Moorlands (Strensall) Limited

Moorlands Care Home

Inspection report

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Strensall
York
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Tel: 01904491694

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22 June 2016

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Moorlands Care Home provides nursing care for up to 68 people who may be living with dementia, a disability or require end of life care. The home is situated in a residential area of the village of Strensall a short drive from York.

The home is divided into two units; the Jasmine Unit provides nursing care, whilst the Lavender Unit provides nursing care for people who may also be living with dementia. All accommodation is on the ground floor and people living on both units have access to a small courtyard. There is a large car park at the front of the home.

The inspection took place on 15 and 22 June 2016. The inspection was unannounced. We previously inspected the service on the 18 January 2016 and identified three breaches of regulation. These included breaches in regulations governing the safe management of medication, meeting nutritional and hydration needs and good governance. Due to the severity of our concerns we rated the home as 'Inadequate' and the home was placed in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, are inspected again within six months.

This inspection was planned to check whether the registered provider had taken the necessary steps to address our concerns.

There were 28 people using the service at the time of our inspection with 13 people in the Jasmine Unit and 15 people in the Lavender Unit.

During our inspection we found that, although some improvements had been made, there had been insufficient progress and there were still outstanding concerns about the care and support provided at Moorlands Care Home. Because of this, Moorlands Care Home remains in 'special measures' and we will report on any enforcement action we have taken in response to these concerns at a later date.

The system used to ensure medication was managed and administered safely was not robust enough.

This was a breach of Regulation 12 (2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not robust systems in place to respond to accident and incidents or manage safeguarding concerns. This placed people using the service at increased risk of harm and showed us that the registered provider had not taken all reasonable steps to manage risks.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent to care and treatment was not always sought in line with relevant legislation and guidance. The Deprivation of Liberty Safeguards (DoLS) had not been used in a timely manner to prevent possible unlawful deprivations of liberty.

This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and support provided was not person centred and we were concerned about the lack of meaningful stimulation and interaction for people using the service. Staff were not always responsive to people's needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were on-going issues and concerns regarding the quality of the care and support provided at Moorlands Care Home. The registered provider had failed in their responsibility to ensure compliance with the regulations and there had been multiple breaches in regulations for three consecutive inspections of the home. This showed us the home was not well-led.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We are currently reviewing what enforcement action to take in response to these breaches in regulation.

The registered provider is required to have a registered manager as a condition of registration. 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. At the time of our inspection the home did not have a registered manager in post. A new manager had been recruited and started working at the home in March 2016. The Care Quality Commission had received an application for this manager to become the home's registered manager in June 2016 and this application was being processed at the time of our inspection.

During the inspection we found that there were sufficient staff to meet people's needs.

People received effective support to ensure they ate and drank enough. We received largely positive feedback about the new chef and the quality of the food provided.

The manager was in the process of ensuring staff training and supervisions were up to date and we have made a recommendation about this in our report.

We found that people were not always supported or encouraged to make decisions and have made a recommendation about this in our report.

We found that a more robust system was needed to record compliments, complaints, comments and concerns and have made a recommendation about this in our report.

We received generally positive feedback about the new manager and the changes they had made in the three months that they had been working at the home.

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.

There was sufficient staff on duty to meet people's needs.

However, we were concerned that there were not robust systems in place to respond to accident and incidents or manage safeguarding concerns. This placed people using the service at increased risk of harm.

The systems in place to manage medications were not always safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and supervision to support them in their roles; however, not all staff had completed the registered provider's training programme.

People using the service received appropriate support to ensure they ate and drank enough. We received positive feedback about the food provided at the home.

Consent to care and treatment was not always sought in line with relevant legislation and guidance. We were concerned that systems in place to prevent unlawful deprivations of liberty were not effective.

Is the service caring?

Requires Improvement

The service was not always caring.

We received mixed feedback about the caring nature of staff. People using the service told us that staff did not always talk to them.

People were not always supported and encouraged to make decisions and we were concerned that staff did not always respect people's wishes and views.

Is the service responsive?

Inadequate

The service was not responsive.

Care and support provided was not always person centred and we were concerned about the lack of meaningful stimulation for people using the service.

There was not a transparent system in place to manage and respond to complaints.

Is the service well-led?

Inadequate

The service was not well-led.

The home had a new manager and we received positive feedback about the changes they had made.

However, there were on-going issues regarding the quality of the care and support provided at Moorlands Care Homes which had not been fully addressed.

