EHC Moston Grange Limited

# Moston Grange Nursing Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 July 2017. This inspection was unannounced, which meant the service did not know in advance we were coming.

Moston Grange Nursing Home is registered to provide nursing care and accommodation for up to 64 people who require treatment or support. At the time of this inspection there were 53 people living in the home.

Accommodation is arranged over five units within two single-storey residential buildings. Deanvale and Mapledene Units provide care for both adult men and women. Woodside Unit provides support to adult men with a neurological/degenerative disorder. Hollybank Unit has been split into two smaller environments to enable staff to cater for people whose behaviours may challenge others. Each unit has access to their own individual enclosed garden. Moston Grange Nursing Home is situated within walking distance of Newton Heath and Failsworth.

Our last inspection took place on 06 and 08 September 2016 when we gave an overall rating of the service as 'Requires Improvement'. We found a single breach of the legal requirements in relation to Person centred care. At this inspection we found that the service was now meeting this regulation however we found breaches of three other regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding service users from abuse and improper treatment, safe care and treatment and good governance.

You can see what action we have told the provider to take at the back of the full version of this report. We are currently considering our options in relation to enforcement and will update this section once any enforcement action has concluded.

The home had a registered manager in post. 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 registered manager was supported by two deputy managers who were responsible for managing the units.

Staffing levels were structured to meet the needs of the people who used the service. However, some people felt the home needed to recruit regular staff rather than relying on the continued use of agency staff.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. However, we found the home did not have records of fire drills since 2015. The registered manager was confident these drills had taken place recently, but couldn't locate the evidence of these fire drills during the inspection. Shortly after the inspection the registered manager provided copies of fire drills carried out. However, we noted the last fire drill was completed in November 2016. We have made a recommendation that the registered provider reviews the latest fire safety guidance for care homes.

People had access to health care professionals to make sure they received appropriate care and treatment. However, prior to our inspection we spoke with a healthcare professional who felt there was a breakdown in communication in relation to specialised equipment not being ordered in a timely manner by the home. We discussed this further with the deputy manager who wasn't aware the healthcare professional had concerns about the home. A safeguarding meeting has been scheduled and we will review the outcome of this meeting once concluded.

The provider was in the process of implementing a new care planning system that aims to make the care planning documentation more person centred. However, in one person's care plan we noted there had been a discrepancy in a person not having their blood glucose levels monitored by the home. This resulted in the person not having their blood glucose levels monitored for over six months, which could have had serious consequences for the person's health and welfare.

We observed staff interacting with people in a positive, respectful and friendly manner. People told us staff were kind and caring. However, on one occasion we observed an agency staff member restricting a person from freely moving around their home. We discussed this with the registered manager who commented that this practice had never been observed before. The manager accepted this was not good practice and this incident would be investigated further.

People we spoke with didn't feel the food on offer provided enough variety. We discussed this area with the registered manager who confirmed she would take this further to make the needed improvements. Systems were in place to help ensure people's health and nutritional needs were met.

Medicines were managed safely and people had their medicines when they needed them. Regular checks on the management of medicines were carried out and action taken where shortfalls were identified. Staff administering medicines had been trained to do this safely.

We found the service was working within the principles of the Mental Capacity Act (2005). Best interest meetings and capacity assessments were held where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. However, documentation of consent to care and treatment was not always clearly recorded within people's care plans.

Some senior care staff at the home had received advanced training in end of life care and the provider was in the process of recording people's future wishes as part of the care planning process.

Staff had been safely recruited to the service. However, we found recruitment files did not contain evidence of the applicants medical statements as is the homes policy. On the second day of our inspection the registered manager provided copies of two completed health questionnaires, the manager commented there may have been a delay of how often health questionnaires were completed, and confirmed this is an area the provider needed to review.

Some people told us that activities could be limited at times. We noted the home had continued to work on the activities that were on offer for people and were in the process of recruiting a third activities coordinator. The registered manager took on board the feedback received about the activities.

We noted there were a number of quality audits in the service; these included medicines, care records and health and safety. Actions were identified following the audits. We saw plans were in place to improve the care records, training, recruitment of permanent staff, and to complete the re-decoration and maintenance work at the home. Although we found a number of audits in place and action plans devised, we didn't find

the provider had done enough to scrutinise the areas of shortfalls found during this inspection.

