

Moorhaven Care Home Ltd

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Inspection report

Moorhaven Nursing Home
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Oldham
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Tel: 01616282064

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07 September 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Moorhaven Care Home on 07 September 2016. The inspection was unannounced. The service was last inspected in August 2014 and met the regulations in force and inspected at that time.

Moorhaven Care Home is a large property which consists of a Victorian main building with modern extensions. The service provides care and support for up to 33 older people and is accommodation for people who require personal care and nursing. The service is close to all local amenities.

The home had a registered manager in place. 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.

Hazards within the home were not always recognised and safety management systems were not robust enough to ensure safety for people. This meant people were at risk of harm. Immediate risks identified during the inspection were rectified within an acceptable timeframe following the inspection.

Care plans did not contain all of the information around risks to people and staff, in particular those around challenging behaviour. Care plans did not contain all the knowledge staff had around people's preferences, likes and dislikes. This meant the documentation was not person centred and there was a risk this would have a negative impact on people's care.

We saw some documentation lacked detail staff needed to ensure people received their medicine as prescribed.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. However they were not formally assessing a person's capacity and recording decisions made in people's best interests which meant there was a risk people would not be fully protected in this area.

Systems in place to monitor and improve the quality and safety of the service provided were not effective or robust. We saw the views of the people using the service; their families and staff were not regularly sought or used to make changes following any feedback.

Staff told us they felt supported. Not all staff had received an appraisal to support them in their role and not all staff had up to date training. Staff with professional qualifications had not been assessed to ensure they were still fit to practice.

People told us there were enough staff on duty to meet people's needs. We saw this was the case, however

not enough staff were deployed within the team to ensure all tasks relating to the quality and safety of the service were carried out. We found not all appropriate checks had been undertaken or recorded before staff began work.

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. We saw the registered provider had not ensured one required statutory notification had been sent to the CQC when an incident of safeguarding had occurred.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive and patient. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for. We saw there was a range of activities on offer for people who used the service to take part in.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. Peoples nutritional needs were monitored well by staff. People were supported to maintain good health and had access to healthcare professionals and services.

The registered provider had a system in place for responding to people's concerns and complaints.

Multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

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.

Risks to people's health and wellbeing were not always assessed or recognised and therefore control measures which would include safety checks were not always in place to prevent harm.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were not always carried out robustly or recorded appropriately to evidence the character of candidates was assessed before they commenced employment.

Some documentation lacked detail to ensure people received their medicines as prescribed.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff employed did not always have up to date training and were not supported through regular appraisal. This included staff with professional qualifications.

The service did not assess people's mental capacity where required. The service did not ensure that best interest decisions made on people's behalf where they lacked capacity were recorded in people's care plans.

People were supported to maintain good health and had access to healthcare professionals and services. People told us they enjoyed a varied diet and we saw their nutritional needs were met.

Requires Improvement 

Is the service caring?

The service was caring.

People were supported by caring staff who respected their

Good 

privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care delivery was individualised to meet people's needs.

Is the service responsive?

The service was not always responsive.

The care plans were not written in a way which would ensure all of people's preferences, likes and dislikes were captured.

People who used the service and relatives were involved in decisions about their care and support needs. People told us if they were unhappy they would tell the registered manager and staff.

People also had opportunities to take part in activities of their choice inside and outside the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The registered provider's quality assurance system did not ensure safety and quality for the people who lived at the service. There was not enough staff deployed to ensure systems were managed effectively and safely.

Staff members and people who used the service did not have regular opportunities to provide feedback on the service.

People and staff members told us the registered manager was supportive and approachable.

Inadequate ●

Moorhaven Care Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 07 September 2016. This was an unannounced inspection. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion gathers and represents the views of the public about health and social care services in England. We used their feedback to plan the inspection.

The registered provider completed a provider information return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 28 people who used the service. We spent time talking with five people and one of their family members. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit and following the visit we spoke with the registered manager, registered provider and five staff members. We also spoke with one visiting professional following the inspection.

