

## Ashmoor Health Care Limited

# Moorside Hall

### Inspection report

Wyresdale Road  
Lancaster  
Lancashire  
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Tel: 0152469901

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Moorside Hall was inspected on the 07 March 2018 and the inspection was unannounced. Moorside Hall is registered to provide nursing care for up to 22 people who may be living with dementia. At the time of the inspection there were 21 people receiving support.

Moorside Hall 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. Set in its own grounds, and close to Lancaster City Centre, the home consists of mainly single bedrooms with en-suite facilities with a toilet and a hand-wash basin. There is a large conservatory with a dining room and a lounge adjacent to it.

At our last inspection in September 2015 the service was rated 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were able to explain the support individuals required and the way in which they supported people who lived at the home. Relatives told us they were consulted and involved in their family members care.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found two care records required updating. Prior to the inspection concluding we were informed this had been carried out. Staff were knowledgeable of people's needs and the support they required to maintain their safety. People who lived at Moorside Hall told us they felt safe.

Medicines were managed safely. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

We found people had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Moorside Hall.

We found people who received support were able to raise their views on the service. 'Residents and relatives meetings' were held to gain the views of people who used the service.

During the inspection we observed people being supported to eat and drink in accordance with their assessed needs. People told us they were happy with the meals provided.

The registered manager completed a series of checks to identify where improvements were required in the

quality of the service provided. Staff told us they were informed of the outcomes of these.

We found the environment was clean and staff wore protective clothing when required. This minimised the risk and spread of infection.

Staff told us they were aware of the procedures to follow if they suspected someone was at risk of harm or abuse. Staff told us they would report any concerns to the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure which was displayed within the service. People told us they had no complaints, but they were confident the registered manager and registered provider would respond to any complaints made.

Recruitment checks were carried out to ensure suitable people were employed to work at the service. We found staff were caring. We observed warm and respectful interactions between staff and people and who lived at the home. We saw staff had time to spend with people and staffing was arranged to ensure people received support when they needed or wanted it.

We observed activities taking place and these were enjoyed by people who lived at Moorside Hall. People also said if they did not wish to take part in activities, their wishes were respected.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. Staff were able to give examples of how they supported people to make decisions. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Moorside Hall

## 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.

The inspection visit took place on the 07 March 2018 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of the inspection there were twenty-one people receiving support.

Before our inspection visit we reviewed the information we held on Moorside Hall. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with three people who received support, and four relatives. We also spoke with two staff, the deputy manager, the registered manager and a director of the company. We spoke with the chef and the person responsible for training. We walked around the home to check it was a safe environment for people to live.

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 looked at care records of three people who lived at Moorside Hall and a sample of medicine and administration records. We also viewed training records and the recruitment records of one staff member. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

# Is the service safe?

## Our findings

People who received support told us they felt safe living at Moorside Hall. People told us, "I feel safe here." And, "Of course I'm safe." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "I feel [family member] is safe."

Care records we viewed identified risk and documented the support people required to maintain their safety. We noted two care records required updating. We discussed this with the deputy manager who told us this had been identified and the records were identified to be reviewed the next day. This was confirmed by speaking with the registered manager. Prior to the inspection concluding we were informed the records had been updated. Staff we spoke with confirmed they were aware of people's individual needs and could explain the help and support people required to help maintain their safety and well-being.

We checked to see if people were involved in their care planning. Not all the people we spoke with could recall if they were involved in their care planning. One person told us, "I've got a file with things about me written in it, but I don't want to read it. I just talk to staff." All the relatives we spoke with told us they were involved if decisions were required to be made. We saw evidence of this within the care records we viewed. One relative commented, "I make every decision and the home is excellent at consulting me. I'm involved in all aspects of [my family members] care." This demonstrated people and relatives were able to be involved in care planning.

We looked at how accidents and incidents were being managed at the home. We found accident forms were completed and these were reviewed by the registered manager to monitor for trends and patterns. We saw evidence the service sought to improve by learning from accidents and incidents. We viewed documentation which demonstrated this. We saw a person had experienced an accident, without sustaining harm. Following the accident the person's care was reviewed and additional safety equipment was introduced to maintain their safety. This showed the registered manager took action to minimise risk and guided staff to learn from accidents and incidents that occurred.

Staff told us they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities if this was required. We saw the home had a safeguarding procedure to guide staff and the contact number was displayed on a notice board within Moorside Hall. This meant staff were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Moorside Hall. A DBS check helped ensure only suitable staff were employed.

People who lived at the service told us they were happy with the staffing provision at Moorside Hall. They told us they received support when they needed this. Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. Relatives we spoke with also told us they were happy with the staffing provision at the home. One relative commented, "There are always staff on duty to assist people

when they need it." We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. This was confirmed by speaking with staff. For example, to support people to attend hospital or if they were unwell and needed extra help. use. This demonstrated staffing was arranged to meet the needs of people who received support.