We found accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident.

Staff had received appropriate training, supervision, and appraisals to support them in their roles. Staff, with the support of their line manager, identified their professional needs and development and took action to achieve them. The provider also ensured agency staff had received key training before they worked at the home.

Staff expressed confidence in the management team and in each other. There were regular staff meetings where staff could contribute their views.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Staff were recruited safely. However, some people felt the service overly relied on agency staff.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. However, we found no evidence of fire drills since 2015.

People's medicines were managed so people living at the home received them safely.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People we spoke with were negative about the food quality and choice on offer at the home. We also found the mealtime experience was treated more as a task rather than an enjoyable social experience.

Where a person lacked capacity there were correct processes in place, so that decisions could be made in the person's best interests. However, consent forms had not always been completed correctly.

Staff received training and support from the provider, to enable them to develop their skills and knowledge.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People were not always cared for with respect and dignity. We observed one agency staff member restricting the movements of one person.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

The registered manager was committed to improving the end of life care provided at the home and were in the process of adding 'future decisions' to people's care plans.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care plans were complete and were regularly reviewed. However, we found one person's care plan had not been followed correctly in relation to their diabetic care.

We received a varied response from people in relation to the quality of the activities on offer. The provider was attempting to recruit a third activities coordinator.

Records showed the registered manager had investigated and responded to complaints appropriately

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Quality assurance processes were in place and action plans developed. However we found many of the audits did not pick up on the shortfalls in relation to activities, staffing, care observations and consent forms.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

There was a clear staffing structure. People and the staff were positive about the management team at the service.

# Moston Grange 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 July 2017 and was unannounced. We brought this inspection forward due to safeguarding concerns. The inspection team included three adult social care inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of services for people living with dementia. Two adult social care inspectors returned for the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester and Rochdale local authorities, and Healthwatch (Manchester) to obtain their views about the quality of this service. Manchester local authority did not provide CQC with a response and Healthwatch did not have any intelligence on this service. Rochdale local authority provided positive feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We carried out observations of the care provided, and 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.

During the inspection we spoke with eight people who were living at Moston Grange Nursing Home, and two friends/relatives who were visiting at the time of the inspection, along with one telephone call made to one person's relative who asked to speak to us. We spoke with ten staff members including three care staff, two nursing staff, the head of contracts and compliance manager, the registered manager, two deputy managers, and an activity co-ordinator.

We reviewed records in relation to the care people were receiving. This included daily records of care, six care plans and six medication administration records (MARs). We reviewed other records relating to the running of a care home, including records of training, supervision, servicing and maintenance, audits and quality checks and three staff personnel files.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "I feel safe here, it's just the lack of things to do", "This is a safe place" and "Yes, it is safe but I wish I could get out more often."

One person's family member didn't feel the home was always safe in relation to protecting their family member from altercations with other people. This person's relatives commented, "I believe [person's name] is generally safe at the home, but sometimes there can be altercations between the people and we heavily rely on the staff to intervene to stop this." We discussed this comment with the registered manager who acknowledged the family members concerns and commented that staff are fully aware of the importance to intervene if a situation can become hostile particularly for people living with dementia. The registered manager commented further that there would be a meeting held with the family member to discuss a recent incident further.

Incidents and accidents were recorded, and monitoring was put in place following an incident or fall. They were reviewed by the registered manager and also sent to the quality assurance team within the organisation. We saw the incident forms contained details of what had occurred and what action had been taken by the staff. The manger noted on the forms if the local authority safeguarding team and the Care Quality Commission had been notified of the incident. All incidents and accidents were entered into the provider's computer system. A monthly report was produced which could be used to highlight any trends in falls or incidents.

At our previous inspection in September 2016 we found there was sufficient staff on duty to meet people's needs. However the staff team relied daily on the use of agency staff, which meant there were variations on the units we visited about how well staff understood people's daily needs. At this inspection we continued to receive mixed comments from people and their representatives about the continued use of agency staff.

We examined staff rotas for the past two months; spoke with people, visitors and staff about the staffing levels. Rotas confirmed what we had been told about staffing arrangements by the provider. We also found that there were days when staff were supernumerary (off rota) but could respond if needed to help offer support and assistance to cover sickness or annual leave.

