

Lions Meadow Ltd

# Moorleigh Nursing Home

## Inspection report

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West Yorkshire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moorleigh Nursing Home is a nursing home which provides personal and nursing care for up to 36 people. At the time of the inspection the service was providing care to 34 people. The home is located in Kippax near Leeds. Accommodation is provided over two floors with a passenger lift providing access to the first floor.

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

There were safe systems of recruitment in place. There were safe staffing levels and improved consistency of staffing. Significant improvements had been made in the management of people's medicines. Staff received safeguarding training and were aware of their responsibilities. Risks to people and within the environment were identified and well managed. Risks associated with COVID-19 were well managed.

People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. Staff received the induction, training and support they needed to carry out their roles. People's nutritional needs were met. The home was clean and there was a programme of redecoration and building improvements in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff were caring and spoke positively about living at the home.

There was a range of activities on offer for people both within the home and in the wider community, which people told us they enjoyed. There was an appropriate system in place to manage complaints.

The provider had ensured the service continued to improve since the last inspection. We found systems to assess, monitor and improve the service were established and effective. The provider and registered manager had good oversight of the service and all members of the management team demonstrated passion and commitment to the continued development of the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 March 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

At our last inspection we made a recommendation regarding the improvement of guidance regarding diabetes care. At this inspection we found the provider had acted on the recommendation and made improvements.

### Why we inspected

The inspection was prompted by a review of the information we held about this service.

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Moorleigh 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was undertaken by 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.

#### Service and service type

Moorleigh Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moorleigh Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used information gathered as part of monitoring activity that took place 10 May 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England, and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with six people living at the home and six visiting relatives. We also spoke with 12 members of staff including the registered manager, clinical lead, activity coordinator, care and housekeeping staff, and met the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building and spent time observing how people were supported in the communal areas of the home. We reviewed a range of records including four people's care documentation, three staff files and a sample of people's medication records. We also attended part of a staff meeting and reviewed a range of records relating to the management of the service including audits of the quality and safety of the service.

After the inspection we asked for further information including a range of policies safeguarding records, staff training and recruitment.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as prescribed.
- We saw significant improvements had been made in the management and records of people's medicines.
- People's medicines were administered by trained staff, who had their competency checked regularly. People told us they receive their medicines on time and without any issues.
- Clear protocols were in place to support the administration of "as required" medicines. Nurses told us they made a note of the effect of any pain relief. This was to monitor the effectiveness of the medicine for each person.
- Records of the administration of all medicines were well completed and there was good management oversight of these records. Medicines audits were completed monthly and quarterly. The last quarterly audits were robust and set out clear actions, where needed.

### Staffing and recruitment

- The provider ensured safe recruitment processes were followed.
- The service used a staffing tool based on people's needs. This helped make sure there were consistent staffing levels. Staffing rotas confirmed this. The registered manager told us they continued to monitor staffing levels and make changes where needed.
- We noted in communal areas, such as lounges and corridors staff responded to people in a timely, relaxed and caring way. Staff call bells rang infrequently and when they rang, staff attended promptly.
- Those we spoke with felt there were enough staff to meet people's needs. People said they did not usually have to wait long for care staff to attend. Relatives told us staff had time to chat to people and were always available if relatives needed to speak to them. One relative told us, "There are plenty of staff around and if you want to speak to someone you can. It's much better now."
- Feedback from staff was positive. For instance, one staff member said, "It's a lot better now with staffing, we have more staff on shift now, which is very helpful."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination.
- People and relatives were confident people were safe in the home. They also told us their belongings were safe and no-one we spoke with had seen anything to concern them. One person said, "I love it here; the staff are marvellous, very caring, and helpful. I am happy with the care." One relative said, "I compare it to other places [my relative] been in (two hospitals and a care home) [Person] is safe, comfortable, and dignified. Their weight has stabilised, they enjoy the food here. We visit regularly and at different times. [Staff] don't know we're coming, and we have seen nothing to concern us. The quality of care is fantastic, they make time

to talk to you." Another family member said, " [Staff] are brilliant, not just with [my relative] but with them all, people are all definitely safe. I feel as if I am part of it, [staff] are so friendly. When [person] sees [staff] I can tell [person] likes them."