We checked to see medicines were managed safely. We saw people were supported to take their medicines individually and records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly. There were procedures to ensure the safe receipt and disposal of medicines. Staff we spoke with were able to explain these to us. This showed staff were familiar with the processes to help ensure medicines were managed safely.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. Staff told us, and we saw protective clothing was provided if this was needed. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The service had been awarded a five-star rating following their last inspection by the FSA. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We noted there was no evacuation equipment at the home to support people if they had difficulty mobilising. We discussed this with the registered manager who informed us they were seeking expert opinion and advice from Lancashire Fire and Rescue Service regarding this.

## Is the service effective?

### Our findings

People told us they were happy with the care provided. We were told, "I'm looked after very well." We spoke with four relatives who told us they were happy with the care and support their family member received. One relative commented, "The care is very good." A further relative described how the home had supported their family members care needs while they were unwell. They told us, "I think it's tantamount to the care [my family member] has received that they are still here."

We saw documentation which demonstrated people were supported to attend appointments with external health professionals as they required. Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors, dieticians and speech and language therapists if this was required. Advice from external health professionals was stored in people's individual health records. This helped ensure staff had access to important information.

The registered provider used technology to minimise the risk of falls. When appropriate, there were laser alerts and sensor in people's private bedrooms. These sound an audible alarm when they are stepped on or if the laser is interrupted. This meant staff could minimise the risk of falls by responding to the alarms and going to help people quickly.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered manager informed us the training needs of staff at the home had been reviewed and update training was being arranged. We reviewed a training matrix which identified where update training was required and staff we spoke with told us they were aware further training was being organised. The registered manager told us they were also working with the local clinical commissioning group to access further training and development opportunities. This meant staff performance was reviewed and training sought to enable them to deliver 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they consented to the support they received. One person described how they had agreed to a safety measure being introduced. Relatives told us they were involved in decision making the records we viewed confirmed people and relatives were able to sign to indicate they agreed with the arrangements in place. We

noted these were not all signed and discussed this with the registered manager. They explained some discussions with relatives took place over the telephone and some people did not want to sign the records. This was confirmed by speaking with a person who lived at the home. They told us, "I don't want to sign my file. I prefer to agree verbally." A relative told us they were asked to agree to any changes in their family members care. They said, "They always ask me, either by phone or when I go to one of the meetings." One relative commented the service sought to gain consent prior to information being shared. They explained prior to confidential records being disclosed to an external party, the registered manager had sought permission from them.

We saw consent was sought before care and support was given. For example, we saw people were asked if they needed help to mobilise, receive medicines or to eat. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

We found people were able to eat meals which met their preferences and nutritional needs. We saw people were asked in advance what they would like to eat and this was provided for them at lunch. We observed the lunchtime meal and saw if people refused their initial choice, an alternative was provided. For example, we saw one person refused their initial choice of pudding. Staff offered them three further choices and the person ate two puddings. This demonstrated people were offered choice.

People told us they enjoyed the meals and at lunch we observed people were offered second helpings if they ate all they had been given. This helped ensure people were supported to eat and drink sufficient to meet their needs.

We saw evidence people's nutritional needs were monitored. People were weighed on a regular basis and staff told us they would support people to gain further professional advice if this was required. Documentation evidenced that health professional's advice was followed. For example, we saw one person had been prescribed a soft diet and thickened fluids to drink. During the inspection we saw this was provided. This helped ensure the person's nutritional needs were met.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told in this instance, (if relatives did not wish to attend) staff would accompany people and relay all essential information to external professionals. In addition, an information sheet with contact details of other health professionals and person centred information was provided as were copies of medicine records.

## Is the service caring?

### Our findings

We saw staff were caring. We witnessed numerous occasions of people being hugged and of gentle and respectful enquiries into people's wellbeing. For example, we saw one staff member who sat and held a person as they were worried about their family member. The staff member was reassuring and concentrated on the person and their needs. This had a positive impact on the person who relaxed and became happier.

We observed staff responding to non-verbal communication and cues. One person was rubbing their legs and staff spent time with them trying to establish why they were doing this. We saw the person put their arms across their chest and the staff member asked them if they were cold. When the person smiled the staff member collected some blankets and covered the person whilst saying, "There, you'll be all cosy soon. Especially when you have a hot drink as well." The person pulled the blankets around them and smiled again.

We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. During the inspection we saw one person asked for an item from their bedroom but said they did not want to collect it themselves. The staff member asked the person for permission to enter their room to collect their possession. This demonstrated people's private rooms were respected. People told us they felt respected and their privacy was respected. One person told us, "Staff cover me up and keep me decent when they're washing me."

