

Care Concern Yorkshire Ltd

Moorfield House Nursing Home

Inspection report

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West Yorkshire
LS17 6HW

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Date of inspection visit:
25 April 2019
09 May 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service: Moorfield House Nursing Home is a nursing home that was providing personal and nursing care to 49 people at the time of the inspection. Care was provided to people who were accommodated in two separate units. One for older people and one for people with physical disabilities.

People's experience of using this service: We identified a number of concerns relating to fire safety which put people at risk of harm. Following our inspection, we contacted the fire service and they visited the service and issued an enforcement notice.

Systems were in place to monitor the quality of the service. However, these were not robust and had failed to identify the issues we found. Where audits identified areas for improvement we saw action was not always taken.

Issues relating to records were identified. Each person had a range of care plans which were detailed and included how they wished to be cared for. However, these differed between the two units and were not always completed and reviewed in a timely manner.

People told us that they were happy at the service. They gave examples of how staff supported them to remain as independent as they could be.

People and their relatives told us staff treated them well and with kindness and respect. Relatives said they were always made to feel welcome when visiting their family member.

Medicines were managed safely. Guidance was in place to ensure people received their as required medicines when they needed them.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff, to reduce the risk of further occurrences.

Staffing numbers were sufficient to keep people safe. The provider followed safe recruitment procedures to ensure staff employed were suitable for their role.

People's needs were assessed and care provided in line with their preferences. Staff completed an induction when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access other health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt supported and received supervision and appraisals of their performance. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission and external agencies.

Rating at last inspection: At the last inspection the service was rated Requires improvement (report published 24 April 2018). This service has been rated requires improvement at the last three inspections.

Enforcement: We have identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the safety and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

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 always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Moorfield House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we liaised with the local authority safeguarding team and commissioners of the service. We did not ask the service to complete a Provider Information Return before 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.

During the inspection, we spoke with five people who used the service and two 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, activity and maintenance staff and the cook. Throughout the inspection we liaised with the registered manager and the deputy manager.

During the inspection we reviewed five staff recruitment files, five people's care records and medication administration records. We also looked at records relating to the management of the service. We spoke with two visiting professionals.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not been met.

Assessing risk, safety monitoring and management

- Fire safety systems at the service were not safe and people were placed at risk of harm.
- We identified issues relating to fire safety which we reported to the registered manager and West Yorkshire Fire Service immediately.
- Personal emergency evacuation plans did not contain enough guidance to enable staff to support people safely in the event of an emergency.
- The provider had failed to ensure the safety of the premises. A gas safety warning notice and two unsatisfactory electrical safety certificates had not been addressed.

The provider's failure to ensure the premises were safe put people at risk of harm. This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided us with dates for completion of the works at the end of our inspection.

Staffing and recruitment

- Staffing levels were adequate and met the needs of people using the service.
- In response to the fire safety concerns identified, the provider was instructed by the fire service to provide an additional staff member at night. This was to ensure the safety of people using the service.
- People and their relatives told us there were enough staff on duty. People said their needs were met in a timely manner and staff were responsive to their requests for assistance.
- The provider recruited staff safely. Nursing staff had their registration checked to ensure their registration was up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. Comments included, "I am very safe here; the staff are always checking on me" and "I feel very safe. I do not have any worries about my safety."

Using medicines safely

- Peoples medicines were managed safely.
- Staff knew how to ensure people received their 'as required' medicines when they needed them.

- Staff were trained and had their competency checked to ensure they were safe to administer people's medicines.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff followed good infection control practices.
- Staff were provided with gloves and aprons to use to help prevent the possible spread of infection.
- Hand washing facilities were available for staff around the service. Visitors were encouraged to use hand sanitizers when they entered the building.
- Staff were aware of the reporting procedures for accidents and incidents.
- Accident and incident analysis was carried out regularly by the management team to identify themes and trends.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and preferences in relation to their care and planned care based on this.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.
- People were supported to have access to a range of healthcare professionals. Where healthcare professionals had recommended equipment for people, the provider ensured this was obtained.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us they completed an induction before they started working with people. Records confirmed this.
- Some staff had not completed refresher training in a range of training subjects the provider deemed mandatory. This included health and safety and manual handling. The registered manager told us they were addressing the shortfalls in training.
- Staff had received regular supervision and an appraisal of their work performance.
- Regular team meetings were held and staff told us they felt supported by the management.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. They sought the advice of specialist professionals when they identified a need.
- People told us they enjoyed the meals and snacks, including homemade cakes were offered between meals.
- Where people were able to, they planned and cooked their own meals. One person told us they enjoyed being independent and planning menus.