We saw sufficient staff on duty on each unit at Moston Grange Nursing Home on the days of our inspection. We saw no evidence that people were not attended to within acceptable timescales. The atmosphere on all floors during the two day inspection was calm. We heard no one calling or shouting for help .Call bells, when rung, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

The staff we spoke with felt there were sufficient staff to meet the current needs of people living on the units. Comments from staff included: "Staffing levels are not an issue we have staff, if there was another resident on the unit we would need more staff, but we have adequate staff at the moment. The issue is getting the

right people to do the job", "We have more permanent staff now. We are still using agency staff but we try to get the staff that have worked here before", "Staffing levels are not a problem. The company [EHC Moston Grange Limited] does offer full time employment to quality staff that work on the location" and "Having consistency with staff will improve the quality of the care."

During our observations over the two days we found the level of positive interaction from staff varied from unit to unit. On the Hollybank unit we observed during the day some people were left in the lounge with agency staff sitting down and not interacting with people. This was different on the other units where people were more independent and staff on these units were able to spend more time interacting with the people they supported. We spoke with the registered manager who assured the inspection team they would begin to introduce spot checks on agency and permanent staff to observe their approach and look at providing the regular agency staff with in-house person centred care training to ensure agency staff are trained to the same level as their permanent staff. We will continue to monitor this at our next inspection.

People and their relatives we spoke with gave mixed views on whether there were enough staff on duty at the service to meet their needs. Comments included, "They're short-staffed most of the time. There's different faces all the time", "I believe there is enough staff, but I think some are agency you can tell" and "I know they are trying to recruit more staff, the regular ones are good."

We spoke to the registered manager about the use of agency staff who explained that long-standing staff had left for alternative employment or had retired, which had created vacancies within the home. The recruitment of staff was a high priority for the home and the company was continually attempting to recruit new staff. The manager confirmed when they required the use of agency staff they ensured they recruited the same agency staff to ensure they had continuity of staffing. Any new agency staff were given time to read people's care plans so they fully understood people's needs before they worked on the unit.

Whilst the recruitment drive was continuing the service was using agency staff, but this was as a last resort. Formal mechanisms were in place for staff already employed at the home to indicate if and when they were able to cover particular shifts, for absent colleagues or vacant posts. The home then approached staff from the pool of bank staff. Any shifts still not covered were then offered to agency staff. We saw that the home used several local recruitment agencies and were using the same agency workers, when this was possible.

At the time of our inspection there was no staffing dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. We discussed this with the registered manager as the establishment of such a tool would help to further demonstrate that the needs of people using the service were met with the current staffing structure.

We checked the safeguarding records at Moston Grange Nursing Home. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents. One safeguarding incident that occurred in October 2016 had been correctly referred to the safeguarding team and Police public protection unit by the provider in a timely manner. This resulted in one staff member being convicted of wilful neglect following physical abuse of a person at the home. The registered manager commented that this staff member was immediately suspended during the incident and is no longer employed at the home.

The Commission (Care Quality Commission) had been notified by the home of a separate serious incident involving two staff members who had recently been suspended, a Police investigation had commenced. The provider has fully cooperated with both the Police and safeguarding team during this investigation. We will

review this matter once it has been fully concluded.

Staff told us that they had completed training on safeguarding adults from abuse. Staff were able to describe different types of abuse, and the action they would take if they became aware of an actual or potential incident of abuse. Staff told us that they would report any concerns to the registered manager or a senior member of staff and were confident about using the whistle blowing procedure. They were certain they would be listened to and that appropriate action would be taken.

