Regal Care Trading Ltd

Moorlands Care Home

Inspection report

104 Church Lane
Brinsley
Nottingham
NG16 5AB
Tel: 01773 781381
Website: www.example.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 8 December 2014 and was unannounced. When we last inspected the service in September 2013. The provider was meeting all expectations.

Moorlands Care Home provides accommodation and nursing for up to 40 people who have nursing or dementia care needs. There were 34 people living in the home at the time of our inspection.

The registered manager was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people felt safe with the staff that cared for them. The provider had suitable arrangements to keep people safe. We saw appropriate information was available to ensure people and their relatives were aware of what abuse was and how to stop abuse from happening. All risks to safety were minimised. We observed the staff on duty were task orientated and did

Summary of findings

not fully interact with people. The provider had systems in place to address any shortfalls in staff numbers, but they were not always effective. People received their medicines as prescribed and they were stored and monitored correctly

People told us that they had plenty to eat and drink and we saw some people were supported at mealtimes, but not always in a dignified manner. We saw that the home involved outside professionals in people's care as appropriate and, the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of liberty safeguards were adhered to.

Staff received training, supervision and appraisals, which ensured they developed the right skills and knowledge suitable to their role.

Most people and their relatives told us staff were very caring and respectful. They were encouraged to form relationships within the home and with others. People were encouraged to be independent where possible and fully supported by staff when needed.

People were not proactively supported to express their views and be involved with decisions relating to their care. Staff communicated effectively, but did not always spend quality time with people.

People did not always participate in activities that were relevant to their interests and hobbies.

We found risk assessments were in place and care plan reviews had been completed, but the records were not always up to date.

We found quality assurance systems were in place. People, their relatives and staff told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable. Staff generally felt supported**.** People and their relatives were able to voice their concerns and raise complaints, which we found were dealt with in a timely manner and in line with the provider's policies and procedures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People felt safe living in the home. They and their relatives were able to access appropriate information to ensure they were fully informed on how to be safe within the home. Safeguarding issues were reported and investigated in line with the provider's policies and procedures.

People were moved safely using the appropriate equipment and aids.

The provider took appropriate action to recruit staff with the right skills, but didn't always have sufficient staff to meet people's needs.

People received their medicines as prescribed and in a timely manner. We found medicines were stored safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

People received a balanced diet that promoted healthy eating and drinking, but were not always supported in a dignified manner.

People felt their needs were met by knowledgeable staff with the relevant skills to ensure they received effective care.

The provider followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty and Safeguards and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People had access to other healthcare professionals and were referred if they had concerns about the person's health.

Is the service caring?

Requires improvement

The service was not consistently caring.

People were treated with kindness on a daily basis and their privacy and dignity was respected.

People felt staff had no time to interact or spend time with them unless it was task orientated.

People were encouraged to form meaningful relationships and staff were supportive to ensure contact was maintained.

People told us they were free to make their own choices and had access to relevant information or appropriate organisations should they require support.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People were not supported to follow their individual interests and social activities.

People were involved in identifying their needs and choices and had discussed their personal likes and dislikes when they first came to live at the home.

People and their relatives were encouraged to share their experiences and raise concerns if needed.

There was a complaints procedure in place, but not all people were fully informed how they should make a formal complaint.

Is the service well-led?

Requires improvement

The service was well-led.

There was a registered manager at the home and people and most staff reported them to be open and approachable. However we received some negative comments that the manager did not always interact with people effectively.

Systems were in place to regularly assess and monitor the quality of service.

People were not always encouraged to be actively involved with the service and make their views known.

Moorlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 December 2014 and was unannounced.

The inspection team consisted of two inspectors 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.

We spoke with nine people who use the service and three relatives of people living at the home. We also spoke with three care workers, one nurse, the manager and the registered provider. We looked at records, which included six care files, three staff files and relevant management files.

