

Akari Care Limited

Moorfield House

Inspection report

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21 June 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place between 19 and 21 June 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be visiting the home.

We last inspected the home in January 2017 and rated the home as 'Requires Improvement' overall. This was because we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; namely, Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing). We rated the key questions of safe, effective, responsive and well led as 'requires Improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. At this inspection we found sufficient improvements had been made to address the key question of safe but the home continued not to meet all the fundamental standards we inspected against for the key questions of responsive, effective and well led. This is the second time the service has been rated requires improvement.

Moorfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Moorfield House provides personal and nursing care and support for up to 35 people who require support with personal care, some of whom are living with dementia. At the time of the inspection there were 23 people living there.

The home had a new manager in post who had joined the home in April 2018. The manager had begun the process to become the registered manager. At the time of inspection this registration application had not been received by the CQC. A registered manager is a person who has registered with the Commission to manage the home. 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 home is run.

At this inspection we found that there were continued breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the governance and quality systems and processes, staff training and staff supervision/appraisal.

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

People told us that they felt safe living at the home and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe. Staff had received training around safeguarding vulnerable adults. Staff were safely recruited and they were provided with all the necessary induction training required for their role. The manager monitored when refresher training was required but not all staff had attended refresher courses. Staff had received training in end of life care and there was a

staff champion for this.

Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented. We observed that there were enough staff on duty to support people appropriately in line with their assessed needs.

During our inspection we found that the premises were safe for people living at the home. Regular checks of the premises, equipment and utilities were carried out but these were not fully documented. Infection control measures were in place and the home was clean. We saw domestic staff cleaning the home regularly during inspection. The premises were not fully 'dementia friendly' as the walls, floors and doors were painted in similar colours. There was pictorial signage to help people orientate themselves.

The home provided safe medicines management. Procedures were in place to ensure the safe receipt, storage, administration and disposal of medicines. There were records regarding other professionals involved in people's care. People's medicine care plans fully documented all of the information needed to fully support people.

People were supported to maintain a balanced diet and we saw people had access to a range of foods and fluids throughout the day. We observed a positive dining experience at the home and relatives also commented to us that they were pleased with the range of food provided.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. Staff demonstrated their understanding of the MCA. The manager had notified CQC of these applications.

People had person centred care plans and risk assessments in place to keep them safe. The manager and deputy manager had recently begun to review and re-write people's care plans to make them person centred. People, relatives and external health professionals were all involved in best interest decisions and mental capacity assessments. People's care records were accurate and up-to-date.

The provider and manager had a clear vision to care for people living at the home. The manager promoted an 'open door' policy and staff told us that they felt supported, however they had not received regular supervision or appraisal. The manager was working to implement a new governance framework at the home. At the time of our inspection this was not fully embedded and we found some audits and checks were missing, were not fully recorded or available when we inspected.

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people discretely if they could carry out personal care and if they required support. The home promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. Staff showed kind and caring attitudes and people told us the staff spoke caringly to them. We observed people enjoyed positive relationships with staff. People and relatives knew how to raise a complaint or concern.

There was information on how to make a complaint displayed within the home and this was accessible to everyone. Feedback was sought from people, relatives and visitors to help improve the home.

There was an activities co-ordinator in post but who was absent from the home at the time of our inspection. This meant that people living at the home had not had regular access to organised activities. We

have made a recommendation in relation to ensuring that people are afforded opportunities to access stimulating and meaningful activities.

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.

People received care from staff who were trained and aware of safeguarding procedures.

There were suitable staffing levels at the home. Risks which people faced were assessed and reviewed regularly.

Medicines were administered safely and in line with safe medicines management procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff providing care to people had not received appropriate refresher training or supervision to carry out their roles.

Consent was sought before staff provided care to people. People received care that was delivered in line with the Mental Capacity Act 2005.

People were supported to eat and drink well to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People and their relatives were consulted and supported with planning their care.

Staff upheld people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's records were person-centred care which met their

needs and was regularly reviewed and updated. People were supported with end of life care.

The provider had a robust complaints procedure in place. This information was used by the service to learn and continuously improve.

People did not always have regular access to range of social activities.

Is the service well-led?

The service was not always well-led.

The new manager was not yet registered with the CQC.

There was a new governance framework in place but this had not been trialled at the time of our inspection. Audits were not fully recorded.

The manager understood their role and responsibilities. People, staff and relatives felt that the manager was open and approachable.

The provider and manager had a clear vision, strategy and plan to deliver quality care.