During our inspection we looked at the systems in place for the receipt, storage and administration of medicines. A monitored dosage system was used for most of the medicines with others supplied in boxes or bottles. Monitored dosage systems consist of blister packs made up by a pharmacist, where the tablets each person takes at different times of the day are supplied in separate sealed pots. We checked the medication administration records (MAR) and saw that there were no gaps, and it was clearly recorded when people had refused to take their medicines or had not required it. Nursing staff explained that when someone refused to take their medicine, they would try again later. If they still refused then this was recorded and medicines were disposed of in a safe manner. If this refusal continued staff told us they would inform the GP and senior managers. This meant that people were receiving their medication as prescribed

A list of nurses responsible for administering medicines, together with sample signatures was available for reference and people had individual medication records that contained a photograph of the person using the service to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

People's medicated creams were stored in the clinic room and applied by the care workers after people had been assisted to bathe or wash. Application records and body maps to explain why, how often and where creams and lotions should be applied were kept in people's rooms and signed by the care staff who applied the creams. We checked four people's cream charts and body maps and found they were filled in correctly. This meant that people were receiving their topical medicines as prescribed by their GPs.

We saw the service had a safe process by which they disposed of unused medicines. We also checked that the controlled drugs were being stored and administered correctly. We saw they were stored securely and that everything had been signed by two nursing staff members before they were administered. This meant that controlled drugs were being administered safely. We saw that fridge temperature checks were recorded daily to ensure those medicines which required refrigeration, were stored at the recommended temperature. We saw that when people were prescribed 'as and when' medicine (PRN), there were appropriate protocols in place to support staff to know when to administer these.

We saw risks to people's health and wellbeing were identified, including the risk of falls, moving and handling, pressure ulcers and malnutrition using the Malnutrition Universal Screening Tool (MUST). We saw these were regularly evaluated to help ensure staff identified any change in people's health. Care plans were developed to help mitigate identified risks, for example there was guidance on how to support people with moving and handling. Where required, assessments for the use of bed rails to prevent a person falling out of bed had been completed.

We looked at three newly recruited staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files contained the following; application forms that documented a full employment history, a job description and two references connected to the applicants previous employment. However, in all three staff recruitment files we found no evidence of medical

statements. Medical statements enables new starters to declare any health condition or disability which may affect their ability to do the job they have been offered, so the provider can ensure the staff member is appropriately supported. During the inspection the registered manager commented that the provider only ask newly recruited staff to complete health questionnaires (medical statements) once staff have been recruited to ensure this doesn't infringe on staff employment rights. However, we found this documentation was not present in the staff recruitment files we viewed. On the second day of our inspection the registered manager provided copies of two completed health questionnaires, the manager accepted there may have been a delay on how soon health questionnaires were completed, and confirmed this is an area the provider needed to review.

We recommend the provider reviews their recruitment processes to ensure medical statement are completed and reviewed prior to staff employment.

Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse.

Training records viewed confirmed 90% of staff members had received fire safety training. Each person living at Moston Grange Nursing Home had a Personal Emergency Evacuation Plan or PEEP in the evacuation folder; it listed their name, age, any mobility issues and room number. PEEPs also outlined the level of support each person would need to leave the building in the event that evacuation was necessary. This meant that people could be safely evacuated in the event of an emergency.

We were shown a fire risk assessment that had been completed by the registered manager and recently reviewed in July 2017. We noted the Greater Manchester Fire and Rescue Service carried out an audit of the fire safety at the service in July 2016 and found the premises were broadly compliant. We discussed the benefits of having a fire risk assessment carried out by an external fire officer to ensure the fire risk assessment is robust, the registered manager confirmed they would discuss this further with the provider.

The service had a business continuity plan which contained contact information, and guidance was provided for staff to help them deal with any emergency situations such as a gas or water leak or power failure.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Monthly checks on all wheelchairs. This would help to ensure that people were kept safe. However, we found no evidence of fire drills since 2015. We discussed this with the registered manager who assured the inspection team regular fire drills have happened, but they were not sure where the documentation of these drills were. Shortly after the inspection the registered manager provided copies of fire drills carried out. However, we noted the last fire drill was completed in November 2016. We also received copies of fire drills conducted shortly after the inspection.

We recommend the registered provider reviews the latest fire safety guidance for care homes.

All areas of the service were clean and tidy. People and relatives told us they thought the home was clean. There was a cleaner present throughout the day of inspection and a team of laundry staff. We saw infection prevention and control policies and procedures were in place. Staff were seen wearing protective clothing

such as disposable gloves and aprons when carrying out personal care duties. Hand-washing sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This meant people were protected from the risk of infection and cross contamination when receiving personal care.