Moorlands Care 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 registered 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 15 and 22 June 2016 and was unannounced. On the first day of our inspection, the inspection team was made up of two Adult Social Care Inspectors and an Inspection Manager. On the second day of our inspection one Adult Social Care Inspector and one Inspection Manager returned to the home.

Before our inspection, we spoke with the local authority to gain their feedback about the service provided at Moorlands Care Home. We also looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We did not ask the registered provider to complete a Provider Information Return (PIR) prior to our visit. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with ten people using the service, seven visitors (who were their relatives or friends) and three health or social care professionals. We spoke with the operations director, two service managers, the manager, deputy manager, two nurses, six care workers, the activities coordinator and a cook.

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 observed interactions throughout the day between staff and people using the service. This included observations of lunch being served on both the Lavender and Jasmine units. We also carried out a tour of the premises and, with permission, looked in people's bedrooms.

We looked at care plans and staff recruitment files. We reviewed records relating to the running of the home, this included records relating to the management of medication, meeting minutes and records used to monitor the service which included health and safety, maintenance records and quality assurance checks.

Requires Improvement

Is the service safe?

Our findings

During our last inspection of the home in January 2016, we found that the support provided to ensure people received their prescribed medication was not effective and this increased the risk of medication errors occurring. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked whether these concerns had been addressed and whether the registered provider was now compliant with this regulation.

We reviewed the systems in place to ensure people using the service received their prescribed medicines. The registered provider had a medication policy and procedure in place to guide staff on how to safely administer medicines. However, the manager confirmed that none of the nurses responsible for administering medication had completed medication training whilst working at Moorlands Care Home. On the first day of our inspection, we identified that medication competency checks were not completed. Medication competency checks usually involve an observation of staff's practice and are important to ensure that staff are administering medicine safely. The manager told us that some nurses had completed medication training with their previous employers; but we were concerned that without in-house training or medication competency tests, the registered provider had not taken sufficient steps to ensure staff had the necessary skills to administer medicines safely. On the second day of our inspection, the manager had addressed our concerns and competency checks had been completed.

We found that medicines were stored securely. New locks had been fitted to the treatment room doors so that only staff responsible for administering medicines had access. Records showed that appropriate checks were completed to ensure medicines were stored at the correct temperature.

Medicines were supplied by the pharmacy in a monitored dosage system. This contained a 28 day supply of that person's medicines, colour coded for the time of administration. Medicines were supplied with printed Medication Administration Records (MARs) used by staff to record medicines given to people using the service. Our checks of MARs showed that they were completed correctly. However, we identified concerns around records kept with regards to topical creams. We found a number of gaps in records where staff had not signed to record that they had supported people to apply their topical creams as prescribed. We also found that the name of the cream was not always recorded on the corresponding body map. Body maps are used to guide staff as to what part of the body topical creams needed to be applied. This could lead to creams being applied to the wrong part of the body.

We carried out random checks of medications in stock. We found that recorded stock levels were accurate for all but one of the checks we completed, where we found a discrepancy of two tablets between the levels in stock and the recorded stock level. We spoke with staff who could not account for this discrepancy.

Some prescribed medicines are controlled under the Misuse of Drugs legislation. These are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and appropriate records were kept by staff to record when these were given.

We found that concerns identified at our last inspection around the use of 'homely remedies' had been addressed. Homely remedies are medicines that do not require a prescription and can be administered by the nurse on duty as needed. We found that accurate records were kept of when and to whom this medicine was given to and our checks showed that accurate records were kept of medicine in stock. However, we noted that Lactulose was being given as a homely remedy, but was not included in homely remedies policy. This was not following best practice guidance.

We reviewed records relating to the use of 'PRN medicines'. These are medicines that are prescribed to be taken as required. We found examples where there was insufficient information or guidance to staff around how this medicine should be used. For example, recording 'when required', but providing no further details or guidance to staff around when this medicine should be given. We found that one person's records around PRN medicine given were not appropriately completed. We spoke with the manager and regional manager who told us that this was a training issue around records and nurses understanding of the use of PRN medication. We were concerned that PRN records did not support staff to safely administer this medicine. We were told that training would be provided to all nurses and that PRN guidance had been given to staff and the medication policy reissued. The regional manager told us that they were introducing a new PRN protocol and would update all care plans around the use of PRN medication.

We concluded that systems in place to ensure the safe administration of medication within the home were still not effective.

This was a breach of Regulation 12 (2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people using the service if they felt safe living at Moorlands Care Home and with the care and support provided by staff. Comments included "I do feel safe, I've got my buzzer", "Oh yes I feel safe enough" and "I feel safe. It's a lot better now than it was as it was terrible before – they're improving things."

