

EHC Moston Grange Limited

Moston Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 02 and 03 October 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement.

Moston Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Moston Grange Nursing Home is owned and operated by EHC Moston Grange Limited, trading as Equilibrium Healthcare, and is registered with CQC to accommodate up to 64 people. At the time of this inspection, 38 people used the service. Nursing care was provided to people living with various forms of neurological disorder such as dementia, acquired brain injury and other forms of degenerative mental health disorders.

We last inspected Moston Grange in March 2018. At that time, we found serious systemic failures and multiple breaches of regulations associated with the Health and Social Care Act (Regulated Activities) Regulations 2014. As a result of this, the service was rated 'Inadequate' and placed in special measures. This inspection was planned to check whether the provider was now meeting legal requirements.

At this inspection, we found significant improvements had been made which means the service is no longer in special measures and we have now rated the service overall as 'Requires Improvements.' This is because we found one breach of Regulation concerning the safe management of medicines. More widely, where a service has previously been rated Inadequate, to improve the overall rating to 'Good' would require a longer-term track record of consistent good practice, leadership and management. You can see what action we have asked the provider to take at the back of the full report.

A pharmacist from the CQC medicines team looked at medicines and associated records for 15 people and found concerns about the safe and proper management of some medicines for all 15 people. For example, we found inaccuracies with medicine reconciliation; issues related to stock control and the application of medical creams; issues with medicines prescribed 'as and when required'; and a lack of guidance for staff around thickener's for drinks.

There were improvements in the way medicines were supplied since our last inspection. Medicines, especially those that were prescribed following a GP visit, were now obtained in enough time so that people could start their treatment promptly.

Before a person was accepted to move into Moston Grange, a comprehensive pre-admission assessment was carried out. As part of the assessment process, a multi-disciplinary panel would meet to ensure the service could meet the person's needs.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible.

We reviewed staffing levels and noted there had been a recent recruitment drive and several new staff had commenced work. Staff we spoke with confirmed there were enough staff on duty to meet people's needs.

We reviewed arrangements for safeguarding and whistleblowing within the service and found wide ranging improvements had been made. All the staff we spoke with knew and understood their responsibilities to keep people safe and to protect them from harm.

At the time of this inspection, Moston Grange was undergoing an extensive refurbishment programme. In designing the layout and decoration, the management team had ensured this was done to meet national best practice guidelines for creating an environment that was suitable for people living with mental health issues, dementia and memory problems.

The service now benefited from the regular input of a Resident Involvement Lead. This person played a key role in facilitating and supporting people who used the service to have their voice heard and to positively contribute to decisions about their ongoing care, support and treatment.

We reviewed the mealtime experience and whilst we found some improvements had been made, the quality and presentation of meals and the choices offered on a daily basis required further management attention.

During our observations we found staff treated people with dignity and respect. Staff shown patience and understanding and gave an explanation before a task or activity was completed with someone.

At the last inspection, we made a recommendation that the service needed to review its approach to equality, diversity and human rights (EDHR) and how this needed to be linked to good person-centred care and support. We found improvements had been made and the newly adopted framework was holistic and person-centred and truly recognised and celebrated people's differences and unique characteristics.

Since the last inspection, significant improvements had been made with regards to people who used the service being supported to participate in a wide range of meaningful, person-centred activities. This included activities and events being provided in-house and people going out into the community.

Throughout the inspection, it was evident to members of the inspection team, in particular those that were present at the last inspection, that the registered manager had been instrumental in giving Moston Grange a new heart and the impact of this was felt through every aspect of the service.

At provider level, a management restructure meant the service now had the right people, in the right place, doing the right job and senior leaders and front line operational staff were now more accountable.

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 ●

Medicines were not consistently managed safely.

There were sufficient numbers of staff to meet people's needs.

Individual risk assessments were robust.

Is the service effective?

Good ●

Improvements had been made in evidencing positive health outcomes.

Staff demonstrated a good understanding of the Mental Capacity Act (2005).

Induction, training and supervision of staff was effective.

Is the service caring?

Good ●

Without exception, we were told staff were caring and compassionate.

Improvements had been made centred around equality, diversity and human rights.

Information and explanations was provided to people to ensure their voice was heard.

Is the service responsive?

Good ●

Care and support planning was person-centred.

