

Veatreedy Development Ltd







Moorland Nursing Home

Inspection report

Moorland Road
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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	

Overall summary

This inspection took place on the 04 & 13 November 2015 and was unannounced. This means we did not give the provider prior knowledge of our inspection.

Moorland Nursing Home is situated in a residential area in Poulton-le-Fylde. The service provides accommodation for up to 22 people. It is a care home that provides nursing and personal care. All areas of the home are accessible and there are aids to assist people with their mobility. Some rooms have en-suite facilities. At the time of the inspection there were 11 people living at the home.

At the time of the inspection there was no registered manager in place. 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.

Summary of findings

The service was last inspected 12, 14, May & 03 June 2015. The registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and was rated as 'Inadequate.'

Breaches were identified in, staffing, quality assurance and the safe care and treatment of people who lived at the home. We also identified breaches in relation to the reporting of incidents to the local safeguarding authorities and the Care Quality Commission, record keeping and the safe management of medicines. In addition we found evidence people were not always treated with care and respect and the correct processes for gaining consent were not always followed.

At the last comprehensive inspection this service was placed into special measures by CQC. During this inspection in November 2015 we found some improvements had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in future inspections.

We saw staff met peoples' needs promptly and were respectful to people who lived at Moorland Nursing Home. We saw evidence incidents were reported to the local safeguarding authorities and the Care Quality Commission as required.

People were supported in a caring way which met their assessed needs. We saw evidence people were referred to other health professionals when required and care was delivered in accordance with professional recommendations.

We found nutritional assessments were carried out to identify peoples' needs and support was provided to ensure these needs were met. People were offered a choice of meals and support was given in a dignified and respectful manner if people required this.

We found systems were in place to ensure people's consent was gained prior to care being provided. Where people were unable to consent to their care, the provider ensured the correct processes were followed to ensure decisions were made in peoples' best interests.

We saw the provider had undertaken a survey to capture peoples' views and had responded to peoples views by making changes when appropriate. In addition we saw people and those important to them were involved in their care planning and there were systems in place for people to give feedback to the acting manager and the provider.

Staff participated in training and development activities. Additional training was being planned to ensure staff received appropriate training to equip them with the skills required to deliver effective care.

Registered nurses employed at Moorland Nursing Home received managerial and clinical supervision. However clinical supervision was provided by a registered nurse who had not received specific training in this area. We have made a recommendation regarding this.

We found some activities were provided for people who lived at Moorland Nursing Home. One person told us they did not want to engage in activities. Three people expressed their dissatisfaction with the current arrangements in place. We have made a recommendation about the provision of meaningful activities.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe management of medicines and the safe recruitment of staff.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People could not be assured they would receive their medicines when they needed them, or in a safe way.

Staff were knowledgeable of the procedures to take if they suspected someone was at risk of harm or abuse.

There were sufficient staff available to meet people's needs.

There were insufficient recruitment checks carried out to ensure suitable staff were employed at Moorland Nursing Home.

Requires improvement



Is the service effective?

The service was not always effective.

Policies and procedures were in place around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had a good understanding of these to ensure people's rights were protected.

People were assessed to identify the risks associated with poor nutrition and hydration.

Staff had access to training and development activities to meet the individual and diverse needs of the people they supported.

Supervision provided to registered nurses focussed on managerial supervision. Clinical supervision was provided by a staff member who had not received supervision and training to enable them to fulfil this role.

Requires improvement



Is the service caring?

The service was caring.

Staff demonstrated a caring attitude when interacting with people and people were treated with kindness and compassion.

Staff knew the preferences and routines of people and delivered care in accordance with their wishes.

People and those who were important to them were enabled to influence their care planning.

Good



Is the service responsive?

The service was not always responsive.

People were encouraged to participate in activities, however people told us they would like more activities to be provided.

Requires improvement



Summary of findings

People's needs were regularly assessed and referrals to other health professionals were made if these were required.

Comments and complaints were recorded and addressed by the acting manager and provider.

Is the service well-led?

The service was not consistently well-led.

There was no manager in place who was registered with the Care Quality Commission.

People told us they knew the acting manager and the provider and they found them approachable.

There was a range of audit systems in place to monitor identify, assess and manage risks to the health, safety and welfare of the people who lived at the home.

