

Regal Care Trading Ltd

Moorlands Care Home

Inspection report

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Tel: 01773781381

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10 June 2021
15 June 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Moorlands Care Home accommodates up to 40 people in one adapted building. At the time of the inspection there were 26 older people, some people were living with dementia or had nursing needs.

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

People, relatives and staff told us there was not enough staff to complete tasks and have quality time with people. Opportunities for continuous learning and improvement had not always been implemented.

Risks were assessed and managed to ensure people were kept safe. Medicines were administered in a safe way. The service learned lessons when things went wrong. There was a named infection control lead and the service was following infection control guidelines.

The registered manager was passionate about the service and wanted to achieve good outcomes for people.

Care plans reflected people's current needs and it was clear how people were involved in reviewing these. Policies and procedures were in place to help ensure the quality and safety of the service provided. Working in partnership with others had been effective.

The provider understood and demonstrated a duty of candour in their approach to complaints management. Checks on equipment and premises were in place.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations

Why we inspected

We undertook this focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements regarding Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities).

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which

contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our responsive findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Moorlands Care Home

Detailed findings

Background to this inspection

The inspection

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

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.

Risk were assessed, monitored and managed to ensure people were kept safe.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moorlands Care Home is a care home, which provides nursing care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The inspection site visit activity took place on 10 June 2021 and was unannounced. We returned on 15 June 2021 announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed people's and staff's interaction. We spoke with four members of staff including the registered manager, Nurse, senior care worker and care worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits of the service and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider was unable to demonstrate there were enough suitably qualified, competent and experienced staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were not assured the action taken to improve in this area was effective to ensure staff numbers were sufficient and always deployed appropriately, therefore the breach remains in place.

- The provider demonstrated some improvement where staff had received the training and support, they needed to carry out their roles. This was being monitored on a regular basis. The registered manager told us they were implementing face to face dementia training for staff to be confident in supporting people with all levels of dementia.
- The provider used a dependency tool to identify the number of staff required to meet people's needs. Records of team meetings told us discussions had taken place regarding staff numbers and this had recently been increased by one member of staff. However, the dependency tool did not describe how staff would be deployed throughout the home.
- People and staff told us they felt there was not enough staff to meet people's needs. One person said, sometimes you have to wait, this depends on how busy they (staff) are. There are not enough carers."
- One relative said, "I do not think there is enough staff to keep people safe." "The building is very large for so few staff." Another relative said, "I don't agree with all the agency staff they use. I like the staff I know but at weekends it's all agency staff. The last few weeks the staffing has been more stable. It is very different from Monday to Friday than at the weekends."
- Staff told us they do not have time to interact with people. Two staff said, "it would be nice to sit and chat and have more interaction with people." They also told us they felt there wasn't enough staff to complete all tasks and attend to people's needs.
- We saw in minutes of one of the resident meetings that a person had mentioned they had experienced delays in getting assistance when they used their nurse call system, but they understood staff were busy.
- We found one person had an accident in the lounge area and we had to request staff to assist the person with their care needs, as they had been left in an undignified way that affected their dignity.
- On the second day of our inspection a person in the lounge area wanted to go back to their room. One staff member said they needed another staff member to help as the person required to be supported by two staff due to their condition. All staff were busy. We observed them discuss this with the registered manager who gave the additional support to the person. This meant there was insufficient staff available.
- Staff Rota's identified shortfalls in staff cover. Cover was mainly provided by agency staff. However, on some of the days there was no cover. This meant the shift was running with limited staff levels.

- We discussed our concerns with the registered manager regarding staffing levels. They told us they worked to the dependency tool and the issue was more about deployment of staff. They told us they would review this immediately.

This was a continuous breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to deploy sufficient numbers of staff to meet people's needs.

- The providers recruitment policy was followed. Staff had relevant safety checks completed, including the Disclosure and Barring Service (DBS), to ensure staff were employed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Assessing risk, safety monitoring and management

- People were assessed for known risks, which were managed and monitored effectively.
- Risk assessments in place were specific to people's individual needs. For example, where people's condition meant they were high risk of contracting COVID-19 risk assessments had been implemented. All risks had been rated to identify the level of risk for staff to easily assess the information and keep people safe.
- Environmental risks were being monitored and any risk was mitigated where necessary. All people had a personal plan for evacuating in an emergency. This meant people would be evacuated safely in case of fire.
- Falls were monitored and analysed to mitigate risk to people. All care plans had hyperlinks to information about a person's condition to help staff support them safely.

The provider used recognised national guidance to promote good practice, such as NICE guidance. (NICE guidelines help health and social care professionals to prevent ill health; promote and protect good health; improve the quality of care.)

Using medicines safely

- Medicines were being administered and managed safely.
- Medicines were administered to service users as prescribed. 'As required' (PRN) medicines had been given routinely to people and in accordance with the instruction given by the prescribing GP.
- Staff medicine competencies had been assessed and checked regular.
- Medication care plans for each condition a person had, with hyperlinks for information for staff to support a person effectively.
- Medication audits had been implemented. The medicine room was clutter free and records for medicine room temperatures were completed, but gaps were identified. We spoke with the registered manager. They said they would address this immediately.

