

Care Worldwide (Ashton) Limited

# Moss Cottage Nursing Home

## Inspection report

34 Manchester Road  
Ashton Under Lyne  
Lancashire  
OL7 0BZ

Tel: 01613432557

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Moss Cottage Nursing home is a care home. It is registered to provide accommodation and personal and nursing care for up to 34 people. At the time of the inspection 28 people were living at Moss Cottage.

People's experience of using this service:

The registered manager and deputy manager were new to post. They had identified a number of areas for improvement within the home and had quickly taken action to begin to address these. We saw significant progress had been made with the action plan but some work in relation to infection control and the management of people's medicines was ongoing. There was no evidence that people had not had their care needs met as a consequence. The service has been rated as Requires Improvement in the well-led domain as we need to see evidence that improvements and oversight is maintained following changes in the management team.

The service had a programme to update the décor and had started by improve the lighting within the communal areas. The registered manager was aware of good practice in relation to infection control and supporting people with dementia and intended to incorporate this into the programme of redecorating.

Staff were fully trained and felt well supported to do their job. They told us they enjoyed their work and we saw that they worked well together as a team.

We saw staff were kind and caring. People and relatives spoke highly of the caring nature of the staff team.

Care records were up to date and included the details necessary to guide staff on how best to support people. Information about people's life history was included and staff knew people's preferences and care needs well.

The registered manager had introduced a number of opportunities to gain feedback from people. This included a suggestion box, compliment book, dignity tree and carer of the month award. Surveys were sent to people, relatives and professionals annually and the most recent feedback was in the process of being analysed to drive improvement.

People felt the service was well organised and felt able to raise concerns with the registered manager. The registered manager told us they operated an open-door policy and welcomed feedback.

People told us they had plenty to eat and drink. We saw snacks and drinks were offered throughout the day. Clear information about people's dietary needs was readily available to staff, and people with modified diets, such as those with swallowing difficulties, had their needs met.

People's health care needs were being met and the service would make referrals to other agencies and seek

advice and support as required.

Rating at last inspection:

At the last inspection the service was rated Good (30 November 2016).

Why we inspected:

This was a planned inspection based up the rating of the service at the last inspection.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for services of this rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remains Good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remains Good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service has dropped to Good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remains Good

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service has dropped to Requires Improvement

Details are in our Well-Led findings below.

# Moss Cottage Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one adult social care inspector, one pharmacist inspector, one nurse specialist advisor 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 service. The expert-by-experience had personal experience of older adults and adults with dementia and people who used both residential and community services.

#### Service and service type:

The service had a manager who had recently 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. The service was registered to accommodate 34 people who required residential care.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included notifications and safeguarding information that the service had told us about and other information we held. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with commissioners of the service including the local authority and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some of our key lines of enquiry.

During the inspection we examined a variety of documents. These included four people's care records, four staff recruitment files and information relating to supervision and training. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

29 staff were employed at the time of the inspection including nurses, care staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, the deputy manager, one nurse, three care staff, the laundry and kitchen staff. We spoke with seven people using the service, six family members and two visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe and said, "I feel safe and happy here." "Yes, I feel safe here." and, "I am safe and comfortable." Relatives were generally happy about how their family member was being supported and told us, "My [family member] is safe, they keep checking on them. I have no concerns about the staff, [family member] is always clean." However, one relative did raise some specific concerns. We spoke to the registered manager about this person's care needs and were assured the person was having their needs met.
- ☐ Staff had completed training in safeguarding and staff we spoke with knew what action to take to ensure people were kept safe and how to raise concerns.

Assessing risk, safety monitoring and management

- ☐ The home maintained a box for emergencies which contained all the relevant information and equipment staff would need to continue to support people in an emergency. Up to date personal emergency evacuation plans (PEEPs) were in place for everyone which contained relevant details.
- ☐ The service completed pre-admission assessments prior to a person coming to live at Moss Cottage. People's care needs were continually assessed and reviewed. These reviews covered areas including physical and social needs, pressure areas, falls risk and nutritional needs.
- ☐ The registered manager told us that there were plans to update the care record system to become electronic. This will be reviewed at our next inspection.

