

KN & S Ramdany

Moorlands Rest Home

Inspection report

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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

About the service

Moorlands Rest Home is a care home without nursing that provides personal care for up to 12 older people, some of whom may be living with dementia. At the time of our inspection there were 9 people living at the service. The care home, which is set in a residential area, accommodates people in one adapted building, arranged over two floors. There was a communal lounge and a communal dining area on the ground floor. There was a garden at the rear of the building.

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

People experienced safe care from staff who understood how to protect them from abuse and avoidable harm. Risks to people were assessed and managed safely, in a manner which promoted their freedom and independence. Enough suitable staff with the right mix of skills, competence and experience were deployed to meet people's needs safely. Medicines were only administered by trained staff who had their competence to do so regularly assessed by the registered manager. Staff carried out good infection control and food hygiene practices, which protected people from the risk of infection. Staff raised concerns and reported incidents and near misses, to enable the registered manager to take action to reduce the risk of future occurrence.

People's needs assessments were detailed, identified expected outcomes and were reviewed and updated regularly to reflect people's changing needs. Staff were supported to develop and maintain required skills and worked well with partners to ensure they followed best practice. People were encouraged to eat a healthy balanced diet and staff effectively managed their identified risks associated with poor hydration and nutrition. The registered manager made timely referrals to relevant professionals and effectively implemented their guidance to achieve good outcomes for people. The registered manager had established a rolling programme of environmental improvements based on recognised guidance, to improve people's quality of life and promote their wellbeing.

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.

The registered manager and deputy manager were committed to delivering care and support that treated people with compassion, kindness, dignity and respect. Staff provided sensitive and respectful care and supported people to take the lead in decisions about their care. The registered manager had ensured people who required support to make certain decisions had suitable advocates appropriately appointed.

People were supported to maintain relationships with those people important to them. Staff actively promoted companionship within the home and enabled people to carry out a programme of activities, hobbies and interests. People were supported to make choices and have as much control and independence as possible. Complaints were dealt with in an open and transparent way and used identified

learning to improve the quality of the service. People were sensitively supported to make decisions about their preferences for end of life care. Staff had received additional training to support people living with dementia and those who required end of life care.

The registered manager promoted a person-centred culture where people and staff felt valued. Staff were passionate about their work and the people they supported. The service involved people, their family and advocates in a meaningful way. The registered manager and staff understood their responsibilities to be open and transparent when things went wrong and the importance of completing thorough investigations to identify lessons learnt to prevent a recurrence. The registered manager operated robust processes to monitor the quality, safety and the experience of people within the service. Professionals consistently identified partnership working and staff implementation of their guidance to be a strength of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published 10 June 2019).

Why we inspected

This was a planned comprehensive inspection based on the date the service was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Moorlands Rest 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Moorlands Rest Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Moorlands Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, who was also a director in the provider partnership.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team and other professionals who work with the service. We checked information held by the fire and rescue service, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media content of the provider's website. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 5 relatives of different people. We spoke with 7 staff including the registered manager, deputy manager, 4 care assistants and one cleaner. We also spoke with a visiting healthcare professional.

We reviewed a range of records including 4 people's care records, 7 people's medicines administration records and 5 staff recruitment and supervision files. A variety of quality assurance records relating to the management of the service, including audits, policies and procedures were also reviewed. After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to inform our inspection. We sought feedback from 9 health and social care professionals who engaged with the service and received 7 responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this inspection has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt confident in their safety. One person told us, "Yes I am safe. They [staff] take good care of me." A relative said, "I've never had anything to worry about while [person] has been at Moorlands. [Person] has settled in well. I can't fault the care."
- The provider had systems, policies and procedures in place which staff followed. This meant that any concerns were reported appropriately to relevant authorities and investigated.
- People were protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse, including how to report concerns internally and to external bodies. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.
- Staff were able to describe the different forms of abuse. Staff told us they would raise concerns to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. One staff member told us, "I would always tell [registered manager] if I saw someone being hurt or abused" and "I know we can whistleblow if action isn't taken to protect people when we raise concerns."