People were supported to access a range of community health care services such as opticians, chiropodists, audiologists and dental appointments.

People were engaged and supported to participate in meaningful person-centred activities.

Is the service well-led?

Requires Improvement ●

Improvements are required to ensure audit and quality

assurance associated with the safe management of medicines are robust.

Improvements had been made to the overall management and leadership of Moston Grange Nursing Home. This had been achieved by the commitment and dedication of both managers and staff, and also through the supportive measures provided by the local authority and commissioners.

The positive culture, ethos and team spirit had a positive impact on the quality of care being provided.

Moston Grange Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 02 and 03 October 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement.

The inspection was carried out by two adult social care inspectors, a medicines inspector and an assistant inspector from the Care Quality Commission. The inspection was also supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not submitted by the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents and serious injuries. We were also provided with positive feedback from local NHS commissioners and the local authority.

We spoke with 11 members of staff including two board level directors, operational managers, the registered manager, nursing staff, support workers, an occupational therapist, the resident involvement worker and housekeeping staff.

We also spoke with eight people who used the service and five visiting relatives. Due to the nature of the

service we also completed a 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 looked in detail at eight care plans and associated documentation, four personnel files, supervision and training records, audit and quality assurance documents, policies and procedures and records relating to the safety the building, premises and equipment.

Is the service safe?

Our findings

At our last inspection in March 2018, this key question was rated 'Inadequate.' This was because we found the service was in breach of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to failures in providing safe care and treatment and that the service did not always protect people from a risk of abuse. At this inspection, whilst we found improvements had been made and the service was no longer in breach of Regulation 13, we found a continued breach of Regulation 12 because areas of improvement were still required to ensure medicines were consistently managed safely. Therefore, this key question is now rated 'Requires Improvement'

A pharmacist from the CQC medicines team looked at medicines and associated records for 15 people who were living on Hollybank and Deanvale units and found concerns about the safe and proper management of some medicines for all 15 people.

There were improvements in the way medicines were supplied since our last inspection. Medicines, especially those that were prescribed following a GP visit, were now obtained in enough time so that people could start their treatment promptly. At the last inspection, the morning medicines round took four hours which meant that people were at risk of being given their morning and lunch time doses of medicines too close together. At this inspection we saw that all people were given their morning medicines in a timely manner. However, when people were prescribed regular Paracetamol, which must be given with a minimum of four hours between doses, the time of doses were not recorded so it was not possible to tell if people had been given their Paracetamol safely.

Some improvements had been made in the information recorded about how and when to use medicines which were prescribed "when required". However, we looked at 20 protocols for "when required" medicines but only two of them contained enough personalised information for staff to follow to ensure the medicines could be given in a safe and consistent way. No information was recorded to guide staff as to which dose to choose when a choice of dose was prescribed.

Some people were prescribed barrier creams to prevent their skin being irritated. We saw that there was inconsistent information recorded to help care staff apply these creams properly. For two people we saw there was no information recorded and for other people there were clear directions that the creams must be applied during personal care or after episodes of incontinence. However, these directions were not followed for two people because the records indicated they had not been applied. The records showed that one cream was out of stock but during the inspection, the nurse on duty found the creams were in stock but could not explain why care staff had not applied them.

Two people needed their medicines to be given covertly, by hiding them in their food or drink. To make sure this is done safely information (guidance) must be obtained for each prescribed medicine as to how to hide it safely. There was information available for one person's medicines but no information was available for the second person who had only recently come to live at the home. If this guidance is not obtained people may not get the correct doses of their prescribed medicines. There was also no practical guidance recorded

for staff to follow as to how to give each person their medicines. This meant that agency staff or new staff administering medicines would not know how to hide medicines for people.'

Three people needed their fluids thickened to prevent them from choking or getting a chest infection. We saw that there was information about how thick to make each person's drinks in their care plans, but the staff making people's drinks told us they did not refer to the care plans; one support worker told us they had to make drinks from memory but they knew how thick to make each person's drinks. We noted that in August 2018 one person had been assessed as needing their drinks to be made a thicker consistency, the support worker we spoke with was aware of the new directions. However, the directions recorded on the September medicines administration records (MARs) was incorrect and if staff had followed this information they would have made the drinks too thin, placing the person at risk of harm. The nurse on duty told us that they would immediately ensure that the correct information was available for all staff to refer to when making drinks or administering medicines.