Requires improvement



Moorland Nursing 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 the 04 and 13 November 2015 and was unannounced. The inspection was carried out by a team. On the first day of the inspection the team consisted of one adult social care inspector, a pharmacist inspector, an inspection manager and a specialist advisor. The specialist advisor had experience of end of life and nursing care. One adult social care inspector revisited the home on the 13 November 2015. We did this in response to concerns raised regarding a lack of senior management presence at the home.

Prior to the inspection, we reviewed a variety of information to aid our inspection planning. We reviewed notifications the provider had sent us, and reviewed information provided by the safeguarding authorities. We also received feedback from the local authority. This related to the actions the home had taken since the last Care Quality Commission inspection.

During the inspection we used a variety of methods to gather information. We spoke with five people who lived at Moorland Nursing Home and spent time in all areas of the home. 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. Following the inspection we contacted two relatives of people who lived at the home by phone. We did this to gain their views on the care provided by the home.

We spoke with eleven staff. This included the provider, the acting manager and three registered nurses. We also spoke with the cook, the housekeeper and four care staff. During the inspection we also met with an external training provider to discuss the training they provided at Moorland Nursing Home.

We looked at six care records, recruitment files relating to three staff and other documentation relevant to the management of the service. This included training records, management audits, medicine records and quality assurance documents. We also viewed minutes of meetings held with staff, relatives and people who lived at the home.

Following the inspection we asked the provider to provide us with copies of medicines policies. In addition we requested information relating to staff supervision and training. This was provided promptly. We also requested a copy of the fire risk assessment. This was not received.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “Staff keep me safe.” A further person said, “I feel very safe.” Other comments we received included, “I’ve always been safe here.”

Our previous inspection in May and June 2015 identified concerns with the way medicines were managed. At this inspection carried out in November 2015 we reviewed how medicines were being managed. We checked a sample of the medicines and records for nine out of the 11 people who lived at the home. We spoke with one nurse, the acting manager and three residents about how medicines were managed in the home. We also observed medicines being prepared and administered to people

We found some of the issues we identified had been improved upon.

Nursing staff had been assessed for competency to help make sure they were handling medicines safely. Medicines stock were now generally better organised and the medicines fridge and room temperature were properly monitored to help make sure medicines were safely kept. Photographs of people who lived at the home were now kept with the medicines records to help identify people safely when giving them their medicines. Current national guidance for handling medicines and appropriate medicines reference books had been obtained. Controlled drugs were handled and recorded safely and medicines disposal was managed appropriately.

However we found a number of examples of poor practice which placed the health and welfare of people at unnecessary risk. Ordering of medicines was not always well managed; we saw two people had not been administered their prescribed medicines because nursing staff had not acted appropriately to obtain new supplies.

Three people did not have their medicines allergies recorded properly. Five of the people we checked were prescribed creams but these were not safely managed. We found there was no care planning to support their safe use and the records of them being applied were inconsistently made. This placed people at risk of care and treatment that did not meet their needs.

Medicines such as pain killers, laxatives and those used for agitation that were prescribed ‘when required’ had little or no information to support their safe administration. This had been identified at our previous inspection but we saw no improvements had been made.

One person was prescribed a medicine to prevent strokes and blood clots. This required regular blood testing but we found national guidance from the National Patient Safety Agency was not followed. There was no copy of the appropriate prescribing record kept of the current dose so there was a risk of error when the medicine was administered.

Medicines audits had been completed regularly but they had not identified the concerns we had found during this inspection.

This was a continued breach of Regulation 12 the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not protected from the risks associated with the unsafe management of medicines.

At the inspection carried out in May and June 2015, we found risks to people who lived at the home were not always assessed and the provider did not carry out all practicable steps to mitigate risks.

During this inspection carried out in November 2015, we found that improvements had been made. We viewed care records to ensure risks to people who lived at the home were identified and documented to enable peoples’ safety to be maintained. Within the care documentation we viewed we saw risk assessments were completed.

We found risks were identified and control measures introduced to maintain peoples safety. For example we saw if people required bedrails to maintain their safety while they were in bed, a risk assessment had been carried out. This ensured risks were identified and controlled to minimise the likelihood of harm. We saw staff followed the risk assessments to ensure peoples’ safety was maintained.

Individual risks were assessed to ensure peoples’ safety was maintained. We saw individual assessments were in place if people were identified at risk of falls, malnutrition or skin integrity concerns. These were updated monthly. This helped ensure risks were identified and people received care that helped promote their safety.