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking activities that they enjoyed.
- We observed staff completed handovers during which they shared important information about changes to people's needs and risks to ensure they received the correct care and treatment. During one handover, staff discussed their concerns that a person may have developed a chest infection. Staff immediately sought guidance from the person's GP, which resulted in the attendance of the surgery paramedic that day to examine the person. We reviewed records which confirmed referrals to relevant healthcare professionals were made promptly.
- People were protected from environmental risks within the home, which had been assessed by staff who had taken measures to minimise those risks.
- Risks to people associated with their behaviours which may challenge were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping the person and others safe.

Staffing and recruitment

- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well. The service did not use any agency staff, which rotas confirmed.
- One person's appointed advocate told us, "Many of the staff have worked at Moorlands for a long time and they don't use agency staff at this home, so the carers get to know each resident as an individual and seem to really care about everyone."
- People and relatives told us staff were able to spend meaningful time with them and were never rushed.
- The registered manager completed a staffing needs analysis, based on assessments of people's dependency. This information enabled the registered manager to ensure sufficient staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Rotas demonstrated enough suitable staff were consistently deployed, in accordance with dependency tools and people's assessed staffing needs.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included full employment histories, references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Two staff who had worked at the service for a long time, required to have their DBS checks updated. The registered manager told us new DBS checks had already been submitted and were able to demonstrate these had been successfully completed before the completion of this report.

Using medicines safely

- Where people had medicines 'as required' (PRN), for example for pain or for anxiety, people had clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. One person's PRN protocol was missing, although staff administering medicines were aware of the person's PRN protocol. The registered manager provided a copy of the missing protocol before the inspection was concluded.
- People were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- We observed staff support people to take their medicines in a safe and respectful way. People were asked if they were ready for their medicines by staff who took time to explain their medicines to them. People were given time to take their medicines, without being rushed.
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- The registered manager completed regular reviews of people's medicine management plans and liaised with prescribing GPs to ensure continued administration was still required to meet their needs.

Learning lessons when things go wrong

- The registered manager had developed a culture where staff felt confident to report incidents. All accidents and incidents were recorded and reviewed daily by the registered manager or deputy manager. The management team took appropriate action to implement any lessons learned to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events

that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.

Preventing and controlling infection

- People, relatives and professionals said the home was very clean and hygienic whenever they visited. The cleaner and staff maintained high standards of cleanliness in the home, which reduced the risk of infection. Staff followed the provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was following current guidance for visiting in care homes, by ensuring visiting was unrestricted. However, unrestricted visiting was not always experienced by all relatives, which is detailed within our responsive findings below.

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 our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs.
- People, relatives and professionals consistently told us staff had the necessary skills and expertise to meet people's needs. One person told us, "They [staff] are getting to know me and what I need." A relative told us, "We are pleased [person] is there [Moorlands Rest Home] because staff know how to support [person]." A professional told us, "If they [staff] notice any issues with a person's health, they start by checking vital signs, urine for infections, which helps myself and colleagues to assess the situation and act promptly. If people have received treatment the staff do a fantastic job following the instructions [subsequent professional guidance]."
- Relatives and professionals reported that staff understood people's needs and knew how they wished to be supported. One relative told us, "It is the first place where staff seem to understand [person] how they like things done."
- People's needs were assessed regularly, reviewed and updated. People had detailed care plans, which promoted their independence and opportunities to maximise their potential.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended accordingly to ensure people received the care they required.
- Staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Staff used nationally recognised tools to assess and monitor risks to people and then effectively managed them.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff had completed the provider's mandatory training, which was aligned to The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were also supported to achieve other nationally recognised qualifications relevant to their roles.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as

training in caring for people living with dementia.