The registered provider had a safeguarding vulnerable adult's policy and procedure in place to support staff to identify and appropriately respond to safeguarding concerns. Records of training completed showed that 24 out of 41 staff had received safeguarding vulnerable adults training. The manager told us that training was on-going to address these gaps in staff's training.

Staff we spoke with described some of the types of abuse they might see working in a care home and consistently told us that they would speak to the manager if they identified any safeguarding issues. However, we were concerned that an incident had not been appropriately identified as a safeguarding concern and, as such, the local authority safeguarding team had not been informed by the home's manager. This showed that there were not robust systems in place to identify and respond to safeguarding concerns to keep people using the service safe. We were also concerned that the manager had failed to notify the Care Quality Commission (CQC) of the safeguarding concerns once a safeguarding alert had been raised by a visiting professional. We spoke with the manager who accepted that they should have notified the CQC regarding this incident.

We reviewed the systems in place to identify and manage risks to keep people using the service safe. We saw that people's needs were assessed, the level of risk identified and risk assessments put in place to guide staff on how to support people safely. We saw that risk assessment tools, including choking risk assessments and fall risk assessments, were used and updated regularly to determine the level of risk to people using the service. Where there were specific concerns, for example around people's falls risks, we saw that steps were taken to manage and reduce these risks. This showed us that there were systems in place to reduce risks

and promote people's safety.

We saw that where accidents or incidents occurred, a record was completed to detail what had happened and any immediate action taken. However, we were concerned that accident and incident forms were not consistently reviewed by a senior member of staff or the manager to ensure that appropriate action had been taken to prevent a similar reoccurrence. On the first day of our inspection, the manager told us that there was no formal system to analyse accidents and incidents to identify patterns or trends. We were concerned that because of the lack of management oversight following accidents and incidents, appropriate action was not always taken.

Records showed that fire drills were held to ensure that staff knew how to respond in the event of an emergency and Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who may require support to leave the premises in the event of a fire. However, we noted that PEEPs were stored in individual people's files and not held centrally for easy access in the event of an emergency. We spoke with the manager and they addressed these concerns. We also noted that at the last fire drill, held in May 2016, concerns had been recorded that staffs response was poor and more frequent drills were need to improve the response. We were concerned that further drills had not been scheduled since this time to resolve this issue.

These examples demonstrated that the registered provider had not done all that was reasonably practicable to mitigate risks.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks were completed on the home environment and equipment used. We saw documentation and certificates which showed that checks had been carried out on the electrical installation, gas services, portable electrical equipment, the nurse call bell system and lifting equipment including hoists and slings. We saw that a fire risk assessment was in place and regular checks of the fire alarms, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment. However, we also noted that some storage cupboards including a cupboard that contained hazardous cleaning chemicals were not always locked and this posed a risk to people using the service.

The registered provider had a business continuity plan and an emergency contingency plan for Moorlands Care Home. These showed us that consideration had been given as to how staff would continue to meet people's needs in the event of an emergency.

New staff we spoke with said that they had an interview, provided references and had to complete a DBS check before starting work at Moorlands Care Home. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. We reviewed eight staff files and saw they evidenced that appropriate checks were completed to ensure only people considered suitable had been employed.

We reviewed staffing levels within the home. The manager told us that normal staffing levels were seven care staff and two nurses on duty during the day and one nurse and four care staff on duty at night. The clinical lead, who was also the home's deputy manager, was supernumerary to provide additional advice,

guidance and support where necessary. The manager showed us a dependency tool they used to determine staffing levels and to ensure that there was sufficient staff on duty to meet people's changing needs.

The manager told us that there was on-going recruitment to employ permanent staff and reduce the use of agency staff within the home. We found that agency nurses had been used to cover eight shifts and agency carers to cover nine shifts between the 6 and 17 June 2016. This was a decrease in the level of agency used at the time of our last inspection of the home in January 2016. One member of staff told us "There's a lot less agency now – they are having to use a few, but some of them are just to cover training. It used to be three or four agency on one unit; it's not like that anymore."

We asked people using the service if they felt there were enough staff to meet people's needs. Comments included "I think they do need to get a few more staff" and "No there's not enough staff, they do work pretty hard they could do with a rest they always look fatigued and tired."