Is the service safe?

Staff responded to naturally occurring risk in a timely manner. We noted a staff member identified two people who lived at the home were having a verbal altercation. The staff member responded by approaching the people concerned and talking with them. They asked if they could help and if one of the people would prefer to sit somewhere else. One person agreed to this and chose to move to another area. This minimised the risk of harm occurring. We also observed staff communicated with each other to ensure people were supported safely. We observed a person being supported to mobilise. We saw staff communicated with each other to ensure the procedure was carried out safely and equipment was removed promptly. This minimised the risk of harm or injury occurring.

At the inspection carried out in May and June 2015 we found there were no window restrictors fitted to some windows. This meant there was a risk people may access windows and fall from them. During this inspection we saw window restrictors had been fitted to bedrooms which were occupied. We saw the window restrictors that had been fitted had keys within them. This meant that the restrictors could easily be released. We discussed this with the provider who removed the keys from the restrictors prior to the inspection concluding. We also noted two restrictors were not appropriate as they were not tamper proof. We discussed this with the provider who provided us with written confirmation window restrictors were being fitted.

We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area. Staff said they would immediately report any concerns they had to the acting manager, or to the local safeguarding authorities if this was required. Staff told us, "I'd report to management, the Care Quality Commission and the safeguarding authorities." And, "I'd report. We've been trained to do that."

We saw the home had a safeguarding procedure and contact numbers for the local safeguarding authorities were available to staff. The procedures helped ensure staff could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary. We saw evidence referrals to the safeguarding authorities were made as required.

At the inspection carried out in May and June 2015 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) as the provider had not ensured persons employed by the home to provide care and treatment had the qualifications to do so safely.

During this inspection, carried out in November 2015 we found improvements had been made. We checked to see if people were supported by sufficient numbers of appropriately qualified staff. We saw evidence the acting manager checked registered nurses employed at Moorland Nursing Home were registered with the National Midwifery Council (NMC). The (NMC) is the nursing and midwifery regulator for registered nurses and in order to practise, all nurses must be registered with this body and must renew their registration annually. In addition, we spoke with two registered nurses who confirmed they had been asked to provide evidence of their registration status. This helped ensure people were supported by appropriately qualified staff.

At the inspection carried out in May and June 2015 we found there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) as staffing provision at the home was insufficient to meet peoples' needs.

During this inspection carried out in November 2015 we found staffing was sufficient to meet peoples' needs. We discussed the staffing arrangements with the acting manager. We were told there were 11 people who lived at the home on the day of our inspection and eight people required the support of two staff. Four staff were present in the mornings. This reduced to three in the afternoon and two at night time. Each shift was led by a registered nurse. We reviewed four weeks rotas and saw the number of staff provided was consistent with the acting manager's explanation. The home had bedrooms on the first and second floor and staff carried out laundry duties and provided activities for people who lived at the home. We were told the staffing levels were one registered nurse and three care staff in the morning and one registered nurse and two care staff in the afternoon. There was one registered nurse and one care staff at night.

During the inspection we saw people's needs were met promptly. We saw numerous occasions when people were supported at their request. We observed staff asking people if they wanted to get up from their bed. We

Is the service safe?

observed staff were calm and unhurried and took time to talk to people while they decided what they wanted to do. We also observed staff offering morning cups of tea or coffee and when required, assisting people with these. Staff spent time with people in the communal lounge area talking with them about areas of personal interest. For example we heard one person comment they liked the music on the radio. This resulted in a conversation about different types of music.

People we spoke with us told us they had no concerns regarding the staffing provision at the home. Comments we received included, "I get help quickly." And, "Staff come quickly." Also, "If I press the bell they come." We reviewed four weeks rotas and saw the number of staff provided was consistent with the acting manager's explanation.

We reviewed three personnel files to check a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. It is a requirement providers make appropriate checks to ensure appropriate staff are employed. This includes a Disclosure and Barring check (DBS) and suitable references prior to being employed. A valid DBS check is a statutory requirement for all people providing a regulated activity within health care. This prevents people who are not suitable to work with vulnerable adults from working with such client groups.