Staffing and recruitment

- ☐ We saw that staff recruitment records demonstrated that safe recruitment processes were being followed. This included an application form, interview notes and reference checks from previous employers, checks to ensure the staff member had the right to work in the UK and check with the disclosure and barring service (DBS). This helped to ensure people were protected from the risk of being supported by unsuitable staff. Suitable recruitment policies and procedures were in place.
- ☐ The service used a tool for ensuring sufficient staff were employed and on duty within the home. We saw this considered people's level of need. People told us they generally felt there was enough staff and our observations on the day demonstrated that call bells were responded to quickly. One person told us, "I feel safe because they come quickly to the buzzer." Staff were always available within communal areas to provide support.

Using medicines safely

- ☐ People's medicines were securely stored and were being administered by training nursing staff who knew the people they were supporting well.
- ☐ Information to support staff to safely administer medicines covertly, hidden in food or drink, were not

always in place. The home has already identified this issue and was working closely with the medicine's optimisation team, local pharmacy and Doctors to address this issue. The registered manager demonstrated that suitable documentation had been put in place shortly after our visit to the home.

- We noted that there were issues in relation to the recording systems in place for managing people's medicines, such as the consistent recording of skin creams and thickeners for fluids. However, our observations and discussions with people demonstrated that people were having their needs met in this area. These had been identified by the registered manager and work was ongoing to ensure suitably robust systems were in place. This is discussed further in the well led section of the report.

#### Preventing and controlling infection

- We noted that some areas of the home were dated and in need of redecorating. The registered manager told us that there was a programme to update the décor throughout the home.

- Staff had all completed training in infection control and had access to appropriate equipment and resources, such as disposable aprons and gloves (PPE), to reduce the risk of infection being spread when supporting people with personal care.

- Infection control audits were undertaken by the registered manager and local authority. These had identified some areas for improvement and work in this area was ongoing.

#### Learning lessons when things go wrong

- The registered manager attended provider forums and used the information shared to improve the safety of the home. For example the registered manager had taken action to ensure communal areas were always staffed when people were using these areas to reduce the risk of falls.

- The service used information from accidents, incidents, complaints and other feedback to improve the safety of the service. This information was analysed to look for themes and trends and action was taken to address concerns and learn lessons when things had gone wrong.

- The registered manager was very open to feedback. They had actively sought advice from relevant services, such as the medicines optimisation team and infection control team to improve the safety of the home.



# 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

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

- ☐ Assessments of people's needs were detailed, and care and support was reviewed regularly and updated when required. People's care records contained a life history and background, which included information about choices and preferences.
- ☐ We noted that recording was not always done in line with best practice with dates and times but the registered manager was taking action to ensure recording systems were sufficiently robust and accurate.

Staff support: induction, training, skills and experience

- ☐ Staff told us they completed a full induction and ongoing training to enable them to have the skills they needed to undertake their role.
- ☐ Records demonstrated staff received the support they required to perform the role and had annual appraisals and regular supervision. Staff confirmed this and told us they felt well supported. One staff member told us, "The manager is good, they have been very good since they first started and supported me and the team." and another said, "The staff work as a team, there is lots of support whenever you need it."

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

- ☐ People told us they had enough to eat and drink. People told us they could choose what they wanted to eat and enjoyed the meals. They said, "The food is quite fancy." and, "It's delicious food."
- ☐ We saw that modified diets such as those who required a soft, blended or pureed diet had their needs met. Information about people dietary needs was readily available for staff. We observed that staff supported people who needed help to eat and drink and would encourage and prompt people to maintain a good diet.