When people were prescribed insulin their blood sugar levels were monitored but there was no information recorded to guide staff as to the action that needed to be taken if their blood sugars were too low or excessively high.

When people were prescribed medicines such as antibiotics, which must be given with before food, we saw that they were signed as given with medicines which must be given before or with food. This means the antibiotics may not work properly which would place people's health at risk of harm.

During the inspection we looked at the records about the quantity of medicines which were in the home and the records of administration and compared them to the actual stock of medicines held in the home for people, to see if medicines had been given as prescribed and could all be accounted for. However, it was not possible to do this because the records about the stocks of medicines in the home for each person were not always accurate. The clinical lead was aware of this issue and we saw a system had been newly introduced for medicines reconciliation and audits.

This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

At the time of this inspection, the service was undergoing a major refurbishment programme. This was being completed on a phased basis in order to reduce the disruption to people who used the service and staff. We reviewed the risk assessments associated with the refurbishment and found these to be comprehensive. We carried out a tour of premises and visited three out of the four units that were open. We found no environmental hazards that might have posed a risk and the service was clean and free from malodour. The most recent infection control audit completed by the local authority awarded the service 96 percent which demonstrated a high level of compliance.

We asked people if they considered Moston Grange to be a safe place to live. Comments included: "I like living here, I feel safe."; Staff are kind to me."; and, "Had you been asking me this question a few months back I would've said no, but over the months the changes have been fantastic and I feel [relative] is safe here."

At the last inspection we found concerns in respect of how risks to people who used the service were identified and mitigated. At this inspection we found improvements had been made. People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and

hydration, and personal care. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible.

We reviewed staffing levels and noted there had been a recent recruitment drive and several new staff had commenced work. Staff we spoke with confirmed there were enough staff on duty to meet people's needs. Our observations identified people's needs were met in a timely way and staff were present in communal areas. Comments received from staff included: "We have enough staff, of course more staff would be great, but to be fair its okay at the moment"; "I believe we have enough staff, [clinical lead] will help out if we are struggling, previous clinical leads were nowhere to be seen"; and, "Yes we have enough staff, we use agency still, but the manager has made sure we are not over relying on agency, we are recruiting more staff."

We reviewed arrangements for safeguarding and whistleblowing within the service and found wide ranging improvements had been made. All the staff we spoke with knew and understood their responsibilities to keep people safe and to protect them from harm. Comments from staff included: "I have no fear to raise my concerns if I suspect abuse. I feel this home is much more transparent in the way we report"; "The staff are improving day by day in respect of reporting incidents and we have found staff challenging more practice"; and, "I would report any safeguarding matters straight away to my manager and if I didn't feel this was taken seriously I would go to CQC."

We reviewed records of four newly recruited staff to check that recruitment procedures remained safe. We found prospective new employee's completed application forms and the information provided included a full employment history and pre-employment checks had been carried out. These included Disclosure and Barring Service (DBS) checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

We reviewed how the provider ensured the registered nurses who worked at the service maintained their registration. We saw the service kept a record of nurses' Nursing and Midwifery Council (NMC) PIN numbers and when their revalidation was due. Records showed all the registered nurses who worked at Moston Grange were registered and had a valid PIN.

Records and compliance certificates relating to the safety of the building and premises were reviewed and found to be up-to-date and in order. This included checks for gas and electrical safety, fire equipment, legionella and portable electrical appliances. Equipment used for moving and handling people had been serviced and maintained in line with regulations and manufacturers guidance.

Personal emergency evacuation plans (PEEPS) were readily available should people require assistance to evacuate from the premises.

The service had a business continuity plan which would be implemented in the event of an incident or untoward event that stopped the service. For example, fire, flood or electrical failure.

Is the service effective?

Our findings

At our last inspection in March 2018, this key question was rated 'Requires Improvement.' This was because we found the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to restrictions that were imposed upon the movements of people who used the service. At this inspection, we found the service was no longer in breach of this legal requirement. This key question is therefore now rated 'Good.'

Before a person was accepted to move into Moston Grange, a comprehensive pre-admission assessment was carried out. As part of the assessment process, a multi-disciplinary panel would meet to ensure the service could meet the person's needs. Where a referral was accepted, the panel would set initial short term goals and objectives that would support the person's transition into the service.