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

Is the service safe?

Our findings

We looked at how risks to people's safety around care delivery had been assessed. We saw risk assessments had been completed for each person and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

However we saw the risk assessment regarding one person's behaviour which may have challenged the service did not contain clear strategies for how staff should intervene to support the person to prevent anxiety escalating and protect the person and staff members from harm.

We saw actions identified in the April 2014 fire risk assessment were not evidenced as completed. The registered provider confirmed following the inspection the works required had been completed.

We were provided a copy of the April 2016 fire risk assessment following the inspection. The fire risk assessment highlighted six fire extinguishers were recommended for replacement within eight weeks of the risk assessment. On the day of our visit the extinguishers had not been replaced. Following the inspection we clarified the situation with the registered provider, fire brigade and the registered provider's contractor. We confirmed the fire extinguishers were highlighted for replacement in July 2016 and not April 2016. We were told by the contractor that the fire risk assessment had been updated following the annual extinguisher service in July 2016 and the date of this review was not recorded. The fire extinguishers were replaced within eight weeks of July 2016 and therefore people were safe.

Up to date information about safety management was not always available on the premises for the registered manager to understand and use to ensure people's safety. This could place people at risk if issues identified were not completed as per specialist contractor guidance.

We saw weekly fire checks to ensure the fire alarm and equipment was in good working order had not happened weekly all of the time and in some cases a month had passed in between checks.

When we asked for evidence of safety certificates they were not always available to view in the service. When requested, the registered provider could not promptly provide evidence of essential safety certificates for fire and gas safety. All have now been provided following the inspection however a system to routinely ensure safety within the service was not in place.

We saw the bed rails in use for people were not safe. The risks to people of poorly fitted bed rails were evident during our visit. For example there was the risk of asphyxiation where a person's neck, chest or limbs could become trapped in gaps between the bed rails, or between the bed rail and the bed, headboard or mattress. Also there was a risk the bed rail could become dislodged because they were not secure and some were not in good working order.

The registered manager told us no safety checks were carried out on the bed rails in use. We saw in people's care plans that assessments for the safe use of bed rails were recorded. Staff members who had completed

them had recorded the bed rails were secured and the bed rail was suitable for the bed type to which it would be fitted. They also recorded there would be no evident gaps between the lower bed rail bar and the mattress. We saw this was not the case.

We saw people had been provided mattresses on top of bed bases which were not compatible and did not fit safely. This meant the mattress over-hung the end of the bed base. People were at risk of falling should they try to sit on the end of the overhung mattress.

The registered provider informed us following the inspection the issues around bed rail safety and fire equipment would be rectified by 12 September 2016.

We saw other hazards when walking around the premises such as; in some communal rooms carpets were ill fitted and presented a trip risk to people. We saw a key to the door for the cellar staircase was hung on a hook accessible to people and visitors. The steep staircase posed a risk of falls to people the service supported. We saw paving slabs in the garden area were uneven and not safe for people to access independently without support.

We saw infection control risks where flooring in bathrooms was ill fitting, rusty grab rails in toilets areas, furniture which had exposed wood all of which could not be cleaned effectively to remove dirt and prevent the risk of infection. The registered manager informed us following the inspection they had requested the infection control team to visit the service from the local authority to help them prioritise works needed and to support them to put systems in place around infection control.

Following the inspection the registered manager provided a copy of their risk assessment policy (undated) which stated 'The organisation believes that risk assessments should identify hazards and resulting risks to employees and other persons who may be affected by work activities. The organisation understands a hazard to be the potential for harm, with risk being the likelihood of that harm actually occurring and the severity of the harm (e.g. slight injury, major injury, death)'. And the policy stated the organisation will 'Make an assessment of risks to employees. Make an assessment of risks to others who might be affected by work activities such as residents, contractors, visitors and the public. Clearly identify the measures needed to protect the persons in points 1 and 2 above.' No risks assessments were provided following the inspection when requested. This meant that the registered provider was not following their own policy, with the risk that this would have a negative impact on people's safety.

