Lions Meadow Ltd

Moorleigh Nursing Home

Inspection report

278 Gibson Lane
Kippax
Leeds
West Yorkshire
LS25 7JN

Tel: 01132863247

Date of inspection visit:
25 June 2019
27 June 2019
02 July 2019
04 July 2019

Date of publication:
10 September 2019

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Moorleigh Nursing Home is a nursing home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

People's experience of using this service and what we found
During the inspection, we identified many concerns relating to people's safety. This included the service not having appropriate fire evacuation plans in place. Also, a lack of training and guidance for staff on how to support people in the event of a fire. There were insufficient staffing levels during the day and at night which all put people at significant risk of harm.

We found areas of the premises were not safe. This included windows on the first floor with no restrictors.

There were not enough staff on duty to meet people's needs which meant people did not have their needs met in a timely manner. They did not receive care that was person-centred or individualised.

Medicines were not managed safely. Staff did not always have guidance to ensure they administered 'as required' medicines to people. Topical cream administration records were not always completed by staff.

Risks to people were not always properly assessed. This included moving and handling, nutritional needs, use of equipment and falls risks. The provider had failed to address this which meant people were at risk of harm.

Assessments of people's needs were not up to date which resulted in people's needs not being met.

Staff demonstrated a limited understanding of safeguarding and records showed they had not received appropriate training in this area. During our inspection, we reported our concerns to the local safeguarding team. This means external professionals will look into our concerns.

The provider did not always maintain appropriate records relating to the requirements of the Mental Capacity Act 2005 (MCA). There was a failure to properly oversee and make applications for authorisations under the Deprivation of Liberty Safeguards (DoLS). People had not been included in decisions about their care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's nutritional needs were not always met.

Staff did not always complete mandatory training to ensure they had the skills they required for their roles. Staff did not always receive supervision and appraisal of their performance.

The governance of the service was poor. The provider did not have an awareness of the issues we identified and therefore had not mitigated the risks we identified within the service.

After the first day of the inspection, we requested an urgent action plan from the provider to tell us how they would address the concerns we found. They responded with a plan which gave timescales for the completion of works. We visited the service again to follow this up and found that not all of the actions had been completed. We found there were plans in place as to how these would be met. We continued to monitor the service regarding the improvements they were making.

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

Rating at last inspection
The last rating for this service was good (published 20 December 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This service was registered with us under the new provider on 15/01/2019 and this was the first inspection since the new registration.

Why we inspected
The inspection was prompted in part due to concerns received about staffing, medicines management and management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

Since our inspection, the provider has worked with other agencies including the fire service to make the necessary improvements.

Enforcement
We have identified breaches in relation to staffing, people's safety, protecting people from harm, protecting people's rights and overall management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate

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 Care Act 2014.

Inspection team
The first three days of the inspection were completed by two inspectors. The fourth day was completed by one inspector.

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

It is a condition of the provider's registration that they have a manager registered with CQC. There was no registered manager at the time of our inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection, we liaised with the local authority, the safeguarding team 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We used all of this information to

plan our inspection.

During the inspection
We notified the fire service of our concerns. They visited the service and have requested that the provider acts to address the concerns they found. We also reported our concerns to the safeguarding team, the local authority and the clinical commissioning group.

We spoke with five people and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with nursing and care staff, which included agency staff, kitchen and domestic staff. Throughout the inspection we liaised with the nominated individual, the director, the clinical lead, the customer care and quality lead and the human resource officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed five staff recruitment files, five people's care records and multiple medication administration records (MARs). We also looked at records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- The provider had failed to identify and manage risks within the service. This included fire safety systems which we found were not safe. As a result, people were put at risk of significant harm.
- Risk assessments in people's care records were not up to date and did not reflect their current care needs.
- Due to the inaccuracies in people's care records, staff did not have appropriate guidance to follow on how to support people in the event of an emergency, or during their day to day life at the service. For example, people's personal emergency evacuation plans were not up to date.
- The provider ensured that records were kept relating to accidents and incidents which had occurred at the service. However, there was no analysis being carried out. We were therefore unable to evidence that any learning from incidents took place.

Using medicines safely; Preventing and controlling infection
- Medicines were not managed safely. This included the storage of medicines, management of controlled drugs and administration of medicines.
- Record keeping relating to medicines was poor. Staff did not always have guidance to follow on when to administer medicines prescribed for use 'as required'. Medication administration records were not always completed by staff. This meant the provider could not be sure if people had received their medicines as prescribed.
- The premises and environment of the service were not always clean and properly maintained. This meant some areas of the service were in a poor condition. This included furnishings and the kitchenette area on the first floor where staff served from and crockery and cutlery were stored.