Requires Improvement

# Is the service effective?

## Our findings

At the last inspection in September 2016 we made a recommendation that the home reviewed best practice guidance in relation to the environment to promote the health and wellbeing of people who are living with dementia. At this inspection we found a number of positive alterations to the environment had been implemented to ensure this was suitable for people who were living with dementia.

Each unit had been designed with a number of differing themes depending on the people's needs. We saw interactive puzzles on the wall, containing locks and chains, which can be good for keeping a person with dementia engaged and interested. Memory boxes were outside some of the people's bedrooms and contained photographs of the person, chosen by themselves or family members. Walls were decorated with colourful transfers and there were framed pictures of old, local scenes. Again these assisted with engaging people in conversation as many people living on the unit were local and identified with the places in the pictures a member of staff told us.

We saw that people's bedrooms had been personalised with family photographs and ornaments. Each of the units had access to a small secure enclosed garden in which people could access and smoke if they wanted to. We saw consideration had been given to the design and layout of each of the units and attempts had been made to improve the décor to make it more homely. We saw areas of the home had dementia friendly signage to help people orientate themselves and consideration had been given to colours and aromatherapy products to help with moods and senses.

Information in the communal areas was current, for example the clock was at the correct time and the whiteboards gave the correct day and date. This is important, particularly for people who are living with dementia, to enable them to orientate themselves and maintain their independence through daily routines such as meal times.

There were assessments and care plans related to all aspects of people's health and wellbeing and the records we saw showed that people's health was monitored, and any changes which required additional support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed. Prior to our inspection we spoke with a healthcare professional who felt there was a breakdown in communication in relation to specialised equipment not being ordered in a timely manner by the home for one person. We discussed this further with the deputy manager who wasn't aware the healthcare professional had concerns about the response time of the home. A safeguarding meeting had been arranged and we will review the outcome of this meeting once concluded.

We asked people what they thought of the food at Moston Grange Nursing Home and the feedback received was mostly negative. Comments included, "The soup today was awful but they're making me beans on toast instead", "The food's rubbish, I don't like it at all and I've never been asked about what I'd like", "I'm getting

a bit bored of the meals, same thing all the time but they do try to oblige me and change things a bit like I get fed up of jacket potatoes so they make me a salad" and "The food is adequate." We discussed this area with the registered manager who commented they have always completed mealtime experience surveys and feedback received was generally positive about the food on offer. However, the manager confirmed this area would be discussed again with people to make the necessary improvements.

Meals were prepared in the main kitchen of the home which was located in a separate building on the same site. Once meals had been prepared they were sent across to units in heated food trolleys. The most recent local authority food hygiene inspection was in February 2017 and Moston Grange Nursing Home had been awarded a rating of 5 stars which is the highest award that can be given.

We observed the lunchtime experience in four of the five units during our inspection. We saw the tables in each dining room had tablecloths, but not all dining rooms had place settings or napkins.

People were offered a choice of drinks and the lunch time options on offer were sandwiches or soup. We did note that whilst some staff were caring, others were task focused and there was very little interaction between the staff and the people living in the home. This practice differed depending on the unit and in Woodside unit we observed positive interactions between staff and the people. However, again the overall impression was that lunch time was task orientated rather than a social event. People drifted in and out which made the whole experience fragmented rather than a time when people came together as one and enjoyed a meal. We discussed our observations with the registered manager who confirmed this area would be reviewed to ensure the meal time experience for people is one of an enjoyable event. We will review this at our next inspection.

We saw records for managing special dietary requirements, likes, dislikes and allergies had been completed for everyone living in the home. We saw evidence of diet and fluid charts for people who required monitoring in these areas; these were also complete and up to date. Records were kept regarding the amount that people ate and drank when they were at risk nutritionally and we found that they were completed consistently.

People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a general practitioner.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

New mental capacity forms had been introduced and were kept in people's care plans. These clearly assessed a person's capacity to make decisions. If a person was assessed as not having capacity, best interest decisions forms for each separate decision to be made were completed, for example consent to a person's care and treatment, safety in bed (use of bedrails or sensor pads) or use of a hoist.