Requires Improvement 

Moorfield House

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 comprehensive inspection took place over two days on 19 and 21 June 2018. The inspection was unannounced on the first day, which meant the staff did not know we would be visiting the home, and announced for the second day. The inspection was carried out by one adult social care inspector.

Prior to the inspection, the manager completed a Provider Information Return (PIR). This is a form that the provider is required to send to CQC with key information about the service, what improvements they have planned and what the service does well. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During the inspection, we spoke with three people who lived at the home, four relatives and nine members of staff including the manager, the regional manager, one nurse, one administrator, one kitchen assistant, one domestic assistant, one senior care assistant and two care assistants. We reviewed the care records for three people living at the home and the recruitment records for four members of staff.

We looked at quality assurance audits carried out by the manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures and information related to the governance of the home. We looked around the building and spent time in the communal areas. We spent time with some people who lived in the home and observed how staff supported them. 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.

Is the service safe?

Our findings

At the last inspection in January 2017 we found a breach of Regulation 12 in relation to risk management. During this inspection we found the manager had adequately addressed this and mitigated any risks to people's safety.

People and their relatives told us that they felt safe living at Moorfield House. One relative told us, "Everyone is safe. The new manager has made sure of that." Another relative told us, "[Relative] is safe here. If I had any concerns they wouldn't have been living here for 15 years. It's really improved over the last few months. I don't have to worry about [relative] they keep me informed of anything that has changed." Another relative told us, "Never had concerns, [relative] feels safe here."

We carried out a tour of the premises on both days of inspection to make sure the premises were safe. During the first day of inspection we found emergency pull cords were not always easily accessible to people in communal bathrooms. The manager immediately acted upon this and requested that the maintenance person replace the pull cords. We also found on the first day of inspection that the external clinical waste bins were unsecured and unlocked. We highlighted this to the manager and on the second day of inspection the area was secured and they had ordered a new clinical waste bin.

We saw that there were regular recorded audits of the premises including bed checks, bed rails checks, portable appliance testing (PAT), and firefighting equipment. The home had an electrical periodical inspection certificate. We observed regular cleaning of the service throughout the inspection and reviewed cleaning audits.

There were risk assessments in place for the control of substances hazardous to health (COSHH) and these included data information sheets and protocols for each substance.

There was a fire risk assessment for the service and this was used in partnership with people's personal emergency evacuation plans (PEEPs). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. PEEPs included how many staff would be required to support people and what action should be taken.

There was a business continuity plan in place which clearly detailed what would happen in case of emergency or if something happened unexpectedly. There was an emergency grab bag located at the main entrance of the home for use in an emergency. This contained people's PEEPs and emergency information.

Staff followed infection control procedures and we saw them using personal protective equipment such as disposal gloves and aprons when supporting people with personal care. Domestic staff ensured soiled laundry was transported through the home safely in designated trolleys and in line with best practice.

There were safeguarding policies for protecting vulnerable adults available for all staff and people at the service. Staff were aware of safeguarding legislation and could tell us what they would do if they identified

potential abuse. Staff described a clear escalation route to management if they had a concern and contacting the local authority and the Care Quality Commission (CQC). One member of staff told us, "If I ever saw anything I would go straight to [manager] or the nurse. If I couldn't we've got the telephone number for the Council." Not all staff had received safeguarding refresher training but this had been sourced and arranged by the manager.

We reviewed the safeguarding information at the home and these records were accurate, linked to the appropriate accident/incident, had in-depth investigation reports, follow up actions highlighted and lessons learned. The manager had shared outcomes of investigations with staff and they were able to tell us about specific concerns that had been raised previously. The manager had notified the CQC of each incident and provided regular updates during their investigations.

During the inspection we observed that there were enough staff to support people. We reviewed the assessed needs of people living at the home and this was reflected by the number of staff on duty. We did observe that during lunch time the staff deployment was not always correct and the manager was required to support one person who did not wish to eat in the dining room. The manager reviewed the dependency needs at the home regularly and used appropriately trained agency staff to ensure correct staffing levels. One relative told us, "There's always someone about."

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Other pre-employment checks had been carried out such as gathering references from previous employers.

Risks to people were identified and managed well so people were as safe as possible. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. Risk assessments were completed for mobility, falls, nutrition and hydration, choking, continence and skin integrity of people living at the home. Assessments were completed in partnership with people, their relatives and external health professionals. During the second day of inspection we spoke to a visiting GP and a specialist nurse. The special nurse told us that, "I don't feel anyone is at risk here. Everything is assessed now and staff will ask if they are unsure about anyone."