The failure to assess and mitigate risks, and the failure to appropriately maintain the environment and ensure safe systems for the management of medicines demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
- The provider had not calculated staffing levels in line with people's needs which resulted in poor standards of care for people.
- Our observations were that there were not enough staff on duty which impacted on people in many ways. For example, people's personal care needs were not always met in a timely manner.
- Staff told us there was not enough staff on duty on either day or night shifts. One member of staff told us, "It has got worse with the drop down in numbers of staff and we are not able to care for people in the way they need us to." A relative told us, "I don't think it's safe; there are never enough staff on and weekends are

terrible."
● Staff told us baths and showers could not be supported with this aspect of their care as often as people would like, or need, due to staffing levels. Care records we reviewed confirmed this.
● Staff recruitment records showed that robust procedures were not in place.

The failure to ensure that staffing levels were sufficient to meet people's needs demonstrated a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● Prior to our inspection we had received a range of concerns about the service. We looked at these issues throughout the inspection and liaised with the safeguarding team and the local authority about this.
● The provider had a safeguarding policy and procedures for staff to follow. They had notified the local authority appropriately when referrals needed to be made.
● Not all staff had completed safeguarding training and there were gaps in their knowledge on how to protect people from risk of harm.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- There was a failure to monitor authorisations within the service. Some authorisations had expired and this meant people were restricted unlawfully.
- Some people were under a level of supervision which would mean an application to deprive them of their liberty lawfully which had not been done. This meant the provider could be unlawfully depriving people of their liberty at the time of our inspection.

The failure to ensure that people were not deprived of their liberty unlawfully demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Assessments of people's mental capacity were completed but they showed that people had not always consented to their care and treatment at the service.
- Relatives had signed consent documents where people had been assessed as having the capacity to consent to an aspect of their care. Staff could not explain why this had been done.
- Records relating to decisions made in people's best interests had not always been completed.
- Staff did not always ask for people's consent before they provided care.

The failure to ensure that people's capacity to consent was sought, and care was delivered in line with their wishes demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Staff support: induction, training, skills and experience
● The provider had not ensured staff were suitably trained or supported to perform their roles.
● Training records showed most staff had not completed up to date training in a range of training considered mandatory by the provider.
● There were no records to show staff's competency had been checked. This included a member of maintenance staff who had not ensured window restrictors were in place. This meant the provider could not be assured that staff were safe to fulfil their roles.
● Records were not available to show all staff had received supervision.

The failure to ensure that staff had completed training they required for their roles, and that the received appropriate support, demonstrated a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The service did not provide a stimulating environment for people living with dementia. For example, there was a lack of reminiscence areas, memorabilia or adaptions to the environment.
● There was limited signage to help people locate their way around the service.
●The nominated individual confirmed that they had not considered best practice guidance in relation to the environment.

We recommend the provider review best practice guidance to ensure people are accommodated in an environment which meets their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Preadmission assessments were completed before they started to use the service but these were not always detailed, up to date or reviewed on a regular basis.
● People's diverse needs and protected characteristics were considered within assessments, in line with the requirements of the Equality Act 2010.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support
● People had care plans and risk assessments in place to identify their dietary requirements. These were inconsistent and were not always followed by staff. For example, one person's records stated they were at risk of choking and required supervision when eating their meals. We observed the person eating alone.
● The breakfast and lunch time meal experience was not always well organised. Some people needed assistance from staff and remained in bed for their meals. This meant they were often served last over people who chose to eat in the lounge.
● Comments regarding the meals were mixed. One person told us there always seemed to be mince or fish for most meals. Another person said they enjoyed the food. Relatives were concerned about the lack of choice of meals for their family member.
● People were supported to see GP's, tissue viability nurses and dentists when they needed to.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- There was no evidence to show people had been involved in making decisions about their care. This included care planning and reviews of care.
- People's life histories had not been included in their care records. Without this information, staff were less able to provide person centred, individualised care, based on people's experience and preferences.
- One relative told us they had some involvement when their family member started using the service. This had included providing information about their preferred routines.
- A person who had been recently admitted told us staff have not asked them about their preferences. They said, "I usually like my breakfast earlier than I'm having it here; but no one has asked me anything like that."
- There were details available for people relating to accessing advocacy services. Advocacy services provide independent support for people with decision making and expressing their views.