Audits and checks carried out by the registered provider did not effectively assess health and safety in the service to ensure that the risk of harm to people was minimised.

We did not see any evidence in the records of incidents we looked at which indicated anyone had been harmed by the issues identified above. However, significant risks to people's health and wellbeing were evident.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw gaps in employment history and issues raised when references had been received were not recorded in staff files. We also saw for one staff member that they had spent time in the home and observed the routine and started their induction two days before their DBS had been returned. The registered

manager explained the staff member had not worked alone and had not delivered personal care in this time frame. The registered manager knew the circumstances of all these cases and was able to tell us what they had done to ensure people employed were of good character. However they had not recorded the process in staff files so no evidence of their risk assessment of the situation was recorded.

We found the application form candidates completed did not contain a section for people to record their relevant experience or motivation for applying for the role. The interview records did not evidence these areas had been explored.

The registered manager told us they would use the feedback to implement better recording processes during recruitment and induction in the future to ensure they evidenced candidates were of good character.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

We observed the registered manager, who was also a registered nurse; administer medicines to three people during a morning shift. The nurse took medicines to each person, waited until the medicines were taken and then recorded accurately on the MAR chart. However we noted a number of topical medicines were left out on the top of the medicines trolley and these were unattended at times which posed a risk to people. We noted all but one of the liquid and boxed medicines were dated when opened so staff had the information they needed to ensure medicines were not being administered when out of date.

The registered manager told us the only PRN (as required) medicine which was used by the home was paracetamol. All PRN medicine was recorded with the reason for administration. However, the service did not have a PRN protocol as laid down in the National Institute for Clinical Excellence (NICE) guidelines to ensure the administration of PRN medicines was safe.

However we also noted some areas of safe practice around medicine handling. The medicine trolley was securely fastened to the wall either in the treatment room or in the lounge when in use. Controlled drugs were safely handled. They were signed by two members of staff and stock was checked at each changeover of shift.

The service had a fridge for the storage of medicines which required this, for example, insulin and eye drops. The fridge and the medicine storage temperatures were regularly checked and recorded. We looked at a sample of these records which showed the temperatures were within a range considered safe by the home's policy.

All Monitored Administration Records (MAR) for each individual had a photograph of them on the front sheet to each record, with a record of medicine allergies. Homely remedies were authorised by a GP with instructions for use on the packaging.

People told us they felt safe and one person told us "It's a nice place I wouldn't like to leave." A family member told us "I think my relative is safe."

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the registered manager reviewed patterns and

trends for individuals each month.

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. No statutory notifications have been received by the Care Quality Commission (CQC) from the registered provider. We saw the service had identified one incident of safeguarding and they had told the local authority about the occurrence but not sent a notification to the CQC. The registered manager explained they sent a monthly return to the local authority identifying low levels concerns which did not meet the threshold with the local authority for a safeguarding investigation to commence. We explained to the registered manager they must also notify the CQC about these occurrences also. The registered manager agreed to do this in the future.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they describe the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed only one staff member did not have up to date training in this area.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to record the dependency needs of people who used the service, this information was not used to calculate the staffing levels required to meet people's needs in the service. Following the inspection the registered manager asked the registered provider for this detail and they provided us with the calculation they had made. This matched the ratio of staff deployed during the daytime. No information was provided regarding night time staffing levels.

People we spoke with told us "The best thing is the team effort I think we have plenty of staff enough for us" and "I think there are enough staff. They are always cheerful and have a word with you." A family member said at times they had noted there may not be enough staff presence and they thought this may impact on those people who maybe could not ask for assistance, but they explained staff did come in and check people were okay.

However during our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. One staff member said "There is enough staff and though we are busy we always have time to chat and give people one to one time and to carry out activities." Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency.