- Staff received safeguarding training and were aware of their responsibilities. They told us they could raise concerns with any member of the management team.
- Concerns raised were investigated and where required, the local authority and CQC had been notified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified and well managed.
- The required health and safety and equipment checks were taking place.
- Records were kept of accidents and incidents. Action was taken where needed to mitigate future risk. This included referrals to other professionals for advice and support.
- Members of the management team monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

Preventing and controlling infection

- The provider had continued to make sure improvements were maintained in infection prevention and control.
- People told us staff wore personal protective equipment (PPE) and that the home was clean.
- We were assured the provider was taking all appropriate action to minimise the spread of infection.

Visiting in care homes

- People were supported to have visitors in line with government guidance.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Overall, staff received the induction, training and support they needed to carry out their roles effectively.
- The registered manager had introduced an improved programme of staff appraisal, individual and group supervisions. They told us members of the management team had gained experience and were ready to undertake staff appraisal, which would lead to further improvement.
- People felt staff were skilled and competent. They were confident staff knew how to look after them.
- Staff feedback was very positive about the improvements made in this area. For instance, one staff member said, "I can raise concerns confidently, have regular supervisions with my manager. We also now have more training which is brilliant. I'm happy with the training now, before it was just mandatory but now, we also have specific training such as syringe driver and catheter training. Where face to face training could not be provided we have had e-learning training."

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

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff.
- Care records were person centred and gave detail about how people liked their support to be provided.
- Relatives said staff spotted changes in people's needs and wellbeing and kept people's relatives informed. One relative said, "[Staff] are very good to talk to and keep me informed. Changes for example, if there are any, they do tell me. They are very good at keeping me up to date."

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

- Staff worked closely with other agencies to ensure people's needs were met. People were supported to access a range of health care services.
- Where incidents or concerns about someone's health were raised, we saw advice and referrals for healthcare support were sought promptly. One relative said, "[Staff] are very good at getting the doctor out."
- There was regular, meaningful review of people's needs. This enabled changes to be made to people's care and treatment when needed. Relatives told of several instances when people's health and welfare had improved since moving to the home. One relative said, "[The staff] respond to [my relative's] needs. They know [my relative] well. If it wasn't for the care they have given, [my relative] wouldn't have pulled through."

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

- The provider ensured people's nutritional needs were met.

- Where people were at risk of losing weight, there were regular checks on their weight and action was taken if needed, including referrals to dietitians. One relative told us, "When [person] first came, they could not eat. [Person] is now on regular food, and [staff] monitor and help [person] with their food." Another relative said, "I am around for lunch, and see the meals. [My relative] is eating more."
- Most people were positive about the food, and about the dining experience generally. They told us the food was good and hot meals were always hot. This included those people who preferred to eat in their room. People said they had enough to eat and they could have a drink when they wanted. A relative said, "I am amazed at how many cups of tea [person] gets in a day."
- There were two main options at mealtimes and people could have an alternative if they did not like what was on the menu. Staff discussed people's menu choices a day in advance. They checked people's choices again in the morning, in case people wanted to change their mind.