Respecting and promoting people's privacy, dignity and independence
- Staff were aware of how to promote people's independence and respected people's dignity. They became tearful when they explained that staffing levels prevented them from supporting people in this way. One staff member told us, "We are unable to provide care in the way that we should be. It shouldn't be like this."
- People's dignity was not always respected as the provider failed to ensure staff had time to support people with personal care in their preferred way.
- Daily records for people showed they had not received baths or showers in line with their preferences. People told us they would like more opportunities for bath and showers. Comments included, "I always used to have a couple of baths a week at home. I haven't had one here; just showers which I hate" and "I mostly have a wash in bed but a nice bath would be lovely; I was always clean at home but don't feel like that here."

Ensuring people are well treated and supported; respecting equality and diversity
- Our observations were that staff were task focused in their interactions with people. We saw there were missed opportunities by staff to engage with people in a meaningful way or for any length of time. This was due to staffing levels.
- Feedback from people and their relatives about staff's approach was positive. Comments included, "I think the staff do their best but they are limited because of numbers" and "The staff will try to have a chat every now and again but I don't like keeping them, I know they are busy and there's a lot more people here who need more help than I do."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider had failed to ensure accurate, person centred care plans were in place to guide staff on how to provide individualised care to people. They did not include information about people's up to date care needs, or information about their preferences.
- Care plans were not updated when people's needs changed or when professionals gave advice. Reviews of care plans did not indicate if planned care had been effective, or if it was meeting the person's needs.
- Daily recordings made by staff were often repetitive and failed to accurately reflect how care was provided in line with the person's preferences.
- Agency staff were used daily to address staff shortages. This had the potential to affect the delivery of person-centred care as agency staff do not have the same knowledge of people as regular carers.
- Care records did not always contain information about people's end of life care preferences.
- Not all staff had completed training on how to provide end of life care to people. This meant the provider could not ensure that people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

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

- Activities arranged were limited and did not meet the needs of all people using the service. For example, people who were nursed in bed were not always offered opportunities to engage in activities.
- A relative told us, "No one comes into [Name of person] room to just chat or do activities with them." One staff member told us, "There's not enough activities for people. The activities co-ordinator is brilliant and does lots of work but there is only one of them and they can't get to everyone."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place. However, these lacked clear guidance for staff about how to communicate with people effectively.
- Care records did not evidence how the provider was meeting people's communication needs or meeting the requirements of the Accessible Information Standard (AIS).

Improving care quality in response to complaints or concerns

● People and their relatives gave mixed feedback about the responsiveness of the provider to their concerns raised. Two people told us that as there was no manager they would not know who to take any complaints to. Relatives told us they did not always receive a response to their concern.

All of the above meant there was a failure to ensure people received care which was based on their needs and preferences. This demonstrated a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was a complaints policy and procedure in place.
● Information on how to make a complaint was available within the service.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- This is the first inspection of the service since their registration in January 2019. The provider had failed to implement effective governance systems and processes to monitor and mitigate risks to people. As a result, standards of good care had not been provided to people.
- There was a schedule of audits in place to check the quality of the service, however these had not been completed. This included fire safety systems, premises safety, record keeping and staffing levels. As a result, people did not receive high quality care. This meant the provider had failed to identify the issues we found at our inspection, and was not meeting legal requirements.
- There was a lack of evidence that care delivery and service culture were person-centred. Care was not always planned or delivered in ways which included people who used the service and their relatives.
- Staff told us they had raised concerns with the provider about how inadequate staffing levels were negatively impacting upon people, but nothing had been done to address this. This meant the provider had continually failed to act to address legitimate concerns by staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- There was no registered manager in place at the service. This meant there was a lack of leadership and managerial oversight at the service. The requirement to have a registered manager is a condition of the provider's registration.
- Record keeping had not been properly monitored and this impacted on staff's ability to provide person centred care. For example, people's care plans did not contain information about their life histories, likes and dislikes or their up to date care needs.
- The provider was not always open and transparent in how they communicated with people, relatives and staff.
- Minutes of meetings with people who used the service, their relatives and staff showed a range of issues were discussed, however they did not evidence how feedback was being used to drive changes or improvements in the service.
- Staff did not feel supported and valued by the provider. They also did not feel included in the running of the service.
- Staff morale was low, and many staff had left the service in the 12 months prior to our inspection.

The failure to operate effective and robust systems to monitor the quality and safety of the service demonstrated a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had begun to work in partnership with other professionals to improve the service. This included the clinical commissioning group, the local authority and the fire service.