There was a relaxed and informal atmosphere at Moorside Hall. We observed staff spending time with people chatting and laughing. Staff were affectionate with people and offered appropriate touch which was welcomed by people who lived at the home. One person pointed to a staff member and told us, "I like her, she makes me smile." A further person said to us, "They love me here. They tuck me in at night." The feedback we received and our observations during the inspection visit confirmed staff were caring.

Staff spoke kindly and positively of people who lived at Moorside Hall. Staff told us they had time to spend with people and enjoyed being with them. We were told, "I like listening to people's stories." Another staff member said, "I like putting a smile on people's faces." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people and in addition details were displayed on a notice board within Moorside Hall. We saw this was the case. This ensured people's interests would be represented and they could access appropriate support outside of Moorside Hall if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager and registered provider so people's rights could be upheld. We saw care records documented people's chosen faith and during the inspection we saw people were comforted by visiting clergy. This demonstrated the registered

provider recognised and upheld people's individual rights.

## Is the service responsive?

### Our findings

We found people were supported by staff who were responsive to their needs. For example, we saw people were referred to other health professionals and the health professionals instructions were followed to help ensure their wellbeing. We saw one person required a specific diet and fluid, during the inspection we saw this was provided. We saw a further person needed help to reposition so their skin remained healthy. During the inspection we saw staff were available and were attentive to the person's needs. This demonstrated care was responsive to people's assessed needs.

Relatives we spoke with told us they considered care was responsive. One relative said, "Their response to [my family members] needs is intelligent and individual. It's not just about ticking boxes on an assessment sheet." A further relative said, "I can't fault it here. They've done everything they can and more for [family member.]"

We saw there was an activity programme on display. Staff told us they offered people the opportunity of being involved in activities and during the inspection we saw this took place. We observed people being asked if they wanted to visit the hairdresser who had visited, take part in a sing song or play a ball game. We noted during the ball game, people were smiling and laughing as they took part. Staff were present to help people participate and gently encouraged people to join in. This demonstrated people were supported to participate in activities to minimise the risk of social isolation.

Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or safety needs. Staff we spoke with were aware of people's current needs and their likes and dislikes.

People and relatives told us they had been involved in their care planning. One relative told us they discussed their relative's needs at meetings. A person who received support also told us they had been involved in discussions about their care. They said, "They don't do anything without asking me." Care records seen identified any communication needs and staff told us they would support people if they needed to access information in a different way for example by using pictures to support understanding. This demonstrated the registered provider considered people's individual needs.

Moorside Hall had a complaints procedure which was made available to people when they moved to the service. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. We spoke with people who lived at Moorside Hall. One person told us they would speak to staff if they were not happy. They commented, "Staff would know if I wasn't happy because I would tell them. I know they'd ask me what I wanted and sort it out" Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. At the time of the inspection there had been no complaints made.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

We saw people were given the opportunity to discuss their end of life care. Where people had expressed their wishes, or had religious wishes, this was recorded in their individual care records. One relative told us they had been involved in discussions regarding their family member's end of life care. They told us, "There have been discussions about what [my family member] would have wanted." This meant people at the end of their life could be cared for in the way they wished.

## Is the service well-led?

### Our findings

Relatives we spoke with told us Moorside Hall was well organised and the registered manager was approachable. One relative told us, "The manager is very amenable to any suggestions." A further relative said of the registered manager, "Her leadership is very, very strong. I have the greatest respect for [the registered manager] and staff and for their professionalism."

There was a registered manager employed at Moorside Hall. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. Staff told us they had the opportunity to attend staff meetings where they were able to discuss any concerns or ideas they had. They explained they found this beneficial as it enabled them to keep up to date with any changes. We saw documentation which evidenced this.

Staff told us they received instruction from a qualified nurse. They explained they attended handovers and were directed to give care by the nurse. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs. One staff member told us, "We work together as a team. We are told what to do and we do it so people get the right care." During the inspection we saw staff were well organised. We noted the nurse sought feedback from staff regarding the wellbeing of people at the home and staff brought any concerns to the attention of the nurse. This demonstrated staff worked together to ensure people received care which met their needs.

The registered provider sought to gain people's views. We saw 'residents and relatives' meetings took place. One relative said they enjoyed attending as they liked being involved. We viewed minutes of a residents meeting and found Moorside Hall informed people of any changes that took place. For example, we saw people and relatives were informed if new staff started to work at the home. In addition, we saw evidence surveys were carried out to collect feedback from people who lived at the home and relatives. The registered manager told us any themes or trends would be identified in order to improve the service. We viewed a sample of the most recent survey and saw all the responses were positive.

The registered manager carried out checks on the quality of the service provided. These included checks on medication, the environment and care records. The registered manager told us they also had oversight of any accidents that occurred at the home and these were reviewed by them to see if further action was required. Staff we spoke with confirmed they were informed if changes needed to be made.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.