As previously mentioned in this report, at the time of this inspection Moston Grange was undergoing an extensive refurbishment programme and we spent time on one of the units that had recently had its refurbishment completed. In designing the layout and decoration, the management team had ensured this was done to meet national best practice guidelines for creating an environment that was suitable for people living with mental health issues, dementia and memory problems. This meant people who used the service were able to find their way easily and independently around home. Across each of the units that were open, we also found improvements had been made to the secure outside space and people were now able to access those areas freely.

Located within the main administration building, people who used the service had previously been able to access a kitchen/dining area that had primarily been used for the weekly breakfast club. However, this space was also undergoing a major refurbishment and we were told the plan was to create a new community style café that would be fully accessible to people who used the service and their relatives and friends.

Through our discussions with the management team, we learnt the approach that had been taken with the first unit to have been completed was to act as a model for the remainder of the refurbishment programme. However, as service responded to feedback from people who use the service and staff, we were told this would inevitably lead to 'tweaks' along the way. We were also told the service was moving away from the term 'units' as this was deemed inappropriate terminology when referring to a location where people live.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to 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).

Due to nature of the service provided at Moston Grange, the majority of people were subject to a DoLS and the management team understood the need to apply for a DoLS authorisation in order to deprive someone of their liberty in order to keep them safe. A DoLS matrix continued to be in use which sought to ensure key dates relating to all aspects of the DoLS process were tracked.

We reviewed people who were subject to conditional discharges from sections of the Mental Health Act and Community Treatment Orders (CTO). A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community, for example being compliant with their medicines. We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and they made sure the MCA Code of Practice was followed. One member of staff commented: "We are now aware who has a DoLS or CTO in place, this was not the case previously."

In respect of care planning centred around mental health, we found this continued to be done effectively and good practice was now well embedded within the service. This included completion of the 'Dementia risk/benefit and assessment tool' which assessed a wide area of people's needs and an action plan was then devised. Previous improvements related to consent had also been sustained. Where a person lacked capacity to make a particular decision, other 'relevant people' had been consulted and supporting documentation was robust and completed to a high standard.

Since our last inspection, the service now benefited from the regular input of a Resident Involvement Lead. This person played a key role in facilitating and supporting people who used the service to have their voice heard and to positively contribute to decisions about their ongoing care, support and treatment.

We learnt that since our last inspection, Hollybank View and Hollybank Vale (units co-located but separated by locked doors) had merged to create one unit that now shared staff, and people who used the service were able to move freely around between these units. We spoke with a visiting relative who told us how this had positively impacted on their loved one as they had formed a friendship with a person who was previously on the other unit. They told us this had resulted in what appeared to be a reduction of their episodes of behaviours that challenged the service. Another relative said: "I like that the units on Hollybank have been opened up, I wasn't sure at first, but its lovely to see different personalities in the home."; A member of staff told us: "The opening of 'Hollybank' has helped people move much more freely around the home."

At the last inspection we highlighted the service was not effective in evidencing positive health outcomes. At this inspection, we found there had been significant improvements. Through the newly established resident involvement worker, we saw contact had been made with Manchester Health and Wellbeing Services and through the 'Buzz' initiative, people were now able to access a range of activities targeted to people aged 50 and over. This included people who used the service participating in a 12 week chair based exercise programme. Six staff from Moston Grange had also volunteered to continue this work and the trainer from Buzz had delivered a briefing session and provided learning and guidance materials. Evidence of early positive outcomes showed that this particular activity had helped to improve coordination and balance and aspects of recall associated with memory.

In our last inspection report we highlighted a number of issues related to the mealtime experience. At this inspection, whilst we found some improvements had been made, but this was an area of service delivery that continued to require attention from the management team. In particular, the quality and presentation of meals and the choices offered on a daily basis.

On Deanvale we observed lunch was delivered in a hot trolley, staff checked the temperature of the hot food with a probe and found the temperature was too low and the whole trolley was returned to the kitchen. When the trolley was returned from the kitchen, the food had already been plated up and looked bland and unappetising. One person who used the service told us: "No, I don't really enjoy the food." Another said: "It's OK, but not great." On Hollybank, we found the meals served did not correspond with the menu we were shown.