We looked at the arrangements for the management of medicines. The home used an electronic system for the administration of medication. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Medicine stocks were recorded when medicines were received into the home.

Whilst reviewing the medicines we noted that there were two bottles of paracetamol suspension which did not have a date of opening recorded. The nurse on duty immediately took action for this and the manager confirmed that they would be carrying out a full medication audit at the end of the week.

Medicines were given from the container they were supplied in and we observed the nurse explained to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People's medicine support needs were accurately recorded in their care records. The medicines administration records (MARs) were electronic and these were provided for us to review.

Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered. We noted that these were not very

detailed and the manager told us that they were moving to a different medicines system which provided in depth protocols for use by staff.

Is the service effective?

Our findings

At the last inspection in January 2017 we found a breach of Regulation 18 in relation to staff supervision and appraisal. During this inspection we reviewed the supervision and appraisal matrix for staff. Four members of staff had not received supervisions since October 2017, which was not in line with the providers supervision policy. We reviewed the training details for staff at the home and found 19 staff had not received refresher training in safeguarding, fire safety, mental capacity and nutrition and hydration. The provider had made these mandatory training modules and staff were required to attend refresher sessions yearly.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Staffing.

People's treatment and support were delivered in line with current national best practice standards and guidance, such as the National Institute for Health and Clinical Excellence (NICE) and Mental Capacity Act 2005 (MCA). All new care staff who did not have previous qualifications in health and social care, received a detailed induction from the provider in line with the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care.

There was a training matrix in place at the home and the manager was able to identify knowledge gaps and refresher training requirements. The manager had raised the training gaps with the provider and was beginning to source these for staff. Nursing staff at the home were provided by an agency and the manager had ensured that they had the required qualifications and registrations to carry out their role. One member of staff told us, "I need to do my training but there haven't been any sessions available yet."

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the four people whose records we reviewed applications had been submitted to the 'supervisory body' for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example for bed rails and life changing choices about serious medical treatment or where to

live. Records of best interest decisions showed involvement from people's relatives, GPs and staff. One relative told us, "I've been involved in every capacity decision."

Care records included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. This meant that if a person's heart or breathing stops unexpectedly due to their medical condition, staff were aware that no attempt should be made to perform cardiopulmonary resuscitation (CPR). The DNACPR records were up to date, included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals who were involved in the decision. We saw reviews of these decisions after 12 months.

For the three people's care records we reviewed we saw involvement and referrals to other professionals and agencies. For example, GPs, psychiatrists, specialist nurses, best interest assessors, dieticians and opticians. During the second day of inspection we saw a specialist nurse and GP attending the home to carry out reviews of people. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various external agencies to make sure people received person centred and appropriate care to meet their needs.

Recognised tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped staff identify the level of risk to people. The Waterlow scale was used to assess people's risk of developing pressure sores. Assessments were regularly reviewed.

Some people received support with nutrition and hydration. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The MUST was used to help staff complete individual risk assessments in relation to the risk of malnutrition and dehydration. This helped staff identify the level of risk and apply appropriate preventative measures. Staff monitored some people's food and fluid intake to minimise their risk of malnutrition or dehydration and recorded this on a chart which the nursing staff checked and evaluated in order to decide if further action should be taken. For example, referral to a GP, dietician or speech and language therapist. For one person whose care record we reviewed we saw that this risk was reviewed regularly as the person's weight changed and a referral was made to the dietician.

Kitchen staff were regularly updated with changes to people's dietary requirements. We observed one person had a specific kosher diet and a notification was provided with the types of food they could eat. For the care files we reviewed we saw people's likes and dislikes were recorded for use by the kitchen staff. This showed there was communication between kitchen and care staff to support people's nutritional and cultural needs.

We observed the dining experience was positive at the home over both days of inspection. Tables had cutlery, table clothes, napkins and condiments. One person told us, "It's like a hotel. Look at the flowers." Staff discretely supported people with their meals if they required assistance. We did observe on the first day of inspection that there were not enough staff available to support people who did not wish to eat their meals in the dining room. The manager assisted one person in the lounge area with their lunch to make sure everyone was supported. The food was well presented and people enjoyed their meals. One person said, "I love the potatoes."

The home was nicely decorated and had elements of a 'dementia friendly' environment. Some areas where walls, handrails and ceilings were painted in similar colours which may cause people to become disorientated. We discussed this with the manager who was aware of this and had discussed this with the provider. The corridors and doorways were wide enough to allow for wheel chair access.

Is the service caring?