Relatives of people using the service told us "There's less staff now, but enough for the number of service users" and "There is enough staff now, the staffing levels have improved, there is not as much agency as there used to be." A visiting healthcare professional told us "I find it hard to find staff when I visit. It always feels a little bit chaotic, today is the calmest it has been."

We observed that there was a calm atmosphere within the service and that care and support was provided in an unrushed way. We observed that call bells were promptly answered and not left ringing for long periods. We concluded that sufficient numbers of staff were employed relative to the number of people using the service; however, because of the size and layout of the home it could sometimes be difficult to find a member of staff. Staff told us the manager had considered moving people using the service into one area of the home to concentrate staffing levels.

We observed that the home was generally clean and tidy and did not note any unpleasant odours. A relative of someone using the service told us "It could do with a spruce up, but it tends to be clean and tidy." We noted some minor maintenance issues within the home and spoke with the manager about ensuring that handrails in corridors were sanded and varnished so that these could be properly cleaned, we noted that a number of recliner chairs were not washable and represented an infection control risk and that some areas of the home including the laundry walls and the flooring in a sluice room and a store cupboard needed to be redecorated so that they could be easily cleaned. However, we recognised that there was an on-going refurbishment programme within the home and observed that positive improvements had been made. This included redecoration with a more dementia friendly colour scheme and the introduction of dementia friendly signage. An activities board had been set up to advertise the weekly activity programme, dining room tables were set with table clothes, condiments and napkins and the entrance to the home had been re-planted to be more welcoming. We also noted that improvements had been made to the garden with raised beds, a shelter and garden furniture re-varnished.

Requires Improvement

Is the service effective?

Our findings

During our last inspection of the home in January 2016, we found that people did not receive effective support to ensure that they drank enough. We received a significant amount of negative feedback about the quality of the food provided and identified concerns that staff did not have the appropriate skills and knowledge to meet people's specific dietary requirements. This was a breach of Regulation 14 (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that these concerns had been addressed and the registered provider was now compliant with this regulation.

People using the service told us that a new chef had been recruited and commented "The food is very good – a lot better than it used to be", "Food and drink is much improved now we have a proper chef" and "The food is very good, we get enough to eat." Although feedback we received was generally positive other people we spoke with said "The food is passable, there's plenty to eat" and "The food is bad, very poor. It's uneatable most of the time."

Relatives of people using the service told us "The food has improved now, they have got a new chef and he is very accommodating" and "The food is excellent. There's a new chef. The chef cooks items to request!"

Meals were prepared in the home's kitchen and delivered in a 'hot trolley' to each unit at mealtimes. The temperature of the food was checked before meals were served. We saw that two options were provided at lunchtime, the food served looked appetising and appropriate portion sizes were provided. We observed that there was a picture menu board in each dining room and menus on each table corresponding to the food choices provided that day.

We observed that a bowl of fresh fruit and other biscuits and snacks were available in communal areas of the home. We saw that staff prompted with drinks between meals and one person using the service said "We get a cup of tea in the morning and afternoon and there are biscuits if you want them."

We saw that people's nutritional needs were assessed. Staff completed choking risk assessments, dehydration risk assessments and used the Malnutrition Universal Screening Tool (MUST) to identify the level of risk around people's food and fluid intake. We saw that catering requirement forms were completed to record people's food likes, dislikes and any allergies they had.

At the time of our inspection everyone using the service had a food and fluid chart in place so that staff could record and monitor how much they ate and drank each day. We saw that daily fluid totals were recorded and transferred onto a weekly monitoring chart, which was audited to ensure people had drunk enough each day and each week. Completed fluid charts showed that people were being encouraged and supported to drink regularly.

Food charts recorded what and how much people had eaten. People using the service were weighed each week and a record kept of whether they had lost or gained weight. These records were audited to identify

concerns regarding significant weight loss or weight gain. Where there were concerns about people's nutritional intake, we saw that fortified diets were provided or referrals made to the person's G.P or a Speech and Language Therapist for further advice and guidance. Some people using the service were prescribed supplements to promote weight gain.

We concluded that people using the service were being supported to eat and drink regularly and that people's food and fluid intake was being appropriately monitored to manage the risk of dehydration and malnutrition.

We made a recommendation following our last inspection of the home in January 2016 as staff did not always appropriately record that they had considered issues around people's consent to care and treatment in line with relevant legislation, such as the Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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). During this inspection, we checked whether the service was working within the principles of the MCA and DoLS.