We noted improvements were required to ensure suitable staff were employed at Moorland Nursing Home. Within the three files we viewed, we found two files were lacking references from their previous employer. Two staff members had been permitted to work with personal references and no employers reference. In the third file we saw a DBS check had been completed one day after the staff members start date and an employers reference had been obtained two days after the staff members start date. It is a requirement employers obtain satisfactory evidence of conduct in previous employment as this minimises the risk of unfit people being employed.

The lack of suitable and sufficient recruitment checks was a breach of Regulation 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed.)

We saw health and safety checks were carried out to ensure people were protected from the risk of harm. We saw water temperatures were checked regularly to ensure the risk of burns and scalds was minimised. During the inspection we asked to view the most current fire risk assessment. We were informed this was currently being reviewed and was not available. We requested this be provided to us following the inspection, however this was not received.

Is the service effective?

Our findings

People told us they were happy at the home and considered the care to be good. Comments we received included, “It’s wonderful here.” And, “I’m happy here.”

We spoke with two relatives who gave information regarding the care and support the home provided. One relative told us, “My [family member] is really well cared for.” A further relative told us. “They are trying.”

At the inspection carried out in May and June 2015 we found staff had not received suitable training to enable them to meet the needs of people who lived at Moorland Nursing Home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

During this inspection, carried out in November 2015, we noted some improvements had been made. We spoke with a staff member who had recently started to work at the home. They told us they had received a structured induction which was documented as they completed this. They explained the induction consisted of a tour of the home, fire safety and introductions to people who lived at the home. In addition, they also completed a weeks shadowing prior to providing personal care unsupervised. They also told us they had completed practical training in moving and handling prior to supporting people’s mobility.

We saw documentation which evidenced an induction programme was in place. We also saw evidence newly employed staff were enrolled on the ‘Care Certificate.’ The Care Certificate is a nationally recognised training programme. It aims to equip care staff with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us they had received training to enable them to manage behaviours that may challenge. They told us this was in the form of e-learning and further practical training had been arranged. During the inspection we met with the training provider who confirmed the practical training had been provided. They told us this had been poorly attended and a further training session had been scheduled. We discussed this with the provider and the acting manager who told us not all staff had attended the training as arranged. They also told us they had informed staff the training was mandatory. We saw evidence further training was arranged.

We saw training in wound care had been arranged and this was confirmed by speaking to qualified staff. We were also informed by the acting manager training in pain management was currently being sourced.

We asked care staff if they received supervision to enable their training needs and any areas of improvement to be identified. All the care staff we spoke with told us they now participated in regular meetings with either the deputy manager or the acting manager to ensure they received feedback on their performance. We also saw documentation which evidenced this took place. Staff also told us they felt supported by the acting manager and the provider.

We discussed clinical supervision of qualified nurses with the acting manager. Clinical supervision is professional supervision provided by a skilled supervisor and is provided to nurses who are registered with the National Midwifery Council. The acting manager told us they provided operational supervision to the qualified nurses. In addition they told us there was a designated qualified nurse who provided clinical supervision to other qualified nurses employed by Moorland Nursing Home. We viewed one qualified nurse’s personnel file and saw evidence this took place.

We asked the acting manager what supervision and training the designated nurse had received to support them in this role. They told us they were currently sourcing additional training for them.

We asked people who lived at Moorland Nursing Home their opinion of the food provided. We were told, “I like the food here.” And, “Not bad.” Also, “I get what I like. It’s good.”

We spoke with the cook who told us they cooked meals from fresh and we saw the fridges were well stocked with fresh fruit, fresh vegetables and salad. On the day of the inspection we also saw cakes were being baked for the afternoon snack. We asked the cook to describe the needs of people who lived at Moorland Nursing Home. From our conversation it was clear the cook was aware of people’s specific dietary needs. They were able to describe the individual needs of people and we saw sufficient resources were in place to enable those needs to be met.

We observed the midday meal being served in an organised and relaxed manner. We saw people were asked where they wanted to sit and if they chose to remain seated in an armchair or in their room, this was respected. The

Is the service effective?

meal was served promptly and if required, people were offered protective clothing to enable their dignity to be maintained. Napkins were provided and we saw staff offered people help with condiments if this was required. We observed one person being supported to eat their main course and saw this was done with dignity and respect. The staff member sat with them and focussed their attention on them by talking with them and offering them choice of what they wanted to eat from their plate.

