The Hawthorns Lodge Limited

Moorlands Nursing Home

Inspection report

Northgate
Guisborough
Cleveland
TS14 6JU

Tel: 01287630777

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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

We last inspected Moorlands Nursing Home on 24 April and 10 May 2017 and found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to good governance and staffing.

At our last inspection, the service was rated 'Requires Improvement'. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all five key questions to at least Good. At this inspection on 15 May 2018 we found there had been improvement and rated the service as Good.

Moorlands 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.

Moorlands Nursing Home provides nursing care and accommodation for up to 30 older people, some of whom are older people living with a dementia. The service also provides short term care (up to six weeks) for people who are unwell and are unable to manage at home. People can also be cared for on a short-term basis for assessment and recovery on discharge from hospital to allow recuperation and reablement before they are able to return home safely. At the time of the inspection there were 19 people who used the service.

The home had a registered manager. 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.

The provider had an effective quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place.

Most people and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported with eating and drinking and feedback about the quality of meals was positive. Special diets were catered for and alternative choices were offered to people if they did not like any of the menu choices. Nutritional assessments were carried out and action was taken if people were at risk of malnutrition.

The registered manager and staff demonstrated an understanding of the Mental Capacity Act (2005). Where people lacked capacity, decisions made in the best interests were appropriately recorded and kept under review.

The home was clean and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out. Refurbishment was ongoing at the time of our inspection.

People were treated with kindness and respect. Staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager told us they provided and accessed information for people that was understandable to them.

People, staff and relatives spoke highly of the registered manager. They told us the registered manager was supportive and approachable.

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.

There were safe systems in place for the management of medicines and medicine stock checks were correct.

Safeguarding policies and procedures were in place and staff were aware of how to report concerns of a safeguarding nature.

Safe recruitment procedures were followed and there were suitable numbers of staff on duty.

Is the service effective?

Good

The service had improved and was now effective.

Staff told us they felt supported by the registered manager and had received regular supervision and an annual appraisal.

Refurbishment and redecoration was ongoing at the time of our visit to improve the home environment for people who used the service.

Where people lacked the capacity to make decision's a person-centred approach made in the person's best interest had been applied. People had access to healthcare professionals when needed.

People were provided with food they enjoyed.

Is the service caring?

Good

This service was caring.

We observed numerous kind and caring interactions between staff and people.

The privacy and dignity of people was maintained.

People were encouraged and supported to make their own choices and independence was encouraged.

Is the service responsive?

Good

The service had improved and was now responsive.

Care plans for people were detailed to ensure people's needs were met.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service had improved and was now well-led.

Effective auditing by the provider and registered manager was taking place.

People and staff were supported by the registered manager and felt able to have open and transparent discussions with them.

The registered manager had regular meetings with staff. Staff confirmed they were encouraged to share their views.

Moorlands Nursing 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 checked 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.

We inspected Moorlands Nursing Home on 15 May 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector, an inspection manager 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.

Before the inspection we reviewed the information about the service. The provider had sent us in the Provider Information Return. 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 looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We sat in communal areas and observed how staff interacted with people. During the inspection we spoke with 10 people who used the service and six relatives. We looked at communal areas of the home and some bedrooms.

We spoke with the registered manager, deputy manager, activity co-ordinator, cook, handyman, a nurse and generally to care staff. We contacted contracts and commissioning teams and other visiting professionals to seek their views on the service provided.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medicine records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I do feel very safe." A relative told us, "I'm very happy with the home. All the staff are fabulous. No safety concerns."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and adults.

The registered manager told us that the levels of staff provided were based on people's dependency needs and could be increased or decreased as needed. Most people and relatives thought there were enough staff on duty. One person said, "I feel safe, when you press the buzzer they come straight away." Another person told us, "The buzzer can take a long time to be answered. 8 a.m. in the morning that's the worst time to wait when they [staff] do their handover." We spoke with the registered manager about this who told us they joined in handover and were not aware of any unanswered buzzers or delays in people receiving help. They told us there was always four care staff covering both floors during this time to ensure people's needs were met. The registered manager told us staffing levels were constantly reviewed an monitored but would look into this comment and speak with people who used the service and staff.

Each day a staff member was given the responsibility to support those people who had been admitted for short term care and rehabilitation. This was to ensure their support needs, rehabilitation needs and exercise programme were undertaken. During the inspection we heard and saw staff supporting those people with their exercise programme.

A safeguarding and whistle blowing policy was in place. Staff had received safeguarding training and had a clear understanding of their responsibilities to report any concerns.