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

- The home was clean and clutter free without being overly clinical. It felt homely.
- There were communal lounges available to enable people to spend time with others. People were able to personalise their room with their own belongings.
- There were signs and pictures to aid people in finding their way around the home, including on people's bedroom doors.
- People told us the environment and décor had been improved. One person pointed to some repairs which were still needed, such as outside window frames and some areas of the décor.
- There was a programme of redecoration and building improvement. Some improvements had been made specifically to improve the environment for people living with dementia.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA.
- We found the service was working within the principles of the MCA.
- Where needed, applications for DoLS had been made. This ensured appropriate legal authorisations were in place where there was a need to deprive a person of their liberty.
- People and relatives told us staff asked for consent to provide care and explained what they were doing. We observed staff asking for consent and giving people choices.
- Where decisions had been made in people's best interests, these were documented appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people told us they felt they were treated well by staff and spoke positively about living in the home.
- One person agreed with their visitor when they said, "[Staff] are very good, very caring, have a good chat and banter with [person]. They know [person] well, you can tell by the way they talk to [person], have a little chat, check how they are doing, take an interest in [person]."
- People said staff were very caring. One relative said, "[My relative] is so vulnerable, and [staff] treat them like we do, like one of their own. They support [person] when I am leaving so [person] doesn't get upset. I appreciate little things like that. They are like it all the time. [Staff] are so friendly it's unbelievable. They are very good with everyone. They know [person] well. They hold hands with and chat to [person], who smiles away at them. [Person] is really happy."
- A relative told us staff were thoughtful about people's feelings, saying "[My relative's] usual carer was going on holiday and made sure they explained they were just away on holiday and would be back." Another relative told us, "[The staff] are caring. For example, [my relative's] room needed decorating, so they moved to another room while the work was done. The handyman gave the option to stay in the second room and not move back, as he knew [my relative] liked to look out of the window. I thought that was so personal."
- People were well-presented and told us staff were there for them, if they needed help with choosing what to wear. One relative said, "I cannot fault [the staff] they do an amazing job; they remain upbeat, happy, and welcoming. They treat [my relative] with dignity and respect, it's the way they talk to [my relative]. [My relative's] clothes are fresh and clean, which has always been important to [my relative]."
- One person told us they were not happy with some aspects of their care. We saw evidence the registered manager was working positively with the person, and with involvement of other professionals to address the person's needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices, and promoted people's privacy, dignity and independence.
- People told us they and got up and went to bed when they wished. They ate in their room or the dining room by choice. They chose what to wear and whether to get involved in activities.
- A relative said, "[My relative] has been having a sherry at 5pm for the last 15 years and they have continued doing that here. [Staff] are very good." One person told us, "Staff check if you want to get up or have breakfast in bed."
- We saw staff maintained people's privacy and dignity and people confirmed this. One person said, "[Staff] are fantastic, very polite, and helpful. The doctor was here the other day and they knocked on the door to

asked if it was okay for him to come in. I like my independence. I do my own teeth and shave myself; they let me do what I can for myself. They respect my choices." A relative said, "[Staff] respect [my relative's] privacy. Even when [my relative's] bedroom door is open, they knock."

- Staff told us they encouraged people's independence. People confirmed this. One person said, "In the main they are very kind, caring and listen. They know I like to keep my independence and respect that."
- People's right to confidentiality was respected. Staff practice showed the service placed importance on protecting people's personal information.

# Is the service responsive?

## Our findings

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we recommended the service developed a comprehensive diabetes policy and improved care planning in this area. The provider had made improvements.

- The service had a diabetes policy in place. We saw evidence of care delivered in line with people's needs and people and their relatives confirmed people received personalised care that met their individual needs. People said staff were responsive to their needs, they received support when needed and their care was not rushed.
- People's care plans provided detailed information regarding their individual needs and care they required, were subject to regular review and there was evidence of people's involvement. This helped to make sure they were person centred and included what was important to and for each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had employed an activities coordinator and ensured further opportunities were developed for people to engage in activities.
- People had a 'This is me' section in their files, which included their hobbies and interests. This helped staff to support their engagement and social interaction. People spoke positively about the activities on offer, although some relatives told us people were sometimes too poorly to engage. The activity coordinator made sure people who spent more time in their rooms received one to one time for social interaction. They sat with people and chatted, as well as offering pamper sessions, such as hand massage and nail care. One relative said, "[My relative] watches TV and DVDs, and listens to music in their room."
- Several people told us they really appreciated the garden, which was pleasant, safe, spacious and well-kept. The service had fostered links with a local gardening project, who came in the summer to help people with gardening and planting tasks. The home hosted an Easter egg hunt for children from a local nursery, who were frequent visitors. We saw pictures of a Jubilee garden party with flags, bunting, a buffet and live music.
- The activity coordinator scheduled local outings once a week for a coffee, shopping, or just for a walk. They said care staff sometimes came in on their day off to help with this. A local church held services regularly and there were plans to develop further links to meet people's spiritual needs.
- There were a range of activities on offer to suit people's different interests. This included, baking, exercise sessions, coffee mornings, film or music afternoons, quizzes, board games, jigsaws, and arts and crafts. We observed balloon tennis in the downstairs lounge. This was arranged to help with coordination. People told us outside entertainers came in once a month, and for people's birthday celebrations. One person said, "I play darts, dominos, cards. Some days I want a quiet time." They added, "It's altered a lot since I first came in. At one time it was dull. We now have a new entertainments person and there are people coming in, like

singers."