In terms of improvements that had been made, meals for people with additional dietary needs such as soft diets, were now bought in to the service from an external supplier. This meant the management team could quality assure the standard of food being served and presented to people with additional dietary needs.

During the inspection we spoke at length with senior managers about the whole mealtime experience and we were assured the management team were working towards a plan that sought to ensure sustained improvements in this area. Furthermore, the senior managers recognised the importance of good nutrition and how this was intrinsically linked to good health and well-being outcomes for people who used the service. They stated that they were committed to achieving this. We will review progress at our next inspection.

We reviewed the induction, training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. The provider had a corporate induction programme for newly recruited staff and support workers who were new to the care industry were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standard that should be covered as part of induction training of all new care workers.

Staff training continued to be a combination of classroom based learning with annual refresher training delivered via group sessions where staff would watch a DVD of the particular training topic. Staff were then required to complete a competency test to check their underpinning knowledge. Training topics included moving and handling, first aid, privacy and dignity, dementia and health and safety. Training for physical intervention and 'breakaway' techniques was delivered by an external training provider.

At the last inspection, we found issues related to the timeliness and quality of supervision sessions being completed with staff. Staff supervision provides an opportunity for line managers to meet with staff, feedback on their performance, identify any concerns, and offer support, assurances and learning opportunities to help them develop. At this inspection, we found improvements had been made and sessions were broadly being completed in line with the providers policy. All staff we spoke with said they felt supported by the registered manager and management team. Comments from staff included: "Yes I feel supported. I have recently had a supervision"; "Supervisions are now finally happening, I think its important to sometimes air off."; and, "I regularly meet with the manager to discuss my development."

We looked at how people who used the service were supported to access community based health care services. We found people had routine access to relevant primary care services such as a GP, dentist, optician and community based mental health services. Support was also provided to ensure people were able to attend all relevant health appointments.

Is the service caring?

Our findings

At our last inspection in March 2018, this key question was rated 'Requires Improvement.' This was because there were widespread and significant shortfalls in management oversight and governance arrangements which meant people's immediate and ongoing needs were not consistently met to demonstrate a caring culture. However, at this inspection we found improvements had been made which meant this key question was now rated 'Good.'

We asked people if they considered Moston Grange to be caring. Comments included: "I want to stay here for the rest of my life."; "Staff are fantastic."; and, "Staff could not do more."

At the last inspection, we made a recommendation the service needed to review its approach to equality, diversity and human rights (EDHR). At this inspection we found improvements had been made in this area and through our discussions with the clinical operations director, we were provided with a high level of assurance that going forwards, EDHR would not only be at the heart of Moston Grange, but across the providers portfolio of services.

The resident involvement lead, occupational therapist and activities co-ordinators worked collaboratively to gain a deeper understanding of the people who used the service. This joined-up, holistic approach meant the unique characteristics of everyone who used the service were fully considered, including those people with a protected characteristic. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

The service was aiming to meet the needs of older people who identified as LGBT by inviting a representative from the charity Age UK into Moston Grange to talk about 'Out in the City' which is a social group for the older LGBT community in Manchester. Where people expressed an interest to attend the group, we learnt how the service then made the necessary arrangements to enable people to attend and participate.

We also saw how the needs of people from black and minority ethnic (BME) groups were being considered. For example, extensive research had been completed to understand the cultural and spiritual needs of a person from a particular minority group. This had resulted in this person being provided with a CD of music that was reflective of their heritage and staff had gained a wider understanding of cultural sensitivities associated with their beliefs.

In respect of the above examples, we learnt how this had a positive impact on people in that the engagement from staff made them feel more included and valued as individuals.

During the inspection we spoke with the relatives of a person who used the service and they shared with us an example of how they considered staff had gone above and beyond in demonstrating a caring approach. We learnt the service had organised a surprise meal for the person who used the service and their loved one.

This had been organised and set up to enable the couple to have some private time together and we were told how this had a significant positive impact on the couple and the wider family; the daughter told us: "Just for that moment, they were mum and dad again."

As previously mentioned in this report, the service now benefited from the regular input of a resident involvement lead. We saw how this newly introduced role was also supporting the service by providing information and explanations to people and ensuring their voice was heard. This complimented the new framework adopted by the management team at Moston Grange for involvement of people through regular service user and family forums.