At the time of our inspection, two people using the service were subject to DoLS and records showed that 16 applications had been submitted. However, we were concerned that DoLS applications were not always made in a prompt and timely manner. We found six examples where there was a gap of between nine and 34 days between an existing DoLS authorisation expiring and a new application being submitted. We were concerned that people using the service could be unlawfully deprived of their liberty during this period. We found further examples where care plans identified concerns about people's capacity to make decisions and records suggested that the care and support provided could amount to a deprivation of their liberty. However, there was a delay between this being identified and DoLS applications being submitted. It is important to submit DoLS applications in a timely manner to protect people's rights and to ensure that there are appropriate legal safeguards in place for people who are deprived of their liberty. The manager told us that there had been no system in place to oversee DoLS applications, but they were introducing a new process to ensure DoLS applications were submitted promptly in future.

We found that care plans did not consistently evidence that people had consented to the care and support provided or, where they lacked capacity to do so, that appropriate mental capacity assessments had been completed and best interest decisions had been made. A best interest decision is a decision made on someone's behalf where they have been assessed as lacking capacity to make that particular decision. For example, we found that DoLS applications had been submitted citing that the person lacked mental capacity to make all decisions, however, found no documented mental capacity assessment around this.

We found that care files contained people's photographs; however, we noted multiple examples where the corresponding record seeking consent from the person to have their photograph taken had not been completed.

These examples showed us that consent to care and treatment was not consistently sought in line with relevant legislation and guidance on best practice.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files contained details about people's health needs and the level of support required to meet those needs. We saw that care files contained a professional's visits record where staff recorded visits from various health and social care professionals, what was discussed and the outcomes of these appointments. Records showed that people were regularly visited by their G.P, a practice nurse and other healthcare professionals where necessary.

People using the service and relatives we spoke with were generally positive about the support provided to access healthcare service. However, during the inspection one relative we spoke with raised concerns that staff were not always proactive in identifying when their relative's health deteriorated and appropriately requesting medical attention.

Visiting health and social care professionals told us they were frequently asked to see people they were not scheduled to visit or asked to give advice and guidance out of their remit or on things relating to basic nursing care, commenting, "Everyone tries very hard, but there seems to be a lack of ownership of the fact they [nurses employed within the home] have nursing skills. It feels like there isn't a coordinated approach." Whilst another visiting health or social care professional relayed concerns shared by their colleagues "We do not have that trust in what we are told at times...[we are] not really shown where things are, feel that it is unsafe as the impetus is on you to find things – staff are not forthcoming." This showed us that more work was needed to develop more effective working relationships with health and social care professionals.

We reviewed the induction and training given to staff to support them in their role. We saw that the registered provider required staff to complete a range of training to equip them with the skills needed to carry out their roles. This included training on fire safety, first aid, health and safety, infection control, moving and handling and safeguarding. Certain members of staff also completed other training courses specific to their roles and responsibilities, for example, medication or wound care training.

We asked staff if the training equipped them with the skills needed to do their job, one member of staff told us "It's quite good actually; they did demonstrations as well as written work so you take it in better."

The manager showed us an updated training matrix that they used to record all training staff had completed and when this needed to be updated. We saw that there were a number of gaps in staff training. The manager told us that they preferred new staff to have completed all of the training they considered to be mandatory, before they started working in the home, however, explained that in their aim to reduce the number of agency staff used, some staff started work before completing all of this training. The manager showed us lists of training courses booked and told us that their priority was getting all staff's training up-to-date. Whilst we could see that steps were being taken to address gaps in training, records showed that further progress was needed to ensure all staff's training was up-to-date.

Staff we spoke with told us they felt supported in their roles with comments including "If I have any problems I can go and talk to [Manager's name]" and "[Manager's name] is approachable." The manager showed us a matrix they used to record supervisions completed with staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important that staff have regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. This record indicated that supervisions would be completed every two months. Records showed that 30 out of 41 staff had received supervision in April or May 2016. We reviewed records of supervisions completed and saw that the

manager used these to share information and discuss important changes that were being made in the service. This showed us that supervisions were being used to encourage and drive improvements. However, at the time of our inspection, records showed that no staff had had their June 2016 supervision meeting. The manager told us that overdue supervisions would be completed by the end of June 2016.

We recommend that the registered provider takes steps to ensure staff training and supervision is up-to-date.

Requires Improvement

Is the service caring?

Our findings

We asked people using the service if staff were caring. Comments included "The staff here are very nice, I get on with them very well", "[Staff are] very good I can't knock them" and "The staff are very good. Most of the staff are very jolly."