Our findings

People living at Moorfield House and their relatives told us they received good care. During both days of inspection, we saw positive and caring interactions between staff and people. One person told us, "I like them [the staff], they look after me." A relative told us, "I feel as if they are doing all they can for mam in a nice way." Another relative told us, "If I was starting out again I would ask to put [relative] here. It's a home from home. [Relative] frets if they are away from here and smiles when they return." A member of staff said, "We do what we can for everyone. We know everyone and how to get a smile." Another relative told us, "They (the staff) do go out of their way. It's been hard but things are improving. I've never considered that [relative] isn't cared for."

We observed staff acknowledging and talking with relatives. Staff updated relatives when they entered the home to let them know how people were doing. One relative told us, "They update me if anything changes and sometimes call me if the GP has been out. They go out of their way. [Staff member] is a gem." One staff member told us, "Since April the home has improved and we work together for the residents. It's a happy place to work now."

During both days of inspection, we observed staff asking if people needed anything and providing hot and cold drinks. One member of staff asked a person, "Would you like another biscuit with your tea? I know you like them." We observed staff asking if they could enter people's bedrooms and if they could support them with personal care. People's choices were respected and we saw staff asking if people would like to do certain activities. One member of staff told us, "[Person] loves to watch the fish. I try to make sure they do it every day."

On the second day of inspection one person required an emergency visit from the GP which resulted in a hospital admission. Staff were visibly upset by the deterioration of the person and provided comfort to the person. We observed staff providing comfort and reassurance to the person. Staff explained that they had contacted the GP to attend the service and we heard one staff member say, "Don't worry [person], I won't leave you." This demonstrated the positive relationship staff had developed with people living at the home.

During the inspection we observed staff encouraging people to be independent where possible. Staff were always available to provide assistance, when required. For example, walking with a person using their walking frame to the lounge while offering encouragement.

Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief. The manager and staff worked with people and their relatives to help increase people's confidence, maximise independence, choice and control where possible. All staff were working together to create a respectful, trusting and caring environment which made a difference to people's lives. One person living at the home was Jewish and the manager had worked with their relative to make sure all of their religious and cultural needs were being met.

The manager and the provider had a clear vision for the service which centralised around person centred

care. The manager had a lot of experience in delivering care and made sure that staff put people first. Relatives and staff commented that the home had changed positively since the new manager had come into post.

There was information, advice and guidance displayed around the home which was of benefit to people and their families such as local safeguarding contact information and leaflets on dementia care, advocacy services and advice on relevant topics of interest. At the time of the inspection no one was actively receiving support from advocacy services. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

At the last inspection in January 2017 we found a breach of Regulation 9 in relation to person centred care planning and activities. During this inspection we looked at people's care plans and found that these were being reviewed. New person-centred care plans were being created for people living at the home.

People living at Moorfield House did not always have regular access to stimulating and meaningful activities. There was an activities co-ordinator in post who had been absent from the home for three months. During our inspection the manager had arranged for an activities co-ordinator from another home, to carry out activities with people. We observed people having manicures and playing marbles. One person enjoyed watching the fish swimming in the home's fish tank. The manager told us that the activities would continue once the staff member returned to the home. The manager was aware that there had not been access to a range of activities however, care staff had been carrying out one to one and group activities when possible.

We recommend that the service reviews their arrangements to ensure that people have access to activities and opportunities to meet people's needs. We recommend the provider reviews the National Institute for Health and Care Excellence (NICE) guidance in relation to Dementia: independence and wellbeing.

People's care records were person-centred. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person. For example, one person's care plan detailed that at times they liked to listen to music. A relative told us, "They know [relative] really well. They can't communicate now but the team know they are happy as they smile. I've walked in and [staff member] is singing to them whilst helping her."

Following an initial assessment, care plans were developed for people's daily needs such as physical wellbeing, diet, mobility and personal hygiene. These gave specific information about how people's needs were to be met and gave staff instructions about the frequency of interventions. At the time of our inspection the deputy manager was reviewing and re-writing people's care plans to make sure they reflected people's current needs. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. A relative told us, "They review the needs [relative] has all the time. There's been an end of life one too but [relative] improved so we looked at it again."

We saw pre-admission assessments for people before they came to live at Moorfield House. These assessments included social and leisure assessments, care requirements, night time profiles and advanced care planning. These assessments were used to create person centred care plans for people. There were best interest decisions and mental capacity assessments which included involvement from GPs and relatives. The deputy manager was in the process of reviewing everyone's care plan to make sure they were an accurate reflection of the person's current needs.