During our observations we found staff treated people with dignity and respect. Staff shown patience and understanding and gave an explanation before a task or activity was completed with someone.

As part of the refurbishment programme, the provider had installed a new closed circuit television (CCTV) system in communal areas across the service. Before the system was installed, the provider had consulted widely and due regard had been given to relevant legislation and guidance, including the CQC guidance for surveillance in a care setting. On this basis we were satisfied due consideration had been given to ensuring people's rights to privacy and dignity were not unduly affected by the use of CCTV. The provider also had a comprehensive policy and associated procedures for the use CCTV across the site.

Is the service responsive?

Our findings

At the last inspection in March 2018 this key question was rated 'Requires Improvement.' This was because we found variation in the quality of information being recorded and the timeliness in which evaluations of care were completed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. At this inspection we found significant improvements to people's care plans had been made which meant the service was no longer in breach of this regulation. Therefore, this key question is now rated 'Good.'

We found the service had introduced a number of key elements to people's care plans. For example, sections of care plans were called, 'my mental health needs and wellbeing', 'my legal status', 'my physical health needs and my personal care needs'. People's care plans were detailed and informative. They included information about the person's background, interests, family history as well as information about their mental health needs. This included details of topics of conversation people were known to enjoy. This helped staff new to the service to quickly build relationships with the people they were supporting. Staff were provided with guidance on how to meet people's care needs and details of the person's preferences in relation to how their support was provided.

Where people were known to be likely to decline or refuse support, staff were provided with specific information on techniques that had previously been effective in encouraging people to engage and accept help.

Each person who used the service had a health passport. This was detailed and person centred. For example, one person had a specific 'my diabetes passport.' The Health passport is a document which contains information about appropriate means of communication, support needs and wishes. It has been created to best communicate and make appropriate decisions about the care of people with long term health conditions.

We saw from the care plans that the people using the service had access to a range of health care professionals. In the care plans we looked at we saw people had been visited by GPs, district nurses, opticians, chiropodists, audiologists, continence nurses and people had been supported to attend dental appointments.

As previously mentioned in this report, the resident involvement lead, occupational therapist (OT) and activity co-ordinators were working collaboratively to provide a holistic and responsive level of support to people. Through our discussions with the OT, we learnt they had been in post since March 2018 and worked full-time across the providers portfolio of services. However, since being in post, we were told a significant amount of time had been dedicated to Moston Grange. We were shown examples of how the OT role had made a positive impact, for example, where people had a support need around the provision of suitable seating, an assessment had been completed and each person had been provided with a new chair that met their individual needs. The OT was also involved in quality assurance and ensuring best practice based on national clinical guidance.

In respect of the resident involvement lead, we saw how they had been instrumental in forging new links with the wider community, for example, new and developing relationships had been established with Manchester Health and Wellbeing Service, Manchester Age Friendly Neighbourhoods Team, the National Football Museum, Age Friendly Moston, New Moston Partnership Board and Moston Miners Community Arts and Music Centre.

The resident involvement lead had also helped to secure Big Lottery funding for a project delivered in partnership with the Sporting Memories Foundation. This charitable organisation supports people living with dementia and memory problems through sports reminiscence activities. As a result of the funding, training and learning materials will be provided for up to 12 people, including people who use the service at Moston Grange, their relatives, staff and volunteers. Due to the success of previous sessions held with the support of staff from the National Football Museum, two people who used the service have already volunteered to be 'resident champions.'

The activity co-ordinators also continued to play a crucial role in ensuring people were engaged in meaningful person-centred activities. We saw a comprehensive programme of both group and one-to-one activities took place across the whole seven day period and people were free to choose what, if any, activity they wanted to participate in. Through talking to people who used the service and through our discussions with one of the activity co-ordinators, we saw the type of activities on offer were wide ranging and included cycling in the park, male/female grooming and pamper sessions, the breakfast club, quiz nights and movie nights, to cooking sessions that provided sensory stimulation.

We also learnt that as a direct result of feedback provided by one of the activity co-ordinators to a senior manager, the provider had agreed to purchase three new accessible minibuses. At the time of this inspection they were on order and staff spoke enthusiastically about how this will make a real difference in enabling them to support people to access the wider community.