Some people were not able to express their views due to their specific needs, so we used a Short Observational Framework for Inspection (SOFI). This is a method designed to help us collect evidence about the experience of people who use services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, which we used to prepare for the inspection. We contacted the local authority which had responsibility both for safeguarding and commissioning services. We took the information they provided into account in this report. We reviewed the information relating to this provider held at that time by the Care Quality Commission.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. Two people said, "I feel safe here." One person said, "It's a secure building and with the staff support it makes me feel safe." One person told us sometimes they get frightened. They said, "I get a little frightened when I wake up in the early hours of the morning, but the staff make me feel secure." Two relatives told us their family members felt safe and secure.

Staff told us and records confirmed they had received safeguarding training. They told us they were able to identify the signs of abuse and the action they would take should concerns be identified. People were assured staff knew how to keep them safe. One staff member told us they felt confident that if they reported concerns to the manager, they would be acted on. We saw appropriate information regarding safeguarding awareness for people and their families to access in the main foyer of the home.

We observed staff supporting people in a safe way. People were being moved using the appropriate equipment and aids. People appeared comfortable in their surroundings and with staff. Staff were present in the communal areas and attended people's needs in a timely manner to ensure they were safe.

We saw risk assessments were in place and risks to people had been identified at pre-admission to the home. The manager told us they identified people's areas of need at the pre-admission assessment, which included an assessment of people's physical, social and emotional needs. Once this has been completed the individual plans of care were formulated. We looked at some of the care plans and saw risk assessments had been completed for each person. Risk to people's safety had been identified, in areas such as; falls, skin integrity and malnutrition. Risks associated with the use of equipment such as hoists and bedrails were in place and care plans contained details of the equipment people needed in order to keep them safe. However in one person's care file it was identified that the person was at risk of falls and the monthly review stated the person had had a fall since the last review, but there was no record of how the fall had occurred and the care plan had not been updated to implement further preventative measures. There was a risk the reasons behind the falls could be missed by staff and appropriate treatment would not be obtained.

People's safety was maintained because each person had a personal emergency evacuation plan and bedroom fire assessment in place. We saw copies of these plans within each person's care plan. These described the procedures staff needed to follow to ensure each person's safety in their bedroom was maintained and how they could be evacuated safely if an emergency occurred. The staff we spoke with were aware of the evacuation plans and bedroom assessments and could explain how they would use them to ensure people were kept safe.

People told us they felt there was enough staff on duty to meet their needs. One person said, "I feel there are enough staff, but sometimes it's hard to get hold of them." Another person said, "I feel there is enough staff on duty, but many times staff phone in sick meaning other staff have a high workload." Two relatives told us they felt there was enough staff. However, when we spoke with staff they told us they felt the staffing levels were too low and more staff were needed particularly in the mornings and evenings. One staff member said, "Mornings are difficult. Almost everyone on the first floor needs two or more staff to provide care." Another member of staff identified aspects of care which sometimes could not be completed such as shaving and they said it felt a little like "a conveyor belt", as they rushed from one person to another. There was a risk people's health and welfare needs would not be met in a safe way due to insufficient numbers of staff on duty.

We spoke with the manager and they told us the staffing levels depended on the needs of the residents. They told us no one required one to one care, but they had identified 28 people who required two care workers to support them. The manager told us there had been discussions with staff, which had highlighted staff shortfalls. The manager told us these were normally covered by permanent or agencies staff. They also told us they were in the process of filling two vacancies, one for the night shift and one for the day shift. We observed extra staff had been drafted in at lunch time, but found some people were left throughout the day without any staff interaction unless it was task orientated. This showed there may be a risk to people to ensure they were safe and their welfare needs were met by sufficient numbers of staff.

Requires improvement

Is the service safe?

We saw the provider had robust recruitment processes in place, which they followed to ensure they had the right staff employed to keep people safe. We found the service had policies and procedures in place to ensure appropriate disciplinary procedures were followed.

People told us they were given their medicines at the times they needed them and that the reason they were taking the medicine was always explained to them. This showed people received their medicines safely.

We saw most medicines were administered safely and stored in line with the provider's policies and procedures.

The clinical lead was responsible for the ordering and disposal of all medication. However, we found creams were not always stored appropriately. They did not always have a label with the date they were opened. There was a risk the cream would become out of date because the date of opening was not clear. People were at risk of receiving ineffective treatment if their cream was out of date. Staff had undertaken appropriate training for administering medicines and the clinical lead told us all staff responsible for administering medicines took a competency test to ensure they were knowledgeable and completed the task safely.