- Staff told us their training fully prepared them to meet the needs of people. One staff member told us, "The training is very good and if we [staff] think we need additional training they [registered manager] will arrange it.
- Records demonstrated new staff completed a thorough induction process overseen by the registered manager, which equipped them with the necessary skills and confidence to carry out their role effectively.
- The registered manager and deputy manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervisions.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, two people identified to be at risk due to weight loss had been successfully supported by staff to gain weight.
- We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration.
- Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required. People were encouraged to sit with others they got along with, so that people could form friendships.
- People and relatives told us the food was good, although they did not always like the options offered. People told us that staff would make them an alternative meal if they changed their minds. We observed one person provided with their earlier choice of a corned beef salad. On seeing the salad, the person requested another option and chose a cottage pie.
- Staff had completed food safety training and correct procedures were followed whenever food was prepared.

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

- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made appropriate referrals and liaised with other healthcare professionals when the need arose.
- One professional told us, "The managers have a sensible, pragmatic approach but are proactive in contacting us if there are any issues, for example, when residents are unwell."
- People's care plans contained detailed information about their health and care needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff were able to explain how they supported people to engage with healthcare professionals.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.
- People's health appointments were recorded in their care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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

- The premises had not been purpose-built or designed to meet people's individual needs and preferences,

particularly in relation to those people living with dementia.

- The registered manager demonstrated they had reviewed the environment, in line with recognised guidance. This review had identified required improvements to make the environment more suitable for older, more frail people and those living with dementia.
- This had resulted in a rolling programme of redecoration and provision of signage to provide orientation for people living with dementia.
- People had access to outside space that had been assessed for risks, quiet areas to see their visitors, and areas suitable for activities such as gardening.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.

- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. Where people did not have capacity to make certain decisions for themselves, people had a capacity assessment completed which related to specific decisions.
- We spoke with a best interests assessor who had visited the service who told us, "I have always found the quality of care provided by staff at Moorlands to be excellent. This view was echoed by two people I visited. They both provided extremely positive feedback on the staff, describing them as lovely, kind and as angels." and "One of the people told me that nothing ever seemed to be too much to ask of the staff and explained how patient they always were with her."
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The service had a strong culture committed to deliver person-centred care. Staff were highly motivated and worked well as a team to uphold high standards of quality. All staff took responsibility for ensuring people experienced compassionate care.
- Staff had built open relationships with people and their families. There was a positive, cheerful atmosphere in the home, which was consistently noted by people's relatives. One relative told us, "All the staff are friendly and have a ready smile. They [staff] are always willing to help."
- People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. One person told us, "They [staff] are lovely here. They really do care."
- Relatives told us their family member experienced good quality, compassionate care from regular staff, with whom they shared a special bond.
- Visiting professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focussed on caring for the individual and not completing tasks.
- Staff spoke with pride and passion about people living in the home. For example, one staff member said, "I do love it here [Moorlands Rest Home]. I love the residents and when they smile it makes me feel really proud."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs.
- The management team worked alongside staff and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People were supported to make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives, where appropriate, advocates, relevant professionals and from staff knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences. Relatives told us they were fully involved in decisions about all aspects of people's care and support.
- Some people experienced impaired communication and staff were skilled at supporting them to express their wishes. We observed all staff interact in a patient and inclusive way, in accordance with people's

communication strategies.

- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. The reassuring and compassionate nature of the staff had a significant, positive impact on each person's well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely supported people to rearrange their dress when required, to maintain their personal dignity.

- When people were confused or disorientated, staff immediately provided reassurance, which eased their anxieties and improved their wellbeing.

- When people were approached by staff, they responded to them with smiles and known gestures, which showed people were at ease and relaxed with staff.

- We observed staff support people with sensory impairments, in accordance with their support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.

- Staff spoke with people in a way that met their communication needs. Staff knew how to comfort different people. For example, we observed staff gently holding people's hands to reassure them.