Where people had been assessed as not having capacity to consent to living at Moston Grange Nursing

Home a DoLS application had been made to the relevant local authority. We saw the registered manager regularly contacted the local authorities for an update on the progress of the DoLS applications. Where DoLS had been authorised by the local authority a copy was filed centrally and in people's individual care files.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We noted three people who lacked capacity to make decisions for their care and treatment had a form in their file entitled 'sharing information', this was predominantly completed to allow health professionals to access people's care files with their consent. However, we found all three sharing information forms had been signed by the person's family member on their behalf. We found no documentation on file to confirm the family members had Lasting Power of Attorney (LPA) for health and wellbeing to confirm they were legally authorised to sign the sharing information form. Under the MCA a relative cannot give consent on behalf of a person who lacks capacity to consent themselves. The only exception is if the relative or representative has been granted a LPA or an appointed deputy for health and wellbeing. In the absence of that, there must be a best interest's decision. The MCA Code of Practice gives advice about how to reach such a decision. We discussed this area with the registered manager during the inspection and they confirmed all sharing information forms will be reviewed and request LPA documentation for people if applicable that lack capacity to ensure the MCA is correctly adhered to. We will review this at our next inspection.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. The manager told us that new members of staff were given a mentor who would be a more senior member of staff and they would go through the essentials and they would complete the mandatory training within the first few weeks of employment. They would also shadow for at least a week before starting on shift.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; MCA and DoLS; control of substances hazardous to health; infection control; dementia awareness; and health and safety. The registered manager received a training profile prior to the agency staff working at the home to ensure agency staff had the necessary skills to work at the home.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff members we spoke with told us that they received on-going support, supervision and appraisals. The manager told us that staff received regular supervision. We viewed the records and could see that this was taking place regularly.

Requires Improvement

# Is the service caring?

## Our findings

Everyone we spoke with said the staff were caring and kind. People told us, "It's alright here, the staff are nice", "[Staff Name] is one of the best staff here. He's really great", "They (care staff) do look after us here" and "The staff are nice, but we see a lot of different faces,"

Staff told us they got to know people by chatting to them and their relatives, through checking people's care plans and speaking to staff who knew people well. We found some staff that knew what was important to people, but we also observed one agency staff member not consistently using this knowledge to support one person during their day to day care. For example, on the first day of our inspection we observed one staff member purposely blocking a person from leaving the dining room to access the garden area. The staff member continually followed this person until they sat back down to have their lunch. We viewed this person's care plan which clearly recorded staff should not physically stop this person from walking around the home as this may cause the person to become distressed and agitated. We also observed on the second day another staff member was sat in one of the units with their arms folded and legs stretched out and didn't provide any communication to the two people sat close by.

We saw there were occasions on the Hollybank and Deanvale units when staff focused on tasks associated with caring for people, but did not take opportunities to interact with people. For example, we saw on the first day of our inspection one person was supported by a staff member to eat. There was no conversation or eye contact from the staff member. The person was living with dementia and found it difficult to communicate, but the staff member did not attempt to offer encouragement or reassurance to with the person. We saw the mealtime was treated as a task rather than an opportunity to spend time with the person so they felt valued.

During the inspection we raised these poor observations with the registered manager who assured us this was not the recognised practice within the home and these incidents would be investigated further.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13 Safeguarding service users from abuse and improper treatment. The registered provider did not ensure people were treated with dignity and respect.

We saw staff assisting people to mobilise around the home whilst allowing people to do as much as they could with minimal assistance. This was a good example of how the service respected and promoted people's independence to increase their sense of wellbeing and confidence.

People looked well presented in a clean, well-cared for way, which evidenced that personal care had been attended to and individual needs respected. People were supported to dress with thought for their own individual needs. We noticed that at one point a person's clothes had food on after having their meal. Staff attended to this with thought for the person's privacy and dignity.

As part of our inspections we look at how well people are supported at the end of their lives. The registered

manager told us she has recently completed the Gold Standards Framework (GSF) in end of life care along with two other members of staff. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers. The registered manager confirmed this training would be cascaded down to the staff team once a training plan had been devised.

The care plans we looked at did not contain information about any particular preferences a person may have at the end of their life or how they wanted to be looked after. The provider was in the process of incorporating an end of life section with the new care plans that had been developed. We will review this area at our next inspection.