Relatives of told us "The carers really care. [Manager's name] knows all the residents as well" and "Some of them are very caring and interact with the residents. There are some in there that are not caring...A lot of them [staff] have been there a long time so they do know the people."

Care files contained information to support staff to get to know people using the service. We saw that care files contained sections 'about me' and 'map of life' recording important information about that person, important people to them and details of hobbies and interests. Staff we spoke with explained how they read these parts of people's care files to find out more about them. This showed us that there were systems in place to gather information and support staff to get to know people using the service.

We observed that there were planned activities during the day and saw examples where staff did engage people in positive and meaningful interaction and conversations; however, we also observed that staff spent long periods of the day providing task based care and there was not always meaningful engagement and interaction during or outside of this. We were concerned that some people using the service told us that staff did not always talk to them when providing care and support. One person using the service said "They [staff] don't all converse, but the care is good." Another person using the service told us "Staff are nearly always kind to me. I find if you are unkind to them, they are sometimes unkind to you."

At our last inspection we found that the home used a lot of agency staff and that this was impacting on the continuity of care and affecting people's ability to form meaningful caring relationships with the staff supporting them. During this inspection, we found that the number of agency staff had reduced and continuity of care was improving. Staff told us "All the staff here now want to be here for the residents. I think they [staff] do care."

People using the service told us they had control over their daily routines and were offered choices and supported to make decisions. Comments included, "I can bath, shower and get up when I want" and "The chef will do anything you want. They will come and talk to you and will say 'would you like so and so?'" These examples showed us that people using the service were encouraged to make decisions.

However, although we did observe examples where staff supported people to make decisions, this was not a consistent approach. We observed that some people using the service were given meals without being offered or shown a choice. We observed another example where a member of staff said "Come, come this way...sit down there" to a person using the service. Whilst they spoke in an appropriate tone, they did not offer this person a choice or encourage them to make their own decision and were instructive in their approach. We were concerned that care plans did not always evidence that people had been involved in care planning and making decisions about how their care and support was provided.

We recommend the registered provider reviews best practice guidance from a reputable source around how best to support and encourage people to make decisions.

People using the service did not raise concerns and told us they felt that their privacy and dignity were respected by the staff at Moorlands Care Home. We observed that personal care was provided in people's rooms and that staff shut people's doors to maintain their privacy. We observed other examples where staff respected people's privacy and treated them with dignity, for example knocking on people's doors before entering their room. However, we also observed some examples where care and support was not provided in a dignified manner. For example, we observed a member of staff standing up to support someone using the service to eat. This was not an attentive and caring way to support this person to eat their meal. We have addressed these concerns around the care and support provided at lunchtime under Regulation 9 in the responsive domain.

Inadequate

Is the service responsive?

Our findings

During our inspection we looked at records relating to the care and support provided at Moorlands Care Home. We saw that each person using the service had a care file containing assessments of need and risk assessments. These contained details about the level of support required to meet people's needs as well as details about any associated risks and how these should be managed.

Care files included sections titled 'about me', which provided basic person centred information about people's social history, hobbies and interests, and a 'lifestyle profile' with information about that person's preferred routines regarding how they liked care and support to be provided.

We saw that care files had been re-written and updated since our last inspection of the home. However, we were concerned that there was limited evidence that people using the service or their families and carers had been involved in this process. We also identified that important information was not always recorded to guide staff in providing responsive person centre care. For example, we noted that a number of people using the service needed support to reposition and repositioning charts were in place. However, we found that care files and repositioning records did not consistently contain clear guidance to staff on how often that person needed to be supported to reposition. We found that where people had skin integrity issues, wound care records did not contain sufficient details about the wound care regime in place and were not always updated as wounds deteriorated or healed.

We saw that staff completed a relative's communication sheet and professional visitor's record. These documented conversations or visits from family and health and social care professionals. Care files also contained a daily progress record where staff documented the care and support provided each day. Staff we spoke with explained how they used this information to keep up-to-date with people's changing needs.

The manager told us that they held daily 'flash meetings' to share information. We saw records of meetings for April and May 2016 which showed they were used to share important information and address any issues or concerns, however, records showed and the manager confirmed that these meetings had not been held in June 2016.

We were concerned that staff were not always responsive to people's needs and we were concerned about staff's understanding of good person centred care. We observed that one person using the service was left in a dirty room during the morning and staff did not clean this up despite being aware of the issue. We spoke with the regional manager who told us they had previously identified this issue and had themselves cleaned this person's room. We observed one person using the service was left in discomfort in their chair for over half an hour despite asking staff to support them to go back to bed. We observed that staff did not always explain or speak to people about the care and support they were providing and we observed an example of how this increased a person's anxiety and distress. This was not good person centred care. We also observed that not everyone using the service was offered choices, for example, about what they wanted to eat at lunch and staff were not always person centred in how they support people to eat. These examples showed us that care and support provided at Moorlands Care Home was not always person centred.