Requires improvement

Is the service effective?

Our findings

People told us they felt staff had the right skills to support them. One person said, "Staff have the correct skills to care for me, but I am pretty self-sufficient, so I'm not sure whether they are well trained. Another person said, "Staff are very capable of looking after me."

People received effective support from staff who had undergone training relevant to their role, had the quality of their work regularly reviewed and who felt supported by the management. All staff we spoke with said they had completed training and were given the opportunity to progress and undertake further qualifications. They confirmed they had supervision of their work approximately every six to eight weeks and an appraisal on a yearly basis. They told us they felt the management were supportive. We saw training was completed on a yearly basis and staff were either up to date with this training or had enrolled on relevant courses. The manager told us there was a robust induction process in place where staff shadowed a senior member of staff and completed relevant work books, which were signed off by the manager to ensure they were competent to do the job. We saw copies of the completed workbooks during our visit.

All the people we spoke with told us staff asked their permission before providing any care or treatment. In each of the care files that we looked at contained signed forms from each person which granted staff permission to provide care and support for them. On one file we saw a risk assessment had been completed and consent to use the bed rail had been given from the person. Bed rails are used for the prevention of an accident or for support when people are getting in and out of bed.

We saw staff had undertaken relevant training on the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make decisions for themselves. Deprivation of liberty safeguards provide legal protection for people who are, or may become, deprived of their liberty. The manager told us no one was deprived of their liberty at the time of our inspection. However we found a stair gate was in place at the bottom of the stairs. This could have restricted people who wanted to access to certain parts of the home, for example their bedroom. There had been no risk assessment to identify if people were restricted or not. We spoke with the manager and they told us they would address this immediately and if they found anyone was restricted they would make the relevant DoLS referrals.

We found for people who lacked capacity, relevant mental capacity assessment forms had been used. We found each care plan identified if the person was able to make their own decision for the care and treatment they received. We found one person had refused some aspects of care, but a capacity assessment had been undertaken and it identified the person had the capacity to make the decision even if it was considered unwise. Staff confirmed they had attended and undertook training for MCA and DoLS. They talked about people having freedom and choices. They said this was to make sure people were able to make decisions for themselves.

People told us they got enough to eat and drink throughout the day. One person said, "There is plenty to eat, too much for me at times, It's not bad food and it's hot when served." A relative told us their family member had told them, "They get enough to eat and drink throughout the day and they enjoy their food." They also said, "If [name of person] was hungry between meals the staff will make them a sandwich or cook an alternative meal."

The chef told us they used a four week menu rotations that was based on a menu used within other homes owned by the provider. However, we did not see that any consultation had taken place with people who used this service on the choices on the menu. People confirmed they were happy with the food choices that they received. The chef was knowledgeable regarding people's special dietary requirements such as those with diabetes and those who required a pureed diet. We were told there were not any people who followed a specific diet due to their culture or religion.

People were supported by staff with eating their lunch time. We observed that staff also encouraged people to eat independently if they were able to. Most staff were respectful and attentive. However, we saw one member of staff blow on a forkful of food prior to offering it to the person to eat. This meant the food could become contaminated and unfit for the person to eat. We brought this to the attention of the manager who told us they would address the issue immediately with staff and in supervision.

Requires improvement

Is the service effective?

We saw staff give gentle encouragement to people to eat their food and heard one member of staff describe what was on the fork they were offering the person to eat. The atmosphere in the dining room was calm and staff were interacting with people.

We saw people's weight was monitored on a regular basis. Where relevant, people were given food charts (a food chart is used to record a person's weight when there is a concern to their weight gain or weight loss.) when they had been identified as at risk of malnutrition or dehydration. We saw dietary and support requirements were identified and recorded, such as one person was on a normal diet, but required some assistance when eating. Another person was identified as needing a liquidised diet with full assistance with eating from staff. This person was weighed monthly and it was recorded that their weight had increased. The provider told us they had two members of staff dedicated to monitor people's weight and nutritional status. This was to ensure people were effectively assessed to identify the risks associated with nutrition and hydration.