The environment was in need of refurbishment with worn furniture and some in disrepair. In some areas of the home a malodour was noted particularly around old furniture items. We also saw stained carpets. The environment did not provide a homely and inviting space for people to live in. People and their families we spoke with also commented to us on some of the disrepair and appearance of the environment and furniture.

Decorating had been commenced in some areas but left half completed. The registered provider and registered manager explained they had recruited a new maintenance officer recently but there had been a gap since the old one had left employment.

The registered provider highlighted in their provider information return (PIR) they had a programme of on-going refurbishment. We spoke with the registered manager who did not have a copy of the proposed works. The registered provider sent us a copy of the refurbishment plan following the inspection and this outlined the areas of the home to be focused on each month, all works were due for completion by September 2017.

Is the service effective?

Our findings

People told us they felt staff knew how to support them well. One person said "The staff knows how to help me with things so they don't hurt my arm. They are good at understanding how [my condition] affects me and I feel safe when they help me to move."

Staff we spoke with told us they had received training. One staff member said "I have had all my core training, health and safety, food hygiene and moving and handling plus more around people's conditions such as dementia and diabetes." We saw the training matrix which highlighted staff who provided personal care to people were not up to date in all mandatory topics. For example 20 staff out of 23 staff were not up to date with their fire training and three staff had never received this training. Also 11 out of 23 staff were not up to date with moving and handling training. The registered manager told us a session for moving and handling was to be arranged by head office and a date for fire training was booked in for later in September 2016.

We saw no evidence the nursing staff had received clinical training or clinical competency checks to ensure they had the skills and knowledge to deliver interventions.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. One staff member told us "Supervision includes how we feel about the job, training needs and areas for development."

The registered provider outlined on the supervision audit document that supervisions should be held quarterly and an appraisal annually. However we looked at four staff files and saw all of the staff had not received this level of support. Following the inspection the registered provider told us they had agreed the frequency of supervision could be altered from the audit document. We saw a copy of the email sent to managers approving this.

We saw not all of the staff had received an annual appraisal.

The registered manager had also not received regular supervision from the registered provider or an annual appraisal. The registered provider told us following the inspection the registered manager received peer clinical support from another registered manager who works for the registered provider.

The registered manager told us nursing staff had not received clinical supervision. Clinical supervision provides an opportunity for nurses to reflect on and review their practice. This meant that the registered manager, a registered nurse and nurses at the home were not following the Code of Professional standards of practice and behaviour for nurses and midwives in relation to practising effectively, working cooperatively and sharing skills, knowledge and experience for the benefit of people receiving care.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 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).

We saw 19 out of 23 staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions when they supported people with day to day activities. However there was not appropriate documentation in place for people who lacked capacity. For example in relation to the assessment of capacity and where required, best interest decision making for more complex issues such as consent to care and treatment or medicines support.

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We did see good examples in care plans where people who did have capacity had been included in developing their care plans to evidence their decisions. The service had also on occasions recorded people's wishes to make unwise decisions and they knew the associated risks and consequences to those decisions. For example one person did not want assistance to walk and preferred to be independent.

At the time of the inspection five people were authorised to be deprived of their liberty and further applications for other people were pending authorisation by the supervisory authority.

Staff who used the service told us they were involved in making choices about the food they ate and they enjoyed their meals. One person said "The food is lovely, better than the Ritz and I have been there, it is red hot when you get it, which I like" and "That soup was gorgeous." Another person said, "The food is always good, I never have any complaints and they do you anything you fancy" and "They usually ask me about what I want to eat. For breakfast I had poached egg and toast with butter, it was lovely." A family member told us their relative enjoyed the food provided.

We made observations at both breakfast and lunchtime. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed and people were socialising, and the food looked appetising. People were supported to be as independent as possible to eat their meal and adapted equipment was available to help people with this.

People's preferences were taken into account and we saw people provided with foods not on the menu which they had chosen to have. For example one person who 'fancied' spam on toast had this rather than the homemade soup on offer. We observed people were also offered drinks and snacks at other times between meals.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us they used a nutritional risk assessment and staff at the service closely monitored people and where necessary made referrals to the dietician or speech and

language therapist. Records we saw confirmed this.