We saw another person chose to eat their meal in their armchair. Their meal was provided on a table which the staff member adjusted so they could eat comfortably. We noted the person ate half their meal and then pushed the table away. Staff responded quickly by approaching the person and asking if they required any assistance, or if they had finished their meal. The staff member was patient with them and offered them a tray to eat from. This was accepted by the person who then continued to eat the remainder of their meal.

We saw people did not have to wait for their dessert, when they had finished their main course, dessert was provided quickly. One person declined this and was offered an alternative which was accepted by them. Hot and cold drinks were provided throughout the meal and if people required specific equipment, this was provided.

Throughout the day we saw people were offered drinks. We saw cold drinks were available in peoples' bedrooms and in the main areas of the home. We observed staff encouraging people to drink throughout the day and we saw tea and coffee, with biscuits, fruit and cakes were also provided.

We spoke with staff to ascertain their knowledge of people's specific dietary needs. We had noted from a review of documentation that one person required a specific diet. All the staff we spoke with were aware of the persons needs and we saw care and support being delivered in accordance with these. Our observations demonstrated people were enabled to eat and drink sufficient to meet their needs.

During the inspection carried out in May and June 2015 we found people were not always referred to other health professionals. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person Centred Care.)

During this inspection carried out in November 2015, we saw improvements had been made. The people we spoke with told us if they needed to see a doctor this was facilitated. One person told us, "They arranged a quick visit." Within the documentation we viewed, we saw evidence people were referred to other health professionals such as doctors and dieticians if this was required.

During the inspection carried out in May and June 2015 we noted health professionals instructions were not always contained within the care plans of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.)

During this inspection carried out in November 2015, we saw improvements had been made. If recommendations were made by other health professionals, the instructions from the health professional were included in the care file. In one file we viewed we saw there was a recommendation from a health care professional for a person's particular need. This was dated the week prior to the inspection. This had not been included within the persons care plan. We discussed this with the acting manager who completed this prior to the inspection concluding.

The care documentation we reviewed showed us peoples' health needs were assessed. We saw evidence in one care file that on-going monitoring of a person's behaviour took place. We spoke with the qualified staff who told us this was useful as it enabled staff to identify any changes in the person's behaviour and report concerns to the doctor if required. We also saw assessments such as nutritional assessments, moving and handling assessments and skin integrity assessments were reviewed monthly to ensure any changes were identified.

During the inspection carried out in May and June 2015 we found the principles of the Mental Capacity Act 2005 had not been consistently applied. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

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

Is the service effective?

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).

During this inspection carried out in November 2015, we checked whether the service was working within the principles of the MCA. We found improvements had been made. Within the care files we viewed we saw consideration was given to the MCA. We saw evidence capacity assessments were completed when required, and if relatives had Lasting Power of Attorney, evidence of this

was obtained. We spoke with the acting manager who told us they had completed seven DoLS applications and submitted these to the Lancashire Local Authority. They told us they were currently waiting for feedback on these.

We asked staff to describe their understanding of the MCA and DoLS and how this related to the day to day practice in the home. From our conversations it was clear staff had understanding of the processes in place regarding the MCA and DoLS. Staff could give examples of practices that may be considered restrictive and we saw policies were in place to guide staff if this was required. This meant there were processes in place to protect the rights of people living at the home. Staff also told us they had received training in this area and we saw documentation which evidenced this.

We recommend the provider seeks and implements best practice guidance in relation to the provision of clinical supervision to qualified nurses.

Is the service caring?

Our findings

People told us staff were caring. Comments we received included, “Staff are very good to me.” And, “They look after me.” Also, “Staff are excellent. Much better than before.”

During the inspection carried out in May and June 2015 we found staff did not always uphold people’s dignity or treat them with respect. This was a breach of Regulation 10 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014 (Dignity and Respect.)

During this inspection carried out in November 2015, we found improvements had been made. We saw staff were caring. One staff member noted a person appeared to be upset. They sat with the person, holding their hand and asked them to tell them what they could do to help. We saw the person responded positively to this and began to smile and laugh.

We also saw staff engaged with people in a respectful manner. As people addressed staff, staff responded straight away and did not appear hurried or rushed. Staff maintained good eye contact with people and appeared interested in what people had to say. Staff responses were appropriate to the conversations being held and people’s needs.

We observed people being supported with their mobility. This was carried out with compassion and understanding. Staff asked people if they were ready to receive support and gave clear direction and instruction. During this support, staff remained in eye contact with people and offered reassurance and praise. We saw this was well received by people. Staff also checked people were comfortable before leaving them.