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

- ☐ Care records demonstrated that people received the support they needed and would make appropriate referrals when required. For example, referrals to speech and language therapy and the falls team were made, and information regarding the advice given was incorporated within the care plan.
- ☐ People and relatives told us that staff would seek appropriate treatment and support when required. They told us, "If I needed a doctor they would get one for me." and, "The nurses monitor [family member] well and when they are worried they get them to hospital straight away." Staff knew people very well and were able to recognise signs that people were becoming unwell.

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

- ☐ The home had a programme in place for updating and improving the environment. We saw that some

improvements had already begun to improve the lighting throughout the home.

- The registered manager advised us that as part of the programme of redecorating consideration had been given to people's preferences, infection control and ensuring the environment was suitable for people with dementia. We will review this at our next inspection.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people to have freedom and in the least restrictive way possible.
- Staff had received training in MCA and DoLS and asked people for consent to ensure they were able to make daily choices. We noted that the service could make improvements to records so that evidence of consent to treatment was clearly recorded. The registered manager advised that this had already been identified and action was ongoing to improve record keeping.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care. The evidence found during the inspection best met the characteristics for a service that is good in the caring domain.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People generally told us that staff were kind and caring. They said, "The girls [care staff] are very good. They are right for me all the time." and, "They are kind and caring, yes." There were numerous positive comments in the compliment book and thank you cards that relatives had given to staff.
- ☐ Not everyone we spoke with felt that staff had enough time. One person told us, "The staff are very good. They spend time talking to me." while another said, "The staff are kind, but they have no time to talk to me."
- ☐ Our observation on the day demonstrated staff to be kind and caring. We witnessed a number of positive and caring interactions between people and staff. Staff knew people well and were able to use this knowledge to build relationships and interactions with compassion, humour and respect.

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

- ☐ We saw people were asked before being supported by staff and people confirmed this always happened. We noted for people who were unable to communicate verbally, staff fully understood their non-verbal communication.
- ☐ People told us they had choice, and we saw that people could go wherever they wished in the home and staff would support them to do this. For example, people told us, "I can have a bath whenever I want." and, "I can eat when I wish, if I want more I can get it."
- ☐ The registered manager was passionate about ensure people's decision and choices were respected. They told us, "It's their home. It's our job to help them feel at home"

Respecting and promoting people's privacy, dignity and independence

- ☐ We saw that staff were respectful when interacting with people. Staff would talk to people at their level and ensure that their dignity and privacy was maintained when delivering personal care.
- ☐ People and relatives told us they felt staff respected them. They said, "Staff show respect and give good support." and, "The best thing is the staff are really patient."
- ☐ Staff supported people to be as independent as possible. Care plans reflected how people should be supported in all areas and gave considerations to people's needs, abilities and preferences.
- ☐ The home was part of the Daisy dignity in care scheme and staff had all completed training in dignity. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done. The manager had a 'Dignity Tree' within the main foyer where people could leave messages about the importance of dignity.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Care plans were in place and had been recently reviewed and updated. They contained all the details required to ensure people received the care and support they needed. Essential information was also available within people's bedrooms to ensure staff readily had access to information about people's care.
- ☐ People had a 'This is my life' record which detailed people's life story, family and interests. Staff told us they used this information to build relationships with the people they were supporting.
- ☐ At the time of the inspection a new activity co-ordinator was due to begin in the home to improve the range of activities available for people. We saw that staff took time to engage people in discussion and activity where possible. A variety of resources were available within the home including books and CDs. The home arranged activities such as entertainers, movie nights, and celebrated significant events. At the time of the inspection the registered manager and staff were planning a party to celebrate a person's 100th birthday.
- ☐ People told us they were happy with the care and support they received. One person told us, "The best thing is they respect [my decision] and I value it." Not everyone was clear whether they had been involved in developing the plan of care. Relative we spoke with told us they generally felt involved and said, "Prior to [family member] coming in we were involved in discussions and also now." and, "I am involved in the discussions about [family member]."
- ☐ Care plans considered people's communication needs and how staff could meet these needs. The registered manager knew how to meet accessible information standards and ensure people received information in a format that was suitable and in line with their preferences.