The kitchen staff we spoke with had good knowledge about people's preferences and needs. The cook told us they had written information about people's preferences and was aware of allergies and specialised diets. Those people who needed food to be presented in a softened or liquidised form had this prepared for them and we saw softened diets were presented in an attractive way. The cook told us those people who needed their diets fortified with specialist supplements or other high calories additions such as cream had this in place.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service. We saw in people's records that the service worked closely with professionals where people had complex health issues such as diabetes to ensure people received the treatment they required. Specialist health professionals also visited to support where people had conditions such as Parkinson's disease.

People told us they had good support with their health needs; one person said "I get to see the GP whenever they think I am a bit off colour. They come with me to hospital for my appointments. I couldn't go on my own"

A visiting professional told us the staff team always ask for help when they need it and for one person they had worked closely with the team around a person's behaviour and they felt the team had taken on board their advice and this meant the person's support had changed and they experienced less anxiety than they had previously.

Is the service caring?

Our findings

People we spoke with told us they were happy and the staff were caring. People told us "The staff are kind, yes, they smile and sit with me sometimes" and "The carers are good they treat me nice. I love the staff there is no reason not to."

A family member told us "I have no problems staff treat my relative well and talk to my relative nicely." A visiting professional told us "Staff have a good approach, I have spoken to most staff on day shift and all are very caring, they interact well with residents. They are really friendly and motivated."

During the inspection we spent time observing staff and people who used the service. Throughout the day there was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring and friendly way. We did see one negative staff intervention which we spoke with the registered manager about. The registered manager told us this was an isolated incident in their experience of the staff team and they responded immediately providing feedback to the staff member in question. We saw staff treated people with respect. Staff were patient and interacted well with people.

Staff did not rush people and spoke to people gently. The best way to ensure the person could communicate with others was highlighted in people's care plans to ensure they were included. For example one care plan stated how staff should approach communication so the person would respond and another stated staff must give the person time to respond because it would take a while for them to process information. The registered manager completed care plan delivery audits; this was where they looked at the staff's performance around dignity and respect. The audits showed no negative issues had been identified.

Observation of the staff showed they knew people very well and could anticipate their needs. For example one member of staff spoke with a person who was preparing to sit outside for a short while, reminded them to wear a hat and chatted in a friendly way with them. We observed another member of staff supporting a person to eat a snack. Their interaction was well paced and the staff member sat at eye level with the person they supported so they could easily pay them attention and assist them in a respectful way.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service which had compassion and respect for people.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

During the inspection some people showed us their bedrooms. They were personalised with photographs of their families and friends. Some people had brought their belongings from home with them to help their room feel homely.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection. People were supported to mobilise independently and staff made sure people could walk if they were able. One person told us how they made choices about their routine, they said "It is up to us when we go to bed, we can do what we want."

We spoke with a member of staff who was a 'six steps' champion. They told us this meant they had received training on how to deliver compassionate and effective care when people reached the end of their lives. They told us training covered anticipatory medicines, supporting the person, family, friends and staff when a person reaches the end of their life. They told us when a person was reaching the end of their life and if no family was available, then a member of staff would sit in the room with them. This provided the person with company and reassurance.

They told us that the six steps process also meant observing any advance decision and adhering to people wishes known because of discussions held prior to the person deteriorating, or based on an understanding of each individual preference. For example they told us one person loved classical music so they played this.

The staff member told us people who were reaching the end of their lives were monitored. Families were supported with an information pack which included information and guidance about practical and emotional support. This member of staff said staff attended people's funerals when this took place to pay their respects.

Is the service responsive?

Our findings

During our visit we reviewed the care records of five people. We saw people's needs had been individually assessed and plan of care drawn up. People told us they had been involved in making decisions about care and support and developing their care plans. One person said "I helped to write my care plan, they asked what I wanted, and they are very good with everyone." A family member told us "I am very happy with the support, they contact you if there is an issue and keep you informed" and "They do reviews every six months."