People experienced positive outcomes regarding their health. Everyone we spoke with told us that the doctors visited the home when needed and there was never any delay. We saw recorded on people's files that visits and telephone conversations with GP's and other professionals, such as, a nutrition nurse and chiropodist had taken place. During our visit we spoke with a health care professional who told us they worked with people and the staff about the needs of people who had dementia.

The provider told us through the Provider Information Return that they had made improvements to the home to help people with dementia navigate their way around the home safely. This included named corridors, appropriate identification for people to recognise their own room and different coloured toilet doors so people could differentiate them from their bedroom or the lounge area. This showed good practice to help people who suffered with memory lose or becoming disorientated as part of their condition.

The manager told us they monitored people's health through their care plan reviews to ensure they received effective care. They also said when appropriate they made referrals to GP's or other healthcare professionals.

Requires improvement

Is the service caring?

Our findings

People gave mixed comments when asked if staff treated them with dignity and respect. Some people told us the staff were caring and treated them with dignity and respect. However, one person said, "Some staff seem to genuinely care for me, but others just approach it as a job." They told us staff always respected their privacy and dignity and knock on their bedroom door before entering. Another person said, "Staff care for me, but they are always so busy and don't have chance to talk to us. We observed some people did not receive any interaction from staff. There was a general lack of social conversation between people and the staff. We observed minimal interaction unless the staff member was completing a specific task. This showed staff were focused on the tasks they completed and not the person as an individual.

We received mixed comments from the relatives we spoke with. Some of the relatives told us they felt the staff were caring and respected their family member's privacy and dignity. For example one relative said, "Whatever they [staff] are doing, they are doing it well, because [person's name] has really come on since they have been here." Another relative felt sometimes staff didn't welcome their questions when they wanted to discuss the care for their family member. A visiting healthcare professional commented that staff were task orientated and very busy which in turn left them little time for meaningful interaction with people.

Staff we spoke with were able to describe the steps they took to preserve people's privacy and dignity when they provided care and support. One staff member explained how they protected people's modesty by ensuring they were kept covered. We observed staff knocking on people's doors and asking if they could enter. They also spoke to people in a respectful manner.

People were encouraged to form meaningful relationships with extended family and friends. The manager told us they supported a person to use email to contact their family who lived overseas. We found no restrictions on the visiting times. We observed family and friends visiting people during our inspection.

People had mixed experiences when we asked if they had been involved with planning their care. One person told us they did not remember if they had discussions with staff about their care. Another person said. "I don't feel involved with my own care." One relative told us they were not aware of their family member's care plan or about being involved in regular discussions about their care needs. Another relative told us they were always contacted if there were any concerns about their family member's care and had regular discussions about their care needs. Other people confirmed they knew about their care plan and were involved in discussions related to their care. We found some care plans we looked at contained information relevant to that person and that they had been involved in decisions about their care. A staff member told us when they completed care plans reviews they would sit with the person and discuss their care needs. This showed people were inconsistently involved with care reviews.

We found information was made available for people if they wanted to use an advocate. Advocacy seeks to ensure that people are able to speak out, to express their views and defend their rights. The manager told us one person had used this service when there had been a breakdown in communication with their family.

People were given support when making decisions about their preferences for end of life care. We saw recorded on care plans we looked at people's preferences and wishes were documented when they neared the end of their life. The manager told us people expressed their choice and preferences which was acted upon accordingly.

Requires improvement

Is the service responsive?

Our findings

People told us staff understood their care needs and responded to their needs when they pressed their call bell. One person said, "Sometimes they are quick and sometimes I have to wait a while if they are busy with other people, but I do not have to wait long." Another person told us they get the care they need. We did not observe anyone waiting once they pressed their call bell for assistance.

People were involved in identifying their needs and choices and had discussed their personal likes and dislikes when they first came to live at the home. One relative told us if their family member does not want their dinner the staff knew that the person would always eat a sandwich of their choice and preference.