Consent was sought for each care plan, photographs and for sharing information with partnership agencies. One relative told us, "They ask me to review the plans with them and sign. There's one in place for when the worst happens too. But I'm glad we've got it all written down it will help to keep [relative]'s wishes."

For the three care plans we reviewed each was one was person centred and they contained detailed instructions for carrying out people's care. This included what aspects of personal care people needed support with and how many staff were required to provide the support.

There was a comprehensive complaints procedure in place at the service. This was available to people and their relatives. There was also information throughout the home explaining how to make a complaint. A relative told us, "I've never complained but if I did I would go straight to [manager]."

We reviewed the complaints log for the home and the actions taken. The manager addressed all complaints within the designated timescales as set out in the provider's policy and took action where required. Lessons learned were acted upon and shared with staff during meetings and we saw evidence of targeted supervisions with some staff. Compliments received about the service were also shared with staff.

The provider sent surveys to people and relatives for feedback about the home. These were then collated and used to improve the service. The feedback was recorded and regularly reviewed by the manager and the provider.

At the time of our inspection the no one was receiving end of life care. There was an 'End of Life Champion' at the home who was undertaking further training to support staff with the delivery of this. Some staff had received training in this and other staff required refresher training. One person had previously been receiving end of life care but had improved greatly. One person had a specific plan in place to reflect their cultural beliefs. The care plan detailed how the person would be cared for, where they wished to stay and who should be contacted at certain stages. This informed staff of the person's wishes and to make sure these were respected.

Is the service well-led?

Our findings

During the last inspection in January 2017 we found a breach of Regulation 17 in relation to governance. During this inspection we reviewed the governance framework in place at the home. The manager was working with the provider to embed a new quality and assurance framework. This framework was not fully in place and we found some audits had not been completed. For example, the medication audit and regular documented premises checks. The supervision matrix was not fully completed and not all scheduled audits had been completed. The manager was aware of the areas requiring improvement and had a detailed action plan to improve the governance arrangements in place at the home.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Good governance.

There was a manager in post at Moorfield House who was in the process of submitting their application to be registered with the Care Quality Commission (CQC). At the time of the inspection this had not been submitted. This was not in line with the requirements of the provider's registration of this service with the CQC, as the home is required to have a registered manager in post. The previous registered manager had de-registered with the Commission in August 2017. We are dealing with this issue outside of the inspection process.

The manager had worked at the home since April 2018 and was committed to improving the quality of care and life of the people living at the home. They were aware of their legal responsibilities and had submitted notifications as and when required.

The home had their latest CQC inspection rating on display so that people living at the home, relatives, visitors, professionals and people seeking information about the home could see our previous judgements. They also displayed their food hygiene rating, certificates of registration and insurance details at the main entrance.

The manager had a lot of experience working within the health and social care sector. The manager was working with staff to improve the culture within the home and staff had reacted in a positive way to this. We saw staff approaching the manager for advice and guidance about one person. The manager was able to support the staff member with the issue. During the first day of inspection we also observed the manager supporting people at lunch time.

The provider had created an action plan after our last inspection in January 2017. The manager had worked through this and had created an updated plan with the provider showing where improvements had been made. The provider carried out a monthly audit of the service and we reviewed their latest audit. It clearly identified areas of improvement and linked these to the overall action plan for the home.

The manager was present during the inspection on both days and introduced us to people who lived at the home, their relatives, staff and visiting professionals. The manager knew people living at the home well and

was able to explain to us about individual people's needs. People and relatives knew the manager well and commented that they were always available. A relative told us, "It's improved a lot since [manager] started. It's really positive now and I can see a difference." One member of staff told us, "It was hard at first with a new boss but [manager] has helped us work together. It's happy now and if there's any problems they (the manager) are fair."

Throughout the home there were posters with information for relatives. This included the dates of relative's meetings. We reviewed the minutes from the previous meeting which contained improvement ideas and feedback. The manager had also scheduled staff meetings and these were displayed for staff to see. We reviewed the minutes from these meetings also which included provider updates, staffing updates and safeguarding updates.

The home had a positive and honest relationship with partnership agencies such as the local authority and the Clinical Commissioning Group (CCG). There was documented evidence in people's care files of joint working with external professionals to support people. During the inspection we saw a local GP and specialist nurse visiting people living in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service did not fully document quality and assurance audits to ensure the service was fit for purpose. Information was not accurate or up to date.
	Regulation 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not completed refresher training or had regular supervisions.
	Regulation 18(2)(a)