a high-quality environment over time. En suite rooms did not contain doors between the bathroom and bedroom with shower curtains in use instead. These did not always fully promote people's privacy and dignity. The manager told us they were looking at options to replace these.

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

At our last inspection we found people were being deprived of their liberty without the required authorisation due to failings in the care homes systems. We also found the service was not acting within the legal framework of the MCA around capacity and consent. This was a breach of regulation 13 (safeguarding people from abuse) and regulation 11( Consent) ) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found improvements had been made. There was clear oversight of DoLS with a tracker in place which demonstrated appropriate applications had been made for everyone who the service suspected were being deprived of their liberty. All applications were awaiting assessment by the local authority.
- The service was now acting within the legal framework of the MCA. The manager had a good understanding of MCA and we saw the people's capacity to consent to their care and support was assessed and best interest processes followed where appropriate.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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 were treated fairly and with kindness and compassion. People and relatives all said staff were kind and caring. One person said, "I can't fault them, staff are all very nice, always find you a minute if you need to speak to them, very friendly." We observed staff treated people well and had a genuine regard for their welfare, ensuring they were as comfortable as possible.
- Staff knew people well and had developed good positive relationships with them. We observed staff laughing and joking with people. Staff demonstrated a good knowledge of people's likes and preferences.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. People's needs in this area were assessed on admission and staff had received training in equality and diversity.

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

- People were able to express their views and make decisions about their care. People and relatives all said that they felt involved in their care and had influence on how it was delivered. People had various mechanisms to air their views including care reviews, resident meetings and quality surveys.
- People said they had control over how they spent their days, for example getting up and going to bed when they wanted. We observed staff asking people what they wanted to do, where they wanted to sit and eat, showing staff respected people's opinions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. People told us that staff respected them and had good regard for their privacy and dignity. We observed staff were mindful of people's dignity when transferring them using a hoist. Staff knocked on people's doors before entering and gave them privacy when they needed it.
- People's care records were kept secured and private. We saw staff were mindful of ensuring confidential information was locked away at all times.

# 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 now remained the same. This meant people's needs were not always fully met.

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 improvements were needed to the provision of activities and social opportunities for people. At the time of the inspection there were no activities staff in place, although we saw a number of external entertainers visited the home. Care staff did some basic activities with people, but staff told us they often did not have time to do these. We observed there were periods where people would have benefited from more social interactions. We saw plans were in place to recruit an activities co-ordinator.

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

- Overall we found people received personalised care that met their individual needs. People and relatives said that appropriate care was provided that met individual needs. In most cases we saw evidence of care delivered in line with plans of care. However, we identified one person's air mattress was on the incorrect setting. We raised this with the manager to ensure it was addressed.
- Care plans had been improved since the last inspection and in most cases demonstrated that people's needs were fully met. These were subject to regular review and there was some evidence of people's involvement. However, we identified the service did not have a diabetes policy in place and where people's blood glucose levels were being monitored it was not clear how these were being reviewed or the action staff should take if levels were too high or too low.

We recommend the service develops a comprehensive diabetes policy and improves care planning in this area.

Meeting people's communication needs

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

At our last inspection we found people communicating needs were not fully assessed and clear information was not recorded for staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of regulation.

- People's communication needs were now fully assessed as part of care planning and we saw staff adapting

their approach to speak with people. We saw people supported to wear communication aids such as glasses in line with plans of care. Picture cards were in use to support people with decision making and documentation could be made available in different formats if required.

Improving care quality in response to complaints or concerns

- Systems were in place to log, investigate and learn from complaints. Clear records were kept and we saw any concerns or complaints were taken seriously and fully investigated. People and staff told us the new manager was approachable and we saw they had an 'open door' policy.

End of life care and support

- People's end of life care needs were assessed. We saw basic information on people's end of life care needs was recorded, although a more comprehensive end of life documentation was being introduced by the manager. Staff had received training in end of life care.
- We saw adjustments were made when people came to the end of their lives to make them as comfortable as possible. This included amending plans of care and allowing relatives to stay and take meals in the home if required.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent and was not yet able to demonstrate sustained good practice over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found effective systems were not in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection a number of improvements had been made, but the service was still in breach of regulation and further improvements were required.

- Since the last inspection better governance systems had been introduced with increased audits and monitoring being completed by the manager, external consultant and the provider. We saw these had been effective in driving improvement to the service with overall quality significantly improving.
- Whilst improvements had been made, action was required in some areas to bring the service up to a consistent high standard. For example, supervisions and appraisals were not up-to-date, and records relating to topical medicines such as cream were not sufficiently robust. The manager told us that up until now they had prioritised addressing the more significant risks and would ensure these additional areas were addressed in the near future.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We did not identify an impact on people, but there was a risk of impact if consistent good practice was not followed.

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

- A positive and person-centred culture was in place within the home. The manager had worked hard to help ensure people received appropriate, person centred care. We saw they had made a number of improvements to the service.
- People and relatives said the manager was approachable and they felt able to raise issues with them. One relative said, "The manager has an open door policy, no qualms about approaching her." A staff member said, "They [the management] are always open to suggestions and encourage us to use our initiative." Staff said morale was generally good, although some staff were still concerned about staffing levels. We raised this with the manager and asked them to review in conjunction with staff.
- A registered manager was not in place. The manager had put in place an application to become registered

which was awaiting assessment by our registration department.

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

- People and relatives said they felt involved in the service and able to make suggestions and voice their opinions to the management team. Resident meetings were held and annual surveys of quality were completed. The latest survey had been completed in November 2019 but had not yet been analysed. The manager told us they would ensure this was done with clear actions communicated to people and relatives.
- Staff told us they felt engaged. We saw they had been consulted over changes in the home for example to staffing levels. Regular staff meetings took place.

Working in partnership with others

- The service had worked with other local organisations to provide training opportunities to the home, for example dementia friends had been introduced and record keeping training was planned.
- The service had worked closely with the local authority and clinical commissioning group to help achieve some of the improvements it had made over the last few months.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	(1) (2a) (2c) Systems and processes were not effectively operated to ensure all areas were maintained to an acceptable standard. Appropriate records in relation to topical medicines were not kept and staff had not always received timely supervision and appraisal.