We saw people had independent advocates involved in their review and planning meetings with social services if they did not have family members who were involved and could advocate on their behalf.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection in September 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to a lack of proper care assessment, planning and review of care records. At this inspection we found some improvements had been made, however we continued to find inconsistencies with the recordings of one person's blood glucose levels and found a new breach of breach of regulation 12.

At this inspection we saw that the provider was in the process of changing the care planning framework and were part way through this process with a deadline of completion set for the end of July 2017. Care plans were developed detailing how individual needs and conditions should be supported and met by staff. We saw in people's care plans their health and personal support needs and preferences were clear and personal information was included. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. There were also management plans in place to support specific conditions such as asthma, mental health needs, recurring infections and positive behavioural support plans when applicable. There was a consistent approach being taken when writing care plans. Reviews of care plans were being done on a regular basis.

However, in one person's care plan we noted there had been a discrepancy in a person not having their blood glucose levels monitored by the home. This person was diabetic and within their care plan it stated 'nursing staff need to check my blood sugar at least twice a month to see if it is under good control'. We did not see any evidence to show this was being implemented. We discussed this further with the nurse on duty and when we checked, the last time blood glucose had been monitored was in December 2016 by the community diabetic nurse. The nurse contacted the GP surgery and they confirmed their records showed the same date. The surgery records also required blood glucose sugars to be checked every three months by the community nurse, but this had also been overlooked which meant there had been no monitoring of this person's blood sugars for over six months which could have had serious consequences for the person's health and welfare. The monitoring of blood glucose can be a beneficial part of diabetes management. As part of the day-to-day routine it can help with necessary lifestyle and treatment choices as well as help to monitor for symptoms of hypo- or hyperglycaemia. Monitoring can also help the healthcare team to alter treatment which in turn can help prevent any long-term complications from developing.

Additionally, we found in another care plan it stated one person received their food intake via a Percutaneous Endoscopic Gastrostomy (PEG) feed. A PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation). Within the care plan, it stated the PEG should have been rotated every day and this was confirmed by the nurse in charge, however no records were kept to show this action had been taken. Although the nurse on duty assured us this was done daily, the lack of recordings in this area did not provide clear assurances this had been done on a daily basis.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Regulations Safe care and treatment as the provider did not have appropriate care systems in place to provide safe care and treatment for people living in the home.

There was a keyworker system in place, which meant that a named carer was assigned to each person. Part of the keyworker's responsibility was to ensure that the person had a supply of toiletries, new clothes as needed, escort people on outings and liaise with family members.

At the last inspection in September 2016 we found scheduled activities were not always taking place. At this inspection we found improvements had been made, however people still felt the activities could be improved even further.

We spoke with the deputy manager who told us they had been trying to develop the activities programme in the home, to provide people with more stimulation and occupation and this was still 'work in progress.' We noted the provider employed two full time activity coordinators who worked across the five units. The provider was also actively pursuing to recruit a third activity coordinator. The home had recently introduced a monthly theme within the units to celebrate cultures and current events. At the time of our inspection the homes monthly theme was Wimbledon. People were encouraged to participate alongside the activities coordinators to decorate the notice boards within the home of the monthly theme. The home recently introduced a new activity called aromatherapy sessions. We noted these sessions were very well attended and people found these sessions useful. One person commented, "I do like the therapy sessions, it makes me feel calm."

Noticeboards in the home advertised a comprehensive programme of activities, with morning and evening activities displayed for each unit. Some of the activities available were, arts and crafts, book club storytelling, cognitive stimulation therapy group, Monday afternoon tea and bingo. The provider, at the time of the inspection, had access to two mini buses. We noted the activities coordinators used the transport regularly for trips out in the community.

However, during the inspection we received a varied response to the activities on offer at the home. These comments included: "I've never been asked what I'd like to do. I understand that some people are not mobile and not very able but it's boring when there's not a lot to do. Even the lounge is a bit boring, there's nothing to look at", "There's not much to do but I like to read", "I don't really do anything or go anywhere. I come down to the lounge to watch TV" and "I would love to go on trips out, but they don't appear to have a car or bus to take us on."

Residents' meetings were held to enable people to comment on the care and activities provided at the home. We noted from the minutes in July 2017 people wanted to access the community more often, it wasn't clear from the minutes if this suggestion would be taken further. We discussed these comments with the registered manager who commented that activities have greatly improved and would take this feedback on board and to communicate more with the people to ensure trips can be planned out in the community. We will review this area at our next inspection.