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Staff were responsive to the needs of people who used the service. We observed the registered manager to be a very person centred person and people told us they were. One person said ""The manager looks after me. She brings my tablets and helps me get dressed sometimes." The registered manager was a good role model for staff to follow and we saw the impact of this on the approach staff had with the people they supported.

All care plans contained a 'resident's profile' which gave staff some detail about a person's life history and memories, this profile recorded some likes and dislikes. We also saw in some people's care plans a morning and evening routine was recorded. However this was not in all the care plans we saw. The care plans were not written in a way which would ensure all of people's preferences, likes and dislikes were captured.

We saw the assessments carried out prior to a person moving into the service did not record the person centred detail known by staff around how a person would like their support to be delivered.

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

Staff and people told us they were involved in a good supply of activities and outings. One person we saw had pink polished nails, they said, "Oh they care for you and they have the right nature and although I can't always join in I do the bingo and it is like home from home." Another person said "I can't catch the ball too well but I like joining in. Yes, we do things like this sometime, or have a quiz. I like doing jigsaws." Staff told us they provide activities as part of their role and they are given time to do this each day. They told us about the range of activities they offer such as bingo, cake decorating, large snakes and ladders and dominoes.

Staff also said they support people to visit the local park and they do bowling there sometimes. People they said were supported to go shopping to the supermarket and shops. One person had been supported to go shopping to buy a birthday present. We spoke to the person and they told us they had enjoyed the trip and they said "I had a really good day out. It was good fun."

Staff also told us they had events throughout the year such as a Christmas fair and singers who visit the service to entertain people.

We looked at the file which contained information about what activities had happened over the past two months and this confirmed what people and staff had told us. It also included information about a minister who visited monthly for people to take part in a service if they chose to.

A visiting professional we spoke with told us the staff had sought advice around how to engage people with dementia in activities. They told us staff had really engaged in the process of learning and taken on board their advice and followed it which they felt had benefited people who lived in the service.

However, people's care plans had no assessment or plans in place to address people's social needs. No records were made of activities each individual took part in to assess if they had a fulfilled life or if they were at risk of social isolation. This was something the registered manager told us they would look to implement for each person.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. No complaints had been received by the service but people and their families told us they knew how to raise concerns if they needed to. One person said "They [staff team] are so great if I have a problem I can go to them."

Is the service well-led?

Our findings

There was a registered manager in post when we inspected and people who used the service spoke positively about them. People we spoke with said, ""Yes I know who [Name of registered manager] is, she's the manager, I see her every day" and also "The manager is really kind. She's great."

Staff, people who used the service and their families described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis. A visiting professional told us "The manager is a very busy lady and likes us to book appointments to see her, she works well with me no problems."

The staff we spoke with said they felt the registered manager was supportive and approachable, One staff member said, "I feel consulted and the manager acts on what is suggested." We looked at how staff were kept informed about matters affected the service. Staff told us team meetings took place and they were encouraged to share their views. Records of staff meetings we saw showed only one meeting had been held in 2016 in March. The registered provider's staff meeting audit document stated staff meetings should be held quarterly and this had not happened. The meeting which had been held contained agenda items such as health and safety, Deprivation of Liberty safeguards and activities.

The registered manager told us people who used the service did not meet with them or staff on a formal basis to share their views and ensure the service was run in their best interest. The registered manager described how in the past dates to involve people and their families had been arranged and people had not attended. The registered manager told us the staff used opportunities during activities to discuss the service and seek feedback and ideas. The information received in this way was not recorded and therefore we could not assess if people's views had led to changes. The registered manager told us they would ensure records were kept in future of the informal discussions staff had with people.