Staff were aware of their responsibilities to raise concerns, to record accidents, incidents and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People had risk assessments in place relating to falls, moving and handling, choking, malnutrition and skin integrity. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. This meant staff had the written guidance to keep people safe.

We looked at records to confirm that checks of the building and equipment were carried out to ensure health and safety. We saw that checks had been made on the passenger lift, weighing scales, fire alarm and emergency lighting. Water temperature of baths, showers and hand wash basins were taken and recorded

on a regular basis to make sure they were within safe limits. The service's fire alarm was tested weekly. We found personal emergency evacuation plans were in place (PEEP). This provided information as to what support a person would need to evacuate the service in the event of an emergency.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines were ordered, received, stored, administered and disposed of appropriately. We did note some gaps in the temperature recording of rooms / trolleys where medicine was stored and pointed this out to the registered manager who told us they would take action to address this. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs and appropriate records were kept.

The home was clean and tidy. Communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective (PPE) and hand washing facilities were available. Staff had completed infection control training.

Good

Is the service effective?

Our findings

At our last inspection in April and May 2017 we found that staff had not received regular supervision. At this inspection in May 2018 staff told us they were supported in their role and received regular supervision and an annual appraisal. In addition, we were shown written records to confirm supervision had taken place on a regular basis. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. One staff member told us, "Management are approachable and they listen to you. [Name of provider] has approached me several times asking if I need anything."

People told us they received care and support from well trained staff. One person said, "The staff are very good. They are always there when I need some help." A relative told us, "The staff are very nice. Plenty of staff here and they seem to have the skills and training."

The registered manager told us most new care staff that were recruited had achieved a qualification in health and social care. They told us any new care staff who did not have a qualification in care would undertake the Care Certificate Induction. Other qualified staff would undertake a variety of elements of the Care Certificate as refresher training. In addition all new staff shadowed more experienced staff when they were first recruited to ensure they were competent and got to know people's needs. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff complimented the training. One staff member said, "I'm very impressed with the care staff induction."

Since the last inspection those staff responsible for reablement and caring for those people who were admitted for short term care had attended a three-day training event to ensure they had the skills and knowledge to support people.

People's needs were assessed before they started using the service. This assessment included details of the person's medical history, an assessment of the person's care needs, including the level of support required and details on people's communication needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. The registered manager understood

their legal responsibilities regarding the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's nutrition, hydration and weight was monitored regularly. Staff were knowledgeable about people's special dietary needs and preferences. We asked people if they liked the food provided. One person told us, "There's a fairly good choice of food, they [staff] give you different alternatives. I like most of the food." One relative told us the service provided a special diet for the person who used the service. Another relative told us, "At meal times plated up food all looks very nice, but they do have this protected mealtimes like a hospital. Mum seems to like the food and there's also sweet trolley comes round with cakes, lollies or ice cream when hot and sweets. The staff will even go out to the fish and chip shop for the residents."

At the time of our inspection the service was undergoing refurbishment and redecoration. The ground floor corridors and doors had been painted and a new carpet was to be fitted. The registered manager told us all areas of the service were to benefit from refurbishment. They told us the ground floor lounge was to benefit from new furniture, redecoration and a new carpet.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, speech and language therapists, district nurses, opticians, dentists and chiropodists. A person told us, "The doctor visits when I don't feel well and I've seen the chiropodist." A relative told us, "A chiropodist and the optician visit my mum. The activities coordinator looks after her nails on the beautician side of things."

The service provided short term care (up to six weeks) for those people who had been unwell and were unable to manage independently at home and for those people who need recuperation on discharge from hospital. As part of this support, physiotherapists, occupational therapists and therapy assistants visited the service and provided guidance and support to help people to regain their independence. Care records provided information on this professional support and support and exercises that care staff needed to provide to people in between these visits. One person told us, "I do exercises with them, to get me up and down. I think I'm getting better at them." A relative told us, "I've met the physio's numerous times and spoken with the physio and social worker to arrange for mum to go home. It's all gone to plan the rehabilitation."

Good

Is the service caring?

Our findings

People who used the service and relatives praised the care and staff at the service. We asked one person if staff were caring and they said, "Well I would think so, they are there if you want them, friendly and chatty. Oh yes, they'll have a chat with you." A relative said, "The girls they are so, so, caring. They must have endless patience. I come and visit nearly every day." Another relative commented, "I think they [staff] are very good here. They are doing a marvellous job, all of them."

Observations throughout the inspection showed staff were polite, friendly and caring in their approach to people. People were relaxed and happy and could freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person. Staff knew people's names and listened to people in a kind and caring manner.