People and their relatives were aware of how to make a complaint. The organisation's complaints procedure was on display in the service. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team who would respond appropriately to this. A complaints file was available to view, which confirmed there had been two complaints made in the last 12

months. We noted these complaints had been dealt with in a timely manner.

Requires Improvement

# Is the service well-led?

## Our findings

The service had a registered manager in post at the time of our inspection who was supported by two deputy managers. 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 management team engaged positively in the inspection process and we observed staff referring to them by their first names. Staff we spoke with confirmed the management team were friendly, approachable and supportive. Comments from staff included, "I feel comfortable to approach the deputy manager, she always answers with a smile", "The deputy manager is very approachable, she is on the unit all the time", "The manager is very professional and accommodating, I can approach her, my supervision was actually prompted with a discussion I had with her" and "I feel we have really moved on here from where we were mainly because we get better support now from the management."

We looked at the systems in place to monitor quality of the service. We saw evidence of audits related to medicines, health and safety, wheelchair checks and care plans. Monthly spot checks were also completed of the environment and infection control. Actions were identified from the audits for each unit, with actions followed up by the registered or deputy managers.

Although we found a number of audits in place and action plans devised, the quality assurance system in place had failed to identify the issues raised throughout this report. For example, the registered manager advised that they no longer carried out daily 'walk round' audits having delegated this to the deputy managers. We noted from our observations during the inspection examples of poor staff practice and the meal time experience not being enjoyable for people. Service users consulted with felt that improvements were needed in areas such as the use of agency staff, the menu and the quality of food provided and the activities on offer.

Furthermore, we noted audits covering care planning and health and safety had failed to address the areas identified during our inspection. For example, we looked at the arrangements in place for auditing people's care plans. We found these audits did not accurately pick up on the required information people needed to keep them safe as the provider wasn't aware the person had not had their blood glucose monitored for over six months. We requested copies of fire drills on several occasions throughout the inspection, evidence of these audits could not be located during the inspection and although provided later, this had not been identified as an issue in the providers health and safety audits. This evidences that the systems in place to ensure quality and the governance both at provider and local level were not effective.

We concluded this was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

During the inspection we spoke to the head of contracts and compliance for the provider who discussed a number of key changes that were in the process of being incorporated at Moston Grange Nursing Home. One of these keys changes was the introduction of the multi-disciplinary team (MDT) from one of the providers other specialised services, which will be open to people who were in crisis at the home to be assessed by a clinical psychiatrist in a timely manner. The aim of this intervention is to speed up the process for assessment and treatment of people.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The provider strived to involve and inform people as much as possible in the running of the service. For example, we saw a number of surveys were sent to people who used the service and their families. These included a service user experience survey. We also saw the minutes of residents' meetings. This meant the home strived to ensure people and their relatives were involved in decisions about the running of the home and were encouraged by the service to provide feedback.

The service also held culture and values group meetings. These meetings were introduced to challenge perceptions and preconceived ideas staff have about each other and as a way of trying to get staff to think more positively. It also showed that promoting staff morale was important to the manager. This meant the home was committed to ensuring staff understood and respected each other as well as the people they supported. The provider also produced an annual equality report. We viewed the latest report dated June 2017 and found the provider's purpose of producing this report was to demonstrate the ways they were meeting the requirements of the Equality Act 2010 and to make recommendations as to how they can continue to improve. We found this comprehensive report looked at a number of key topics such as: the workforce, recruitment, grievance and disciplinary, equal pay, employee surveys, equality and diversity training, reasonable adjustments, monitoring the experiences of our service users and access for our service users.

The provider produced an annual risk management strategy report. The purpose of this report was to analyse all accidents and incidents across the provider's locations to determine any themes and trends. We found this report clearly recorded actions that had been taken to reduce the level of accidents and incidents by at times increasing the staffing levels. This ensured the safety and wellbeing of the people living at the home was considered by the provider.

The registered manager understood their responsibilities as a manager registered with the Care Quality Commission in relation to reporting significant information and events, such as notifications of deaths, serious injuries and any safeguarding issues.