One person described the way in which staff supported them. They told us staff maintained their dignity by delivering personal care. They explained staff always ensured all the required items were available before they received support, curtains were closed and they were covered with towel to maintain their dignity.

During the inspection we saw staff knocked on doors prior to entering private bedrooms and one person told us, “They always knock and wait for me to answer before they come in.”

It was clear from our observations staff knew the social histories and things that were meaningful to people who lived at Moorland Nursing Home. We observed staff talking with people about their interests, families and histories. Staff we spoke with had knowledge of what was important to people. Staff were able to give examples of what people liked and disliked. Staff told us a person had a particular evening routine and this was confirmed by speaking with the person’s family member. We also observed a staff member asking a person how their family was. This showed us the staff member knew the persons’ social circumstances.

At the last inspection carried out in May and June 2015 we saw entries in care records which did not uphold peoples’ dignity and demonstrate respect. At the inspection carried out in November 2015, we saw entries within care documentation were not derogatory and contained information regarding people who lived at Moorland Nursing Home.

We saw evidence in the files we viewed that people were involved in their care. We saw when appropriate people had signed their care plans to indicate their agreement with them. We spoke with two people who confirmed they had been involved in their care planning. One person told us staff had obtained literature for them regarding their condition. They told us, “They talked to me about what I wanted to do.” Relatives we spoke with also told us they were involved in their family members care. They told us they were informed of any changes regarding their family member and they were able to express their views regarding the care and support their family member received.

We saw details of an advocacy service were displayed in the main reception of the home. The acting manager told us there were no people accessing advocacy services at the time of the inspection, however this would be arranged at peoples’ request.

Is the service responsive?

Our findings

At the inspection carried out in May and June 2015 we found people were not enabled to engage to appropriate meaningful activities. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Dignity and respect.)

At this inspection carried out in November 2015, we saw documentation which showed us activities were discussed at relatives and residents meetings and we saw a barbecue party had been held in August 2015.

People told us some activities took place at Moorland Nursing Home. One person told us they were encouraged to join people in the lounge for film afternoons but they declined to participate. They told us they would prefer to take part in bingo. Another person told us staff had helped them manicure their nails. They commented, "I'd love more to do sometimes." A further person told us they had recently been on an organised excursion and they had hand massages from staff. They told us they would like more activities. One relative said they were aware some activities were available but they would like to see more organised events for their family member.

Although we did not observe any organised group activities taking place, we observed several occasions of naturally occurring activities. For example we saw one person started to sing to the radio. Staff joined in and this resulted in a sing song with other people in the area. One person was seen to be folding their napkin, the staff member noticed this and asked the person if they wanted to fold some more. This was agreed by the person and we saw they appeared happy as they folded them. We also saw a staff member asked permission to wipe a person's table. The person asked if they could do this and the staff member agreed.

Staff told us they had sufficient time to provide activities. One staff member told us they were planning to organise craft sessions as some people had said they would like to make Christmas cards. A further staff member said activities were available. They went on to say there were not many people who could take part in activities. This was in contrast to our observations and the feedback we received during the inspection.

We saw activities planner was displayed which showed external events were being arranged. We noted a meal out, a Christmas lunch and shopping were available to people who lived at Moorland Nursing home.

We reviewed an activities file which showed the activities people participated in. This included looking at an individual's post with them, talking with staff, having manicures, music in the lounge and crosswords. We saw also saw people were supported to spend time with their family.

Although we found some improvements had been made, feedback from three people who lived at Moorland Nursing Home and one relative showed some dissatisfaction with the activities provided. We discussed this with the acting manager and the provider who told us they would look into this.

During the inspection carried out in May and June 2015 we found inadequate systems in place assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

During the inspection carried out in November 2015 we found improvements had been made. We saw evidence 'relatives and relatives meetings' took place and complaints were recorded and addressed.

We saw a meeting was held in August 2015 where the judgement of the last Care Quality Commission inspection was discussed. This demonstrated the provider sought to inform people and relatives of the performance of Moorland Nursing home. We saw a further meeting had been held where menus, staff uniform and laundry were discussed.