Before our inspection we received information raising concerns that people using the service did not have a good quality of life as they spent large periods of the day in their room. During our inspection, we found that people did spend long periods of the day sitting alone in their room with little or no meaningful interaction or stimulation.

The registered provider employed an activities coordinator to take the lead on arranging and organising activities and events within the home. We saw that activities scheduled included exercises, baking, bowls, gardening and a relative told us "There's a singer coming tomorrow – she is fantastic." However, outside of planned activities we observed that people using the service often spent long periods of time in their rooms and our observations showed us that this was not always because people chose this.

We were concerned about people's social isolation. We observed that people who lived on the Lavender Unit were supported to eat meals in the main dining room and join in planned activities, but otherwise spent long periods of the day alone in their rooms. We found that people were not supported and encouraged to spend time in communal areas. We observed that one person using the service was taken back to their room after lunch despite twice telling staff that they did not want this. We were concerned that, where people did want to spend time in communal areas, staff did not respect their wishes or support them with this and in fact took steps which increased their isolation and minimised meaningful stimulation.

One member of staff we spoke with told us that people using the service often spent the afternoon in their room. They told us they were concerned about the care and support provided as people were not treated as individuals. We were told that a member of staff was overheard saying "They've got dementia and they do not have any feelings."

We observed that care and support provided was largely task based and that there was often limited interaction between staff and people using the service.

People using the service told us "The staff don't have time to spend with you. They talk to each other while changing you; they don't think to chat and spend time with you" and "You've got no rapport with the staff, you can't talk to them, I feel as if I'm a second class citizen...They talk amongst themselves...Nobody comes to talk to you it's lonely."

We were concerned that whilst staff were meeting people's basic care needs, the home did not provide sufficient meaningful activity or stimulation to people using the service throughout the day and this was affecting their quality of life. We were concerned that care and support was task based and institutionalised. One member of staff told us "To improve [people's] quality of life staff need to understand person centred care...Too much task based care not person centred care and not focussed on their [people using the service's] needs."

We spoke with the service manager about our findings and they told us that they had observed the care provided to be "Very task based...institutionalised. Like going back 20 years." This reflected and confirmed our findings.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us "[Manager's name] is trying their best – they come to talk to me and asks for my opinions. I raised an issue about a plug [Name] got the maintenance man and sorted it the same day" and "The care itself, I can't knock it. If I had a concern I would see [Manager's name] or the nurse, they have

all been really good."

The registered provider had a policy and procedure in place detailing how they managed and responded to complaints. We observed that a copy of the complaints policy was displayed in the entrance of the home for people using the service and visitors to use if needed.

The manager told us there had been no complaints received about the home since our last inspection in January 2016. The manager explained that they had dealt with some minor issues that were easily resolved and so had not been recorded as a formal complaint. Whilst we could understand that minor issues or concerns might not be dealt with through the home's formal complaints procedure, we spoke with the manager about maintaining a record of these issues and how they were resolved to ensure transparency and accountability.

During our inspection, two people we spoke with shared information about complaints they had made to the manager or registered provider. We were concerned that complaints people told us they had made were not recorded or evident in the home's complaints records. Although some of these complaints and concerns predated the new manager's tenure, we were concerned that records of complaints held in the home were not reflective of issues or concerns that had been raised and that there was not an accountable and transparent system in place. This meant we could not be certain that appropriate investigations had taken place or that issues and concerns addressed.

We received mixed feedback about how issues or concerns were dealt, one visitor told us "We have taken concerns to [manager's name] and he has dealt with it"; however, another visitor said "I have no confidence if I sent a complaint in that it would be dealt with." They explained that they had raised concerns about the care and support provided at Moorlands Care Home and that these issues had not been properly addressed or resolved.

This showed us that further work was needed to develop an accountable and transparent system for recording and dealing with comments, complaints and concerns.

We recommend that the registered provider seeks advice and guidance from a reputable source about the management of complaints.

Inadequate

Is the service well-led?