Improving care quality in response to complaints or concerns

- ☐ People told us they felt able to raise concerns and make complaints. The complaint policy was readily accessible.
- ☐ The registered manager told us they had an open-door policy and encouraged people, relatives and staff to speak with them about any concerns. One relative told us, "The manager is very approachable. They always have time for you." There were various ways people could provide feedback including a suggestions box, compliment book and surveys.
- ☐ We reviewed feedback from the most recent survey and saw that this was positive overall. The registered manager told us they had not yet fully analysed this information, but we saw that some comments had already been addressed. For example, we saw that the registered manager had begun to make improvement to communication and had further plans to ensure this worked effectively throughout the home.

End of life care and support

- ☐ The service was part of the gold standard for end of life care and there were plans to further develop

training for staff in this area.

- ☐ Care records included information about end of life care. There were completed and in date 'Do Not attempt Cardio-Pulmonary Resuscitation' (DNACPR) in place and staff clearly knew who had this in place.
- ☐ The registered manager had plans to make improvements to end of life care plans and ensure these discussions took place for everyone who wished to participate.

# 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

Service management and leadership was new in post. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- ☐ The service had a registered manager and deputy manager who had recently been employed with in the home. We saw that they had quickly identified areas of concern within the home and were already embedding improvements within the service. However, previously systems had not ensured oversight had been maintained since our last inspection. For example, the new manager had identified issues in relation to the management of people's medicines during their audits which had not previously been identified by the service. For the service to be rated as good in the well led domain we need to see evidence of consistent and sustained good practice and oversight.
- ☐ The registered manager was committed to delivering good quality and person-centred care. They told us, "I want to make this the ideal residence for people. We have their trust and we need to maintain it."
- ☐ People were very positive about how the service was organised. One person told us, "It is well organised. They are the nicest friendliest staff." Relatives said, "It is very well organised." and, "I know who the manager is."

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

- ☐ The service had a manager who was newly 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.
- ☐ The registered manager undertook regular checks and walk rounds in the home to ensure the home was safe and to identify areas for improvement. A robust system of recording was being embedded and will be reviewed at our next inspection.
- ☐ The registered manager undertook a number of audits within the home which included accidents and incidents, medicines, bed rails, hand hygiene and finances. This information had been used to develop the action plan and was continually reviewed.
- ☐ The regional support manager undertook quality assurance independently to the checks undertaken by the manager. This information had contributed to the action plan and the provider was actively supporting the registered manager to drive improvements within the home.

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

- ☐ The service held a number of different meeting for people and relatives and staff. The registered manager told us they were trying various strategies to improve engagement. For example, different times and days

were arranged for meetings to enable as many people and family member to participate as possible.

- We looked at minutes from relatives and staff meetings and saw that these were used as opportunities to provide updates on changes and encourage discussion and feedback to drive improvement within the home. For example, people and family members were asked to input ideas regarding the menu and activities available within the home.

#### Continuous learning and improving care

- The registered manager was highly motivated to drive improvement and had already taken actions to address areas for improvement. We reviewed the action plan that the registered manager had developed when they began in post and could see that many areas had already been actioned. The action plan was comprehensive and had prioritised urgent actions.
- The registered manager engaged in learning forums to develop learning and good practice including the care home forums run within the local area.

#### Working in partnership with others

- We saw the service worked closely with other agencies and would seek advice when additional input and information was required. During our inspection we saw that the home was working closely with the local medicines optimisation team to drive improvement in the management of covert medicines.
- The home worked well with other organisations and engaged with the local community. For example, the home received visits from local religious organisation and local choirs.
- The home had good relationships with local healthcare professionals and worked with them to achieve the best outcomes for people. The advice from professionals such as speech and language therapy were clearly recorded within people records and staff were following the advice as directed.