

Boldlawn Limited

Moorland View Care Home

Inspection report

Moorland View
Exchange Street
Darwen
Lancashire
BB3 0DX

Tel: 01254704611

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Ratings

Overall rating for this service

Good ●

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?

Good



Summary of findings

Overall summary

This inspection took place on 6 and 7 February 2017. The first day of the inspection was unannounced. We had previously inspected this service in December 2015 when we found it to be meeting all the regulations we reviewed.

Boldlawn Ltd is registered to provide accommodation for persons who require personal care at Moorland View Care Home. Accommodation is provided in 32 single bedrooms over two floors. 16 of the bedrooms have en-suite facilities. The home is located in a residential area in Darwen. At the time of this inspection there were 30 people using the service.

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner of the service.

People told us they felt safe in Moorland View and had no concerns about the care and support they received. Staff had received training in safeguarding adults from abuse. They were able to demonstrate their understanding of the correct action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

Staff had been safely recruited and there were sufficient numbers of staff available to meet people's needs in a timely manner. Records showed staff had received the necessary induction, training and supervision to help them to deliver effective care.

People who used the service told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

Systems in relation to the administration of creams needed to be improved. However a visiting district nurse told us they had no concerns regarding the skin integrity of anyone who used the service.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity or gas supply. Personal emergency evacuation plans were in place to help ensure people who used the service received the support they required in the event of an emergency at the home.

People's care records contained enough information to guide staff on the care and support required. The

care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Care records had been regularly reviewed to ensure they were an accurate reflection of people's needs.

Records we reviewed showed staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment. The visiting district nurse we spoke with told us the quality of care provided in the service was very good.

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

Systems were in place to help ensure people's health and nutritional needs were met. People told us the quality of food provided in the service was generally good.

People were provided with the opportunity to engage in a range of activities to promote their well-being.

People had opportunities to comment on the care they received in Moorland View. People we spoke with told us they would feel confident to raise any concerns they might have with the registered manager and were certain appropriate action would be taken to resolve any complaints.

Staff told us they enjoyed working in Moorland View. They told us the registered manager and senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

The registered manager had improved the quality assurance systems in place in the service. They demonstrated a commitment to continuing to drive forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems needed to be improved to help ensure people always received their medicines as prescribed.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse or poor practice they witnessed or suspected.

Staff had been safely recruited and there were enough staff to meet people's needs in a timely way. People were cared for in a safe and clean environment.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision required to enable them to carry out their roles effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met. People told us the quality of food was generally good.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the kind and caring nature of staff. Staff told us, wherever possible, they would always promote the independence of people who lived in Moorland View.

Staff demonstrated a commitment to providing high quality care. They had a good understanding of the needs of people who used the service.

Care records were stored securely to protect people's confidential information.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was up to date.

A range of activities were provided to promote the well-being of people who used the service.

People were encouraged to provide feedback on the care they received in Moorland View.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had improved the quality assurance systems in the service since the last inspection.

Staff told us they enjoyed working at Moorland View and received good support from the registered manager and senior staff.

The registered manager was committed to driving forward improvements in the service.

Moorland View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 6 and 7 February 2017. The first day of the inspection was unannounced. We informed the registered manager we would be returning on the second day.

The inspection team on the first day of the inspection consisted of two inspectors and 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; the expert had experience of residential care services for older people. The second day of the inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning. We also contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service.

During the inspection we spoke with seven people who used the service, three visiting relatives and a visiting district nurse. We also spoke with the registered manager, the person employed by the provider to offer part time management support, four members of care staff, the cook and a member of the housekeeping team.

We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included three staff personnel files, staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

Five of the six people who used the service told us they felt safe in Moorland View. Comments these people made to us included, "I feel very safe here and would not like to be anywhere else" and "I feel very safe and would not leave, ever." One person was less happy with the care they received in Moorland View although they could not tell us why they felt less safe than other people.

One relative told us they were not always certain their family member received safe and appropriate care; this was mainly due to an incident in which their family member had sustained an injury. However when we reviewed the records and spoke with staff about this incident we were satisfied that appropriate action had been taken.

Staff told us they had received training in safeguarding adults; this was confirmed by the records we reviewed. All the staff we spoke with were aware of the procedure to follow should they witness or suspect abuse. Policies and procedures were available for staff which included information about the possible indicators that abuse was occurring. Staff told us they would also feel confident to use the whistleblowing policy to report any poor practice they observed. They told us they were certain that the registered manager and senior staff would listen to and act upon any concerns they might raise.