#### Meeting people's communication needs

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

- The provider was following the Accessible Information Standard.
- Information was available in other formats such as easy read, large print and different languages if required.
- People's individual communication needs were assessed prior to and after admission and communication care plans were developed.

#### Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints.
- Complaints were dealt with appropriately and promptly and records showed lessons had been learnt.
- Those we spoke with said they knew how to make a complaint. They told us they had not made any formal complainants but had raised some, minor concerns. These were dealt with to their satisfaction. They had nothing of concern to share with us. One relative said, I have no complaints. It's a friendly, warm, welcoming place. They care, genuinely care about residents and that's important."

#### End of life care and support

- People's preferences for end of life care and support were identified and recorded if they wished.
- People told us staff were very careful and thoughtful in helping people plan and express their preferences. And in making sure people were comfortable when approaching the end of their lives.
- One relative told us, "[My relative] is well looked after, cared for with dignity. Their views and our views are listened to. [Staff] are keen to know our wishes, for example, they have discussed what we want for end of life care, whether [my relative] will want things like music playing, lights on or candles; who to inform. We have told them we want certain things that give [my relative] comfort, and they told us they will make sure it happens."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems to assess and monitor the quality of the service needed further improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had ensured improvements to governance, audits and monitoring systems were embedded into practice. This had been effective in driving improvement in the service, with overall quality to a consistently high standard.
- The registered manager and nominated individual had oversight of the service and demonstrated a clear commitment to continued improvement. Audits and spot checks were thorough, and records showed any issues identified were addressed.
- People and relatives knew the registered manager and told us she was helpful, listened to them and was approachable. They felt the service was well managed. One relative said, "[The registered manager] emails straight back if you contact her. We know it's well managed as we can compare it to other places and have seen how the quality of care has made a difference to [my relative] in a month."
- People and relatives spoke very positively about the service, the staff, the management team and the improvements that had been made. One relative said, "I can talk to the manager and every one of them [staff]. It's definitely well managed, there's nothing to worry about whatsoever. There's a good routine and all the time they have been thorough with the care.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved in the service and able to make suggestions and voice their opinions to the management team. Resident meetings were held and annual quality surveys were completed. One person said, "[Managers] take things on board from the residents' meetings. Depending on how many people want to do it. We vote on it. Suggest activities."
- Relatives spoke positively about communication in the service. They were kept informed about what was happening in the home generally, and with their relatives. People and relatives told us they could input ideas, raise concerns, or ask for information and that the service would respond positively. They confirmed

they had filled in a quality questionnaire recently. One relative said, "The communication is proactive, so you feel involved. You can just ask."

- Staff told us there had been improvements since the last inspection. Regular staff meetings took place and staff told us they felt engaged. One staff member said, "I feel supported now, and managers do listen and act on our concerns. The new deputy manager is particularly respectful and helpful."
- Staff told us improvements in the way the service was managed had led to a more cohesive team approach. One staff member said, "There has been a massive improvement. The owner was also very supportive with this. The service is more like a family environment now, than a nursing home. Families are happy."
- People spoke positively about living in the home. One person said, "It's pleasant, jolly. [Staff] will be singing away. Sometimes they wake you up with a song."
- People and their relatives told us they were happy with the service people were receiving and they would not change anything. One relative said, "We pop in ad hoc, so we know they are not putting on a show. They are genuinely nice. It's a happy, caring and welcoming place." Another relative said, "I cannot fault them, I feel as if I know them, they put you at ease. There is a good, relaxed atmosphere."
- We asked people if they would recommend the service to others. Comments included, "Without a doubt we would recommend the home. We are happy with the cleanliness, the way they treat people with respect, and the fact they let you know what is happening, get in touch straight away."

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The team worked positively with relatives and groups in the local community to ensure people's needs were met holistically. This included a local children's nursery, a community gardening group and a local church.
- The team worked closely with health and social care professionals and were responsive to suggestions made by other professionals about how to support people individually. The service had recently received very positive feedback from a health care professional who wrote, "I just want to express how wonderful your care is. I work with many care and nursing homes, but your home really stands out for me. You show excellent attention to detail especially where medication is concerned and you have developed a really good relationship with your GP's."
- There was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- Records confirmed the provider understood and acted on the duty of candour.
- The provider ensured CQC was notified of changes, events and incidents that affected their service or the people who used it.