People were well presented and looked comfortable in the presence of staff. We saw staff assisted people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way.

People who used the service told us they were supported to maintain links with family and friends. Staff were able to tell us about people's relatives and how they were involved in their care. The activity co-ordinator told us family and friends were able to accompany people on trips out. One relative said, "This home has been a salvation for me. It's like a family, the residents, the carers. Feels really calm here, a very relaxing place."

People confirmed that the staff respected their privacy and dignity when providing care. The staff spoke with fondness about the people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives.

People were supported to be as independent as they were able to be. Staff encouraged each person to achieve as much as they could by themselves. We saw staff encourage and support one person to mobilise with their walking frame. Staff provided words of reassurance and were patient as they encouraged this person to walk to the dining room. One person told us, "They [staff] will do anything they can to help you."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of our inspection no one in the home had an advocate. Advocacy information was made available to people who used the

service.

Good

Is the service responsive?

Our findings

At our last inspection in April and May 2017 we found that care plans for those people receiving short term care and support were insufficiently detailed with the care, support and reablement people were to receive or achieve during their stay at the service.

At this inspection we saw that improvement had been made and care plans clearly recorded the support and reablement people needed. For example, the care plan of one person clearly detailed the equipment they needed to help them move from one place to another, what they could do for themselves and the help they needed form staff. In addition, there was other information from physiotherapists detailing an exercise regime that staff should support the person with. Professionals who visited people receiving short term care such as the physiotherapist and occupational therapist regularly met with staff at the service to review and discuss any deterioration or progress made.

We also looked at care plans of those people who lived at the service permanently. People's care records were person-centred and demonstrated a good understanding of their individual needs. Care plans covered a range of needs including continence, personal-care, skin integrity, mobility, nutrition, communication, personal safety and sleep. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. People's preferences were recorded and met by staff.

People and their relatives were aware of and involved in the care planning and review process. We saw Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making.

People and their relatives were complimentary about the activity co-ordinator and the activities taking place. One relative told us, "Mum goes to coffee mornings. She's been painting bird boxes this morning. I attend the resident's meetings there's a garden fete planned for August." The activities co-ordinator told us about the activities that took place daily which included, bingo, arts and crafts, games, bingo, hairdressing, bus trips on a Wednesday and local walking trips into town on Thursdays. In the hairdressing salon, there was a foot spa, aromatherapy candles and relaxation sessions were carried out here. A sweet shop was available each day. A variety of sweets were available on a trolley for people to choose from. Since our last inspection the conservatory had been converted into a café area. People and their relatives told us the enjoyed socialising in this area and enjoyed the plentiful supply of drinks, cakes and biscuits. One relative told us, "I visit every day generally. The cafe is a great idea and some of the tables I brought in myself."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The provider's complaint policy was on display in the main corridor area for people and relatives to read. People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak with if they had any complaints. One person said, "I would just talk to the manager if I needed to, but I've got no complaints." There hadn't been any complaints since we last inspected the service. A relative commented, "I feel I'm listened to, yes very much so. The staff have the time to listen to any concerns."

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

Good

Is the service well-led?

Our findings

At our last inspection of the service in April and May 2017 we found that the provider visited the service and completed an audit to check the service was safe, effective, caring, responsive and well led. However, audits were ineffective as they did not pick up on areas that we identified as needing improvement. Since the last inspection improvements had been made.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us many audits and checks which were carried out on a regular basis to ensure that the service was run in the best interest of people. These included audits on health and safety, medicines, staff training, recruitment, supervision and appraisal and the kitchen. The provider visited the home on a regular basis and undertook a monthly audit to ensure the service was run in the best interests of people who used the service. Following the audit, action plans were developed to drive improvement.

The home had a registered manager who had worked at the service for many years. They became the registered manager in May 2017. Staff, people and relatives told us the culture in the home was good and the registered manager was approachable. One relative told us, "The home it's very well managed I wouldn't change anything. The atmosphere amongst the staff team is good."

Staff told us they were supported in their role. A member of staff told us that the registered manager was, "Very supportive and very approachable." Another staff member said, "I'm really enjoying it [working at the service]. There is always management present and there is structure."

The registered manager had regular meetings with people who used the service and relatives. One relative told us, "At the start of the year, people didn't have drinks in front of them, but we raised this at the resident's meetings and now there's jugs of drinks in the lounge." In addition, the registered manager sent out surveys to seek the views of people and their relatives.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with changes affecting the service.

The registered manager understood their role and responsibilities, and could describe the notifications they were required to make to the Commission and these had been received where needed.