Learning lessons when things go wrong

- We found lessons had been learned after a safeguarding issue regarding the process for reporting when a person had not passed urine in a timely manner. The process was more robust and gave clear instruction for what staff should do to ensure the person got medical assistance in an appropriate timeframe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to 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

- People's health needs and preferences had been assessed and planned for. This included people's physical, mental health and social needs. Care plans were then developed to reflect this.
- Assessments included seeking information about a person's life. One relative told us they had completed a life story for their family member to ensure staff were aware what was important to the person.
- People were treated fairly, regardless of age, gender or disability and felt able to discuss their cultural and other needs freely with staff who were positive and proactive in supporting people equally.
- People were involved in decisions about the premises and environment. Discussions had taken place in resident meetings how people wanted their room furniture arranged or the room decorated.
- People had access to the garden area and participated in cultivating the garden if they wanted to.

Staff support; induction, training, skills and experience

- People were supported by staff who had received an effective induction. A newly employed staff had participated in an induction programme. Other staff confirmed they had received an induction when they started which included working alongside an experienced member of staff in addition to online training.
- The register manager confirmed face to face training had not been carried out due to the Pandemic. However, training delivery had been reviewed and dates had been arranged for face to face training to recommence. Starting with Dementia training. Online training was monitored to ensure staff completed the process in a timely manner. The training matrix told us 90% of staff had completed online dementia awareness training along with other relevant training required for the staff role.
- Regular supervisions with a senior staff gave an opportunity to discuss their work, training and development. Supervision had been scheduled and staff confirmed they had received supervision and support.

Supporting people to eat and drink enough with choice in a balanced diet

- People received the support they needed to have enough to eat and drink and to maintain a balanced and healthy diet. There was an ample supply of food, drinks and snacks and fresh produce available. Food was stored safely. The service had received a food hygiene rating of five star by the Food Standards Agency.
- People were satisfied with the food overall. One person said, "The food is alright." One relative said, "My family member has a marvellous appetite."
- Specialist diets to meet people's needs were provided. For example, diets to support medical conditions such as diabetes. People who required their weight monitored and were at risk of losing weight had fortified food supplements if needed.

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives. People reported that they could see the GP quickly if they wanted to or a chiropodist and one person told us they had seen the optician.
- Healthcare professionals told us they had a positive working relationship with the service. They told us they had no concerns with people's care and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the principles of MCA and DOLS. Where people had restrictions in place DoLS were applied for to ensure people's rights were protected. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out, this ensured decisions were made in people's best interest.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection the provider submitted an action plan to tell us how they would improve and address staffing levels at the service. However, we found concerns remained with staffing numbers and the deployment across the service.
- Comments from people, relatives and staff confirmed there was not always sufficient staff to meet people's needs. There was a high reliance on agency staff especially at the weekends. The concerns we found had not been picked up during the providers own monitoring systems despite being an issue at the last inspection. Therefore, the breach of regulation had not been met as reported on in safe key question.
- The registered manager had improved the monitoring processes to ensure any shortfalls would be identified and managed in a timely effective manner. However, observations during the inspection demonstrated that the deployment of staff remained an issue. For example, the dependency tool used showed there were sufficient staff within the service, but this didn't take into account people being left in the lounge for periods of time on their own, making them at risk of falls. Therefore, the service had not learnt or improved their staffing issues since the last inspection.
- Documentation completed by staff and checked by the management team had improved, so the registered manager had better oversight of the service.
- The management team told us they had plans to create a street type community within the home's grounds, so people could still get the experience of going out in the community even when their level of dementia deteriorated.
- Areas of good practice had been implemented when things went wrong. For example, if someone had not passed urine within a specific timeframe, fluids would be encouraged, the GP contacted for advice and a named member of staff would monitor at 15-minute intervals. This meant the service continually learned and improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives said the manager was approachable and got things done. One person told us the registered manager seems alright. They said, "They [registered manager] were very strict with the rules (for COVID-19). We didn't get 1 COVID-19 case here. Staff confirmed the registered manager was supportive.
- The registered manager had prioritised improvements that were required to ensure the quality of care provided and people's safety. This included robust quality control audits to identify issues and concerns.

They showed passion and determination for the home to succeed.

- Information was cross referenced with maintenance logs and a rolling action plan to ensure issues and concerns would be addressed in a timely manner.
- Processes for reporting incidents were robust to make sure systems were in line with the providers policy and procedures.
- Care plan reviews had taken place at regular intervals and changes updated as required. For example, one person who had a fall received an injury that affected their hearing. Referral to relevant healthcare professionals were requested to monitor any damage.
- The registered manager was open with people and relatives when incidents occurred.
- The registered manager understood the requirement of their registration with the CQC. They reported incidents and concerns and displayed their last CQC rating to ensure they were adhering to legal requirements. This meant they were open and transparent

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

- The registered manager and staff had good knowledge of people's likes, dislikes, preferred routines, communication needs and conditions they were living with. Staff described how they supported people in ways they preferred to reduce people's anxiety and stress.
- People and relatives told us how they were involved in their care needs. One person was very aware of their condition and triggers they should be mindful of.
- A relative told us the registered manager was "absolutely amazing" and listened to them. They also said, "Staff were amazing and very helpful." The relative told us their relation's condition had deteriorated and they had become very aggressive but were more settled with a change to their medication. The relative told us they created the family member's care plan which was welcomed by the service. They also said, "The service had involved the Dementia Outreach team to help with my family member's challenging characteristics." This meant the service encouraged people and families to engage and be involved.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when a suspected infection outbreak occurred in the home, this was immediately communicated to relatives and reported to professionals.

Working in partnership with others

- The service was proactive to involve relevant healthcare professionals when required.
- The service worked well with the Primary Integrated Community Services Ltd (PICs team) to ensure people received care and support that was relevant to their needs.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure sufficient staff was employed and deployed appropriately.