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

- The premises were divided to provide care across two units. One unit was for elderly people and the other for people with physical disabilities. The layout of the communal area for people with physical disabilities was a small space and did not always allow for people to move around freely. We discussed this with the registered manager. They told us they would review the layout when improvement works had been completed.
- People had the opportunity to personalise their own rooms with items which were special to them. Some areas of the premises were undergoing improvement works.

- People had access to outside space to enjoy during warmer weather.

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

- Staff worked closely with healthcare professionals such as GPs, dieticians and mental health professionals. Their advice was included in people's care records.
- Health and social care professionals provided positive feedback about the service. One health professional advised, "There is an established staff team here and the nurses are very good at communicating with us." Another told us, "We have no concerns. The staff follow our guidance and the records are always well maintained. The deputy manager is very organised."

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA. People were supported wherever possible to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. The registered manager tracked pending applications on a regular basis with the local authority.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff responded to people with kindness and patience. It was clear that warm and genuine relationships had been formed between people and staff. People and staff laughed together and there was a happy, calm and relaxed atmosphere.
- People told us staff treated them well and with kindness. Their comments included, "The staff are very good here; they are very attentive, and I believe they work in our best interests. I have a good quality of life here."
- Relatives were complimentary about the staff team. Comments included, "Staff appear to know people well. I do get that impression when I visit. The staff are always encouraging people and you see them spending time with people and taking time to ask them how they are."

Supporting people to express their views and be involved in making decisions about their care

- People's life histories were included in their care records. This enabled staff to provide person centred care based on people's experience and preferences.
- People had opportunities to make choices. They were asked by staff what they would like to eat or drink and where they would like to spend their time.
- There were details available for people relating to accessing advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us, "Staff are respectful and treat me as I want to be treated."
- People told us staff respected abilities and promoted their independence. People were accessing the community and making plans for their weekends.
- People were care for in line with their preferences. For those who wished to receive care from one gender of staff, the service ensured this happened.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations have not been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Standards of record keeping were not consistent throughout the service.
- Care records on the unit which accommodated people with physical disabilities were not well organised, updated or reviewed.
- Support plans were not always fully completed for people with physical disabilities. Areas of goal setting for two people were not completed. Care plans for moving and handling did not always contain the details of equipment to be used by staff.

The failure to ensure records were comprehensive and up to date demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service employed three dedicated activity staff members which ensured a range of activities and entertainment for people was planned and facilitated. People told us there were enough activities available for them.
- The provider understood the requirements of the Accessible Information Standard and had implemented this at the service.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure to advise on how to make complaints and concerns. This was displayed in the reception area of the service.
- Information regarding the investigation and response to complaints was held by the registered manager. Records showed the provider policy was followed when complaints were handled.
- People and their relatives told us they knew how to complain.

End of life care and support

- People's care records identified if they had specific wishes about how they wanted to be cared for at the end of their life.
- The provider worked closely with other organisations to make sure people received the support and treatment they wished for at the end of their lives. This included links they had established with a local hospice that had provided training for staff.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

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

- The provider had a quality assurance system in place to monitor the quality of the service. However, this was not robust as it had not identified the issues we found.
- Issues we identified included fire safety concerns, gas and electrical safety of the premises and an inconsistent approach to record keeping.
- Audits had been carried out across the service. Where shortfalls were identified, these were not always actioned. For example, a care plan audit in April 2019 identified issues which required attention. Action had not been taken to address these.

The failure to ensure robust monitoring of the service demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the deputy had a visible presence in the home. They knew people, their needs and their relatives well.
- The registered manager and staff understood their roles. There was an open and transparent culture where people were empowered to raise concerns if they felt this was necessary.
- Staff were able to escalate any concerns or queries and found the registered manager was approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had established forums in place to communicate with people, their relatives and staff.
- The registered manager positively encouraged feedback from people and staff and acted on it to improve the service. For example, people were asked which activities they preferred and their views about the meals provided.
- Health professionals provided positive feedback about the service. One told us, "This is a good service; the nursing staff are very good with communication. I think they work well as a team."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- The service involved people in day to day discussions about their care in a meaningful way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured the premises were safe. This included gas, electrical and fire safety. This put people at risk of harm.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have robust governance arrangements in place.
Treatment of disease, disorder or injury	
	Record keeping across the service was inconsistent.