- When required, staff spoke slowly and clearly, giving people time to understand what was happening and to make decisions.

- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be. For example, one person was supported to smoke and walk around in the garden.

- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy.

- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement.

This meant people's needs were met through good organisation and delivery.

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

- Visiting professionals consistently told us that people experienced person-centred care, which achieved good outcomes. People and relatives consistently praised the quality and care provided by staff.
- Professionals were impressed that whenever they visited, each staff member they engaged with knew exactly why they had been called and the current position in relation to the person's care.
- People and their relatives told us they felt staff had a good understanding of people's needs and adapted their approach based on people's personal preferences, cultural background and individual needs. A relative with experience of alternative care provision told us, "I think it's [Moorlands Rest Home] wonderful. The care here is much more personal. The carers [staff] have taken the time to get to know [person] and have got [person] talking about their childhood. They have really brought the best out of him."
- People and those important to them were involved in developing support plans to meet their needs, which reflected their preferences and choices.
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs.
- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.

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

- We received mixed feedback from relatives in relation to how the service supported people to maintain

relationships with people who were important to them. Some relatives praised the registered manager for actively encouraging them to visit more frequently if they could.

- However, some relatives, who had provided positive feedback about the quality of the care people experienced, told us they were not always able to visit their family member when they wished.
- Relatives told us they understood the need for restrictions at the height of the pandemic but were concerned that they could not visit unannounced. For example, if they happened to be in the area for other reasons and had time to visit.
- Relatives told us they always had to make an appointment to visit and on occasions had been refused ad-hoc visits. This meant their relatives did not experience as many visits as possible from relatives, which could have had a positive impact on their wellbeing.
- We spoke with the registered manager who told us the home had no restrictions and was open to visitors at any time. The registered manager told us they had spoken personally to relatives to inform them when the restrictions had been lifted. The registered manager undertook immediately to speak with relatives to reiterate the open visiting policy and to ascertain how the breakdown in communication had occurred.
- Prior to completion of this report the registered manager was able to demonstrate they had contacted each person's relatives to ensure they understood there was an open visiting policy with no restrictions at the service.
- Staff and external entertainers ensured people were provided with enough opportunities for social stimulation. These activities were published on a weekly programme planner. People and most relatives were satisfied with the range of group activities provided. However, one relative told us they thought more stimulating activities could be made available.
- Activities were also provided for people who chose to spend time in their bedrooms or those who were being cared for in bed.
- Professionals made positive comments about the way staff encouraged people to take part in the activities. For example, one professional told us, "I have always found the caring approach of staff at Moorlands has been excellent in terms of helping their service users to feel at home" and "Yesterday during my visit, all of the residents were participating in gentle exercise, music, singing and dancing activities in the communal lounge, with everyone involved and smiling. I have found this to be a very positive aspect of the support provided at Moorlands because of the warm inclusive atmosphere at the home."

Improving care quality in response to complaints or concerns

- Arrangements were in place to listen to and respond to any concerns or complaints. The registered manager viewed complaints and concerns as a positive way to improve the service.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately. People said they would be happy to speak with any member of staff should they have any concerns.
- All concerns and complaints were responded to appropriately by the registered manager. All were documented, investigated and clearly recorded. Relatives told us the registered manager had a personal 'hands on' approach and preferred to deal with issues personally.
- In the previous year there had been one complaint, which had been dealt with in accordance with the provider's policy and procedure. The registered manager had used the learning from this complaint to improve the quality of support experienced by this person, in line with their preferences and respecting their wishes.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