The manager told us people were encouraged to discuss their day to day care and this was identified in their initial assessment and through their life history. A life history contains information personalised and relevant to that person. We saw on one person's care file they had requested a review of care every six months instead of a monthly review. When we spoke with the person they confirmed this was true. Another person's file stated the person liked to attend holy communion once a week. The person's relative told us this was correct. This showed people were empowered to make choices and have control and independence.

People were not always supported to follow their interests and hobbies. People told us they did not feel there were enough activities available, or that they had much opportunity to go outside the home environment. One member of staff told us they were not able to undertake activities with people as the staffing levels were limited. During our visit we saw limited activities taking place. Some people received one to one interaction, for example, we saw one person having their nails painted. It stated in their care plan that they would ask when they wanted this activity to take place. There was information regarding activities on the noticeboard, but we did not see any group activities taking place during our visit.

People gave us mixed comments about their awareness of the complaints process and procedures for the service. One person told us they had never had to make a complaint, but would speak to staff if they needed to make a complaint more formal. Another person told us they had raised concerns, but felt they were not always investigated as they would like. Relatives told us they were happy to approach the manager if they had concerns. One relative told us they had raised a concern in the past and it had been addressed in the appropriate timeframe. Staff we spoke with told us if anyone raised a concern with them they would try and rectify the issue if they could, or raise it with the manager and complete the appropriate process for reporting the issue.

We found complaints were addressed in line with the provider's policies and procedures. We saw an audit trail to evidence the nature of the complaint, action taken, how the service could prevent the issue form happening and lessons learned, which were also discussed in team meetings. This showed the provider had systems in place to assess, monitor and respond to concerns and complaints

Requires improvement

Is the service well-led?

Our findings

People and their relatives commented on the leadership and management of the home. One person said, "I can speak with the manager about any concerns I may have. The manager makes themselves available." All the people we spoke with commented on the approachability of the management. The provider told us they had made the manager more accessible to give people, their family and staff the opportunity to discuss any issues in private. The provider told us through information in the Provider Information Return (PIR) that the manager goes into the lounge to talk to people and they have an open door policy.

People and their families were not given the full opportunity to be involved with the service. We saw no regular resident meetings were held for people living in the home to share their views on how the home was run. People told us they were aware of meetings for their relative, but none specifically for the residents. One person said, "I didn't know about any resident meetings, but there are relative meetings arranged for 3pm in the afternoon when most relatives are at work." Another person said, "Relative meetings are held once a month, but I cannot remember any resident meetings being held." None of the relatives we spoke with were aware of the opportunity to attend any relative meetings or if there were any residents meeting held at the service. This showed systems were in place for people or their relatives to share their views on how the home was run were not sufficiently or consistent.

Staff told us they felt supported. They told us if they had any issues they felt management would listen to them. They also told us the manager was mainly office based and felt they would not know individual needs of people. They said if they asked for help with a person the manager would oblige, but it was the deputy manager who spent most of the time on the floor. We did not observe the registered manager out on the floor or interacting with people during our visit. However they told us they tried to work hands on with the staff to ensure they meet people needs.

We saw there were appropriate processes in place for staff to raise concerns and if required the whistle blowing policy was made available. This meant people could be assured staff would raise concerns where appropriate.

There was a registered manager in post at the time of our visit. The manager told us they understood their role and responsibilities. The provider told us the manager worked in partnership with key organisations, such as the local authority. We received positive comments from them [local authority] about the care people received and the care staff provided.

The manager told us one of the key challenges of the home was to ensure staff completed all the paperwork in a timely manner. We saw discussions had taken place in staff meetings regarding this. Through the PIR the provider told us there had been concerns raised on the amount of time staff were spending on completing the paperwork. They said this also impacted on the time the staff spent with people. The provider said the company had identified a suitable system which would enable staff to record all the individual care intervention using a smart phone, but it had yet to be implemented.

The manager also told us they felt their key achievement was the staff morale was much better as in the past there had been concerns about the ways of working. They told us staff were happier and working better as a team. They said the home was working towards the gold standard framework (GSF). (GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life.)

We found a range of audits taking place which checked care plans, infection control and medicines. We saw the provider had systems in place to monitor the quality of the service people received on a monthly basis. There were appropriate checks carried out that ensured the environment and equipment was well maintained. We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately. This showed there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.