Our findings

During our last inspection of the home in January 2016, we found that the home was not well-led. The management of the service was disjointed and ineffective. The lack of a registered manager had created uncertainty for staff and people using the service. Quality assurance processes were ineffective. There had not been an appropriate management response to address known risks and areas of concern. This placed people using the service at on-going risk of receiving poor care and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we checked whether these concerns had been addressed and whether the registered provider was now compliant with this regulation.

At the time of our inspection the home did not have a registered manager and had been without a registered manager since November 2015. A new manager had been recruited and started working at the home in March 2016. The Care Quality Commission had received an application for this manager to become the home's registered manager in June 2016 and this application was being processed at the time of our inspection.

People using the service told us "The manager is very good; they are getting things sorted out" and "It is improving. [Name] the manager is really trying hard to get things as they should be."

Relatives of people using the service told us "It's very well-led; interaction with [manager's name] is brilliant. There's a more consistent staff team now...We haven't got any issues now. I can't believe how well run it is now!", "I think it's excellent, [Name] is well cared for...everything has improved immensely" and "Since [manager's name] has come things have improved 100%, everything is so open now."

Staff we spoke with said "It has changed a lot since [manager's name] has started. They are doing the best they can to improve things...the whole atmosphere has changed it is getting better", "Its brill now [manager's name] has really brought it on" and "I can see a big difference since [manager's name] being here. The three managers before did not get hold of the place or move it forward. I think the atmosphere has improved."

A visiting health and social care professional us "There's been so many changes in managers, utterly chaotic. [Manager's name] is doing a heroic job in trying to sort it...it's still not good, but it's moving in the right direction. Systems are being implemented, but imbedding them is an issue."

However, feedback was not consistently positive and a relative we spoke with said "They seem to be very good at talking, but not very good at doing anything. They've had so many different managers there hasn't been any consistency...I would say no the home isn't well-led. I think communication is a problem when things need doing it isn't communicated out."

The manager told us they felt that some areas of the home and the care and support provided still needed to be improved, but that they felt that significant progress had been made in addressing the concerns we

identified at our last inspection. Although we could see that changes and improvements had been made since our last inspection, the registered provider had not addressed all of our concerns. We were concerned that whilst new systems and processes had been introduced further improvements were still needed to ensure compliance with the regulations.

We identified a number of issues and concerns during the course of our inspection and documented through this inspection report. We identified concerns about how accidents and incidents were managed and safeguarding concerns were identified and addressed. We identified concerns about staff training and competency checks for medication management. We found that consent to care and treatment was not always sought and that DoLS applications were not submitted in a timely manner. We identified that further progress was needed to ensure staff's training was up-to-date and regular supervisions provided. We identified concerns about the lack of person centred care and institutionalisation within the home.

The manager told us that there had been significant issues within the home when they took over as manager and they were working systematically to address these problems. Whilst we recognised progress had been made and this process was on-going, significant further improvements were needed. Some of our concerns had been addressed, such as the support provided to ensure people ate and drank enough, but other areas of concern had yet to be identified or addressed or new systems and processes were still being imbedded.

We were concerned that the lack of progress made in addressing our concerns was impacting on people's quality of life. This was our third inspection of the home which identified issues with non-compliance and continued multiple breaches of regulations. This showed us that the registered provider had not and continued to fail to meet their obligations with regards to the management of the home.

This was continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had introduced a newsletter to share information with people using the service and visitors. We saw a copy of the May 2016 newsletter which contained details about changes made within the home, significant events and upcoming activities. We saw that residents and relatives meetings were also held. We saw minutes for meetings held in April and May 2016 which showed that topics discussed included staffing, meal choices and ideas for activities. This showed us that the registered provider was taking active steps to share and gather information about the service provided. However, one relative we spoke with was concerned that relatives and residents meetings were held during the day and this made it difficult for people who worked to attend. We saw that the meeting held in April 2016 started at 15:00 and the meeting in May 2016 started at 14:00.The manager told us they planned to vary the date and times of meetings to resolve this.

At the time of our inspection we saw that a range of quality assurance audits and checks were completed to monitor the care and support provided and records kept. However, whilst these were effective in monitoring the care and support provided in some areas, such as support to ensure people ate and drank enough, quality assurance processes were not fully established as they had not identified and resolved the issues and concerns we found during the course of our inspection and documented throughout this report.

The manager told us that quality assurance surveys were not used, but the registered provider was looking into developing a questionnaire to gather feedback from people using the service and their relatives.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured that consent to care and treatment was sought in line with relevant legislation and guidance. Regulation 11 (1) (3).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had not ensured that care and support provided was person centre. Regulation 9.

The enforcement action we took:

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