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for three staff and found these contained an application form with full employment history, at least two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We asked people who used the service if there were sufficient staff available to meet their needs in a timely manner. All the people we spoke with told us that any requests they made for support were responded to promptly; this was confirmed by our observations during the inspection. The provider told us that, although the dependency levels of people who used the service had decreased since the last inspection, they had taken the decision not to reduce staffing levels.

At our last inspection we were concerned that staff were not appropriately deployed during the lunchtime period to ensure people received the individual support they required to eat their meal. During this inspection we saw that senior staff provided leadership and direction to care staff and that, where necessary, people were provided with individual assistance to help ensure their nutritional needs were met.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We saw that written protocols were in place for most 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We reviewed the medication administration record (MAR) charts for four people who used the service. We noted that one chart had a missing signature for one medicine. When we checked the stock of medicine held for this person we found it showed the medicine had not been given to the person as prescribed on one occasion; the registered manager immediately reported this error to the local authority as soon as it was brought to their attention. The remaining MAR charts we reviewed were fully completed.

We saw there was a separate record kept of the creams prescribed for people and when they had been administered by care staff. We reviewed the cream charts for all people who used the service. We found that creams for two people had not been administered in line with the instructions on the relevant MAR charts; this meant people had not received their creams as prescribed. However, a visiting health professional we spoke with told us they had no concerns about the skin integrity of people who used the service.

We saw that required multi-disciplinary discussions had taken place regarding whether it was in an individual's best interests to have their medication administered covertly (i.e. in food and drink without the person's knowledge). This helped to ensure people's rights were properly protected.

People we spoke with during the inspection told us they believed they always received the medicines they were prescribed. One person told us, "They [staff] give me my tablets and put cream on me; they always come at the right time." We saw that lockable medicine cabinets were installed in some of the bedrooms; this helped to ensure people's dignity and privacy when their medicines were administered by staff. The individual cabinets also supported people to be as independent as they wished to be when taking their prescribed medicines.

Care records we looked at contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. Risk assessments had been regularly reviewed and updated where necessary to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. We looked around all areas of the home and saw the bedrooms, lounges, dining room, bathrooms and toilets were clean. On site laundry facilities were provided. We saw that all the equipment was in working order and the laundry looked clean and well organised.

Our observations during the inspection showed staff used appropriate personal protective equipment (PPE), including disposable aprons and gloves when carrying out tasks. There were also hand hygiene dispensers available for staff and visitors to use within the premises. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

Inspection of records showed that a fire risk assessment was in place and regular fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Since the last inspection records had been maintained of the support people who lived at Moorland View

would need to evacuate the building safely in the event of an emergency. Staff had also completed training on how to use the evacuation chairs in place for people who had restricted mobility. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. The registered manager demonstrated a good understanding of MCA and DoLS. Records we reviewed showed they had made the necessary applications to the local authority to ensure any restrictions placed individuals who could not consent to their care in Moorland View were legally authorised. At the time of this inspection six applications had been submitted with two being assessed and approved by the local authority.

We saw that the registered manager took appropriate action to ensure that people who had capacity to consent to their care in Moorland View were provided with the code for the front door to the home; this helped to ensure people were not inappropriately restricted. One person told us, "I know the code to the door now; I can remember it."

Records showed that all staff had completed training in the MCA and DoLS. Our discussions with staff showed they had a good understanding of the principles of this legislation. Staff told us, wherever possible, they would support people who used the service to make their own choices and decisions. One staff member commented, "I always ask and communicate before doing anything. I ask people what they want and what routine they like." Another staff member told us, "Each resident is different. You have to ask people their preferred way of doing things." During the inspection we observed staff asked people for their permission before they provided any care or support.

We looked to see how staff were supported to develop their knowledge and skills. The provider told us they had employed a person to provide all the training for staff, including induction sessions for new staff. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, moving and handling, pressure care and fire safety. We saw that training sessions had been booked on a fortnightly basis to help ensure all staff received refresher training in all required topics. Staff were also encouraged to gain nationally recognised qualifications in health and social care.

Staff we spoke with were positive about the induction and training they received. One staff member commented, "The induction was good. I shadowed staff, read policies and procedures which meant I felt confident when I started working on my own." Another staff member who had recently returned to work following maternity leave told us they had completed the new induction process on their return and felt it had met all their training needs. They also told us the registered manager was very good at identifying when refresher training was due.

Records we reviewed showed all staff had received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. Staff who had worked at the service for over a year had also received an annual appraisal of their performance; this provided staff with the opportunity to discuss how they wished to progress within the organisation.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support. One person who used the service told us, "They [staff] have been weighing me. I