We saw on the day of inspection the registered manager often worked as a nurse and therefore was not free of nursing duties to enable them to complete their role as registered manager. We saw on the rota review sheet as a sample of dates they had worked 20 hours as a nurse week commencing 25 April 2016, 36 hours as a nurse week commencing 18 April 2016 and 24 hours as a nurse week commencing 2 May 2016. And they told us they were due to work three days the week of our visit as a nurse on shift. The registered manager was on duty as a nurse on the day of our inspection.

We discussed this with the registered manager and they told us they preferred to cover the role as nurse when there was a vacancy to ensure people received the correct support. However the structure in the service meant there were no other staff members to support the management role whilst the registered manager worked as a nurse.

We discussed the impact on the quality assurance and management systems with the registered provider who was very complimentary about the registered manager. We explained however the evidence we found highlighted the registered manager could not cover both roles without a negative impact on quality and

safety. We saw sufficient numbers of staff were not deployed to ensure the service was safe and of good quality for people.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at the arrangements in place for quality assurance and governance. These are systems which help providers to assess the safety and quality of their services. The registered manager was able to show us numerous audits which were completed at various frequencies. These included audits on training, supervisions, staff meetings, health and safety, medications and care plan delivery and accidents in the service.

We saw not all of the audits were completed at the frequency the registered provider requested them to be completed on the documents. For example the rota review sheet which ensured safe staffing was not completed weekly as stated. The fire safety check had also not been completed weekly.

We saw the range of audits and checks did not cover all areas required to ensure safety, for example no bed rail safety checks were completed. We saw the medication audit tool which had a summary page where the registered manager should have been able to see an overview of issues identified in the audit were not completed.

The registered manager told us a senior manager visited the service to monitor the quality of the service provided. No records of these visits were available in the service to view and therefore the registered manager had no action plan to follow where issues had potentially been identified. We requested the registered provider audits were sent to us following the visit and an audit from June 2016 was provided. We requested copies of further audits the registered provider said they had. Although the registered manager had requested them from the registered provider they had not produced any further audits eight days after the inspection.

The registered provider audit had information within it which conflicted with what we found and the registered manager told us. For example; the audit states minutes of residents meeting were available when in fact these meetings had not happened for some time. The auditor did not produce an action plan where issues were identified and no checks had been made by the registered provider to ensure issues had been resolved. The registered provider systems had also not recognised a safeguarding statutory notification had not been sent by the registered manager regarding one incident.

We discussed with people and their families what opportunities they had been provided to complete a survey to record their feedback. One person told us "I have not had a survey." The registered manager told us this was something which had not happened.

We found the quality assurance system did not ensure safety and quality for the people who lived at Moorhaven. Systems in place were not effective.

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

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The service did not assess peoples mental capacity where required. The service did not ensure best interest decisions made on peoples behalf where they lacked capacity were recorded in peoples care plans. Regulation 11 (1), (3)
Treatment of disease, disorder or injury	
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	Risks to people's health and wellbeing were not always assessed or recognised and therefore control measures which would include safety checks were not always in place to prevent harm.
Treatment of disease, disorder or injury	
	Regulation 12 (1), (2) (a), (b), (e), (h)
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 registered provider's quality assurance system did not ensure safety and quality for the people who lived at the service.
Treatment of disease, disorder or injury	
	The care plans were not written in a way which would ensure all of people's preferences, likes and dislikes were captured.
	Staff members and people who used the service did not have regular opportunities to provide

feedback on the service.
Regulation 17 (1), (2) (a), (b), (c), (e), (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Records showed recruitment checks were not always carried out robustly or recorded appropriately to ensure the character of candidates was assessed before they commenced employment.
Treatment of disease, disorder or injury	Regulation 19 (1) (a), (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	We saw sufficient numbers of staff were not deployed to ensure the service was safe and of good quality for people.
Treatment of disease, disorder or injury	Staff employed did not always have up to date training and were not supported through regular appraisal.
	Staff with professional qualifications did not receive supervision and did not have their competency checked to ensure they continued to be fit to practice in their role.
	Regulation 18 (1) (2) (a) (c)