End of life care and support

- The service worked closely with healthcare professionals and provided good end of life care, which ensured people experienced a comfortable, dignified and pain-free death.
- The service provided an effective response to people's changing care needs and advice on care and support for people and staff at the times they need. Staff were responsive and quickly engaged with family members and relevant healthcare professionals to ensure their end of life wishes were respected.
- We reviewed the circumstances surrounding the care being provided to a person who had been diagnosed to require end of life care. Staff were being supported by the Urgent Care Response Team (UCRT) to care for this person. Due to the effective collaboration between staff and the UCRT, this person's condition had improved, and they had been discharged from the care of the specialist professionals.
- Staff consistently told us they were supported by the service with empathy and understanding when people passed away.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The service had a strong, person-centred culture, reflected in the approach of all staff, which achieved successful outcomes for people.
- People, relatives and professionals described the registered manager and deputy manager to be conscientious and committed to the people living in their home, who led by example and provided good role models for staff. People and relatives consistently told us staff treated people like members of their own family.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.
- People and staff told us the registered manager inspired trust and confidence and made them feel valued and respected. People and relatives consistently praised the registered manager for being empathetic and responsive, whenever they were worried or required support.

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

- The provider's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied. The registered manager and the deputy manager were aware of their responsibilities and ensured these were met.
- The service completed relevant notifications to CQC and the Local authority, when needed.
- Relatives told us they had been kept up-to-date by staff about any incidents involving their family member with comments such as, "[Registered manager] calls us straight away if anything has happened to let us know and explain what is being done" and "They are very good at letting me know if there is a problem or if [person] is unwell."

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

- The registered manager had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.

- People told us they felt they could speak with any staff to raise issues with them. Relatives praised the approachability of the registered manager and found the deputy manager and staff easy to talk to.
- The registered manager and deputy manager completed regular audits and reviews of care records and action plans to address any areas for improvement identified.
- The registered manager attended handovers with the deputy manager and staff, where significant events were discussed to identify required improvement and ensure any required action was taken.
- There was a strong sense of leadership from the management team, which set the standards for all staff. The registered manager and deputy manager were highly visible and had a clear oversight of the safety and quality of care delivered within the home.
- The management team worked alongside staff and monitored the quality of their care in practice. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The registered manager kept up to date with best practice guidance and reviewed and updated policies and procedures to promote ongoing improvements in the quality of care people experienced.

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

- The registered manager engaged in meaningful conversations with people and staff. This enabled them to seek people's views on a regular basis and involve people in any changes. The registered manager and deputy manager delivered care to people regularly and knew them well.
- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the registered manager and staff.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home and the management team. The registered manager recognised and praised good work by individuals in supervisions and team meetings.
- Staff told us the registered manager valued their opinion, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- People were supported to express their views about the care they received, and advocates were also involved when required. The registered manager had supported 2 people to access an advocate service to support them with particular issues and decisions.

Continuous learning and improving care

- Professionals consistently told us the registered manager was open to their guidance and welcomed constructive advice.
- Where trends in accidents and incidents were identified, improvements were put in place to reduce and mitigate a recurrence. For example, in relation to falls management.
- The registered manager kept themselves up to date with developments and best practice in health and social care, to ensure people received positive outcomes and experienced care following best practice. This included regular updates from local authorities, the CQC and Government agencies.

Working in partnership with others

- The registered manager worked well with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge about innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.
- The registered manager maintained positive working relationships with others, and we received

overwhelmingly positive feedback from other professionals regarding the quality of care provided at Moorlands Rest Home.

- Professionals consistently highlighted partnership working to be a strength of the service, regularly commenting on the registered manager and staff knowledge and ability to provide required updates and clinical information quickly.
- We received consistently positive feedback from various community support teams who referred to the close and effective working relationship with the service. For example, professionals made comments such as, "All the staff are so friendly and are very informative about their residents [people]. They [staff] are always able to provide me with a full history of the person. Their [staff] care from what I have witnessed is brilliant" and "Liaising with the managers [registered manager and deputy manager] feels like a collaborative process and decision making is shared and in the best interests of the residents [people]" and "The home retains residents even when their conditions deteriorate, and do an exemplary job attending to complex needs, including palliative care and advanced dementia."