We also saw the provider sought to gain relatives and peoples' views in other ways. We saw a questionnaire was freely available for completion. This was in the reception of the home. We viewed one questionnaire which showed a negative comment regarding the flooring within a bedroom. The questionnaire showed an action had been completed regarding this. We also saw a positive comment had been made regarding a person's care.

One relative we spoke with told us they had attended a relatives and resident meeting and had found both the acting manager and the provider to be approachable. They

Is the service responsive?

also told us they were able to approach them freely when they were visiting their family member. They said, “They seem to appreciate it when I talk to them. They always act on any comments.”

We saw there was a complaints procedure in place which detailed the timescale that could be expected if a complaint was made. We saw five complaints were recorded. We also saw evidence of good practice. We saw

when a negative response from a survey had been received; this had been recorded as a complaint. This demonstrated the provider and acting manager were responding to concerns raised.

We recommend the provider seeks and implements best practice guidance in relation to meaningful activities for people.

Is the service well-led?

Our findings

We asked people to describe the atmosphere within the home. One person told us, “Everything’s changed; I can’t explain it, and everything’s calmer. It seems as if everyone is working together.” A further person said, “It’s definitely improved here.” We also asked two relatives their opinion on the leadership of the home. One relative told us, “The overall management has improved I think. It seems more organised.” Another relative commented the home would benefit from clinical leadership in addition to managerial leadership.

At the time of the inspection the home did not have a manager in place who was registered with the The home was currently being managed by an acting manager who was employed as a registered manager at another of the provider’s care homes.

We discussed this with the provider and the acting manager. They told us they had employed a person as a manager in August 2015 however this decision had been reviewed. The acting manager told us they would prefer to employ a registered nurse as Moorland Nursing Home provided nursing care. Both the provider and the acting manager told us they were actively seeking a manager who was also a registered nurse. Following the inspection we were provided with evidence this process was in place.

We asked staff who was responsible for the management of the home. All the staff we spoke with told us the acting manager and the provider were responsible. They also told us they would communicate any concerns to them. This showed us staff knew who was accountable for the management of Moorland Nursing Home.

Staff told us they considered improvements had been made since the last inspection and gave examples of these. Staff told us they found the provider and acting manager to be approachable. They told us communication had improved, complaints were now responded to, training and supervisions were provided and sufficient staff were available to meet people’s needs. They also told us regular staff meetings were in place and they received feedback on the performance of the home at the meetings.

At the last inspection carried out in May and June 2015 we found several breaches of Regulation 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.) These related to accurate records of the management of the regulated activity, ineffective audit systems and unsecured confidential records.

At this inspection carried out in November 2015 we found improvements had been made. We found records of staff meetings were available and detailed the areas discussed and staff responses. This helped ensure essential information was cascaded.

The manager had implemented a set of audits. These included safeguarding, infection prevention, care records and falls audits. We noted the audits identified areas of concern and actions required to correct the concerns. This demonstrated there was a system in place to identify shortfalls and ensure areas of improvement were identified.

We found people’s confidential information was stored securely. We saw a coded lock had been fitted to the door where records were kept. During the inspection we saw the office was empty on several occasions and the door was locked. We observed staff entering a code to enter the office and shutting the door on leaving. This meant people’s confidential and personal information was stored securely. This helped maintain their privacy and dignity.

It is a legal requirement providers notify us of certain events that occur within homes regulated by the Care Quality Commission (CQC.) At the last inspection carried out in May and June 2015 we found notifications were not being completed and returned to the CQC. These were breaches of regulation 18 and 16 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection carried out in November 2015 we found improvements had been made. We found events that had been reported to the local safeguarding authorities had also been reported to the CQC. In addition we saw other events had been appropriately reported to the CQC.

Following receipt of information regarding the absence of the acting manager we visited the home on 14 November 2015. We did this to ascertain the management arrangements in place in the absence of the acting manager and the provider. We asked staff how they could obtain further advice or support if the acting manager and provider were not contactable. We were told two registered nurses were on call to provide staff with support and contact numbers were available to seek guidance if this

Is the service well-led?

was required. We saw documentation which evidenced this. This demonstrated there was a system in place to ensure staff could access advice, support or report concerns as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Regulation (19) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed.)
Treatment of disease, disorder or injury	People were not protected against the risks of unsuitable people being employed as insufficient recruitment checks were carried out.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment.)
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (g).

The enforcement action we took:

We have issued a warning notice in respect of this breach of regulation.