We looked again at end of life care (EoLC). At the time of this inspection no one was in receipt of EoLC but in such circumstances, we noted that community EoLC professionals such as Macmillan specialist nurses were usually involved, in addition to a person's own GP. Staff continued to receive EoLC and bereavement training as part of mandatory training. However, in the care records we reviewed, we found the service was not always engaging in discussions with people regarding their future wishes. In particular, with people who had a do not attempt resuscitation (DNAR) in place. Having such discussions is fundamental to good end of life care planning to ensure people's wishes and personal preferences are met and respected. We discussed this with the registered manager and they acknowledged this was an area for improvement.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's care and support records, we were satisfied that should people require information in an accessible format, this would be quickly identified by the service and acted upon.

Information relating to how to make a complaint was readily available throughout the service. The management team had an open door policy and people were actively encouraged to provide feedback or raise concerns. Where a complaint had been made, we saw that appropriate records were maintained and complaints were managed in an open and transparent way.

Is the service well-led?

Our findings

At our last inspection in March 2018, this key question was rated 'Inadequate.' This was because of the systemic failures across the whole service and multiple of breaches of regulations. At this inspection, whilst we found significant improvements, the issues outlined in the key question of 'Safe' regarding the safe management of medicines, means this key question is now rated 'Requires Improvement.' This is because improvements are required to ensure audit and quality assurance associated with the safe management of medicines are robust.

However, more widely, the senior management team had implemented an improved framework for audit, quality assurance and questioning of practice which meant both seniors leaders and front line operational staff were now more accountable. At provider level, a management restructure meant the service now had the right people, in the right place, doing the right job.

Audits were completed on a regular basis across a wide range of topic areas. For example, case file audits, potentially restrictive practice audits, environmental checks and emergency response audits. Spot checks were also completed by the management team on a regular basis with appropriate records maintained. Overarching trend analysis was completed with a clear audit trail of remedial and preventive actions taken.

Weekly clinical governance meetings were held and this provided a framework for nursing staff to discuss with managers, each person who used the service. These meetings sought to ensure every aspect of people's care, support and treatment was discussed and reviewed, and where appropriate, an action plan formulated.

Since our last inspection, an existing operational manager had registered with CQC to become registered manager and manage the service at Moston Grange. 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.'

We asked staff if they considered the service to be well-led. Comments included: "[Manager's name] has been amazing and has made some great changes at the home"; "I feel there has been a culture shift, staff are now working as a team"; "I now feel confident speaking out, as I know the manager will do their best to make the changes that are needed; and, "I feel the service is well managed now, it has taken time but its now feeling much more organised."

Comments from relatives included: "[Manager's name] has done wonders for the home. We were worried they wouldn't stay on, but I am delighted they did."; "The home has improved so much, communication is 100% better and I no longer feel worried leaving [relatives name]. I have even booked my first holiday in years because I now finally feel confident [person] will be well supported."; and, "Just want to say, the home has done extremely well turning it around. I am so pleased, and excited for the future of the home."

Throughout the inspection, it was evident to members of the inspection team, in particular those that were

present at the last inspection, that the registered manager had been instrumental in giving Moston Grange a new heart and the impact of this was felt through every aspect of the service. Additionally, changes in personnel meant tangible improvements were felt across the whole service in terms of the culture, ethos, team work and quality of care being provided.

During the inspection we met with three senior managers who were also board members; namely, a consultant psychiatrist, the corporate operations director and the clinical operations director. Through our discussions, it was acknowledged that at board level there was a recognition about previous failures and more importantly, the lessons that had been learnt. There was common agreement about the work still to do, but we were assured by the providers plans moving forward in seeking to create a dynamic, progressive, open and transparent service that placed people who use services at its heart. In the words of one director, "Nothing is happening by chance anymore."

Without question, improvements had been made to the overall management and leadership of Moston Grange Nursing Home. This had been achieved by the commitment and dedication of both managers and staff, and also through the supportive measures provided by the local authority and commissioners. However, to improve the overall rating to 'Good' would require a longer-term track record of consistent good leadership, management and compliance with the regulations.

We will continue to monitor the service and return again in due course to check on progress.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | <p>12(1)(2)(g) The proper and safe management of medicines.</p> <p>We found there were still areas of improvement to be made to ensure medicines were always managed safely and people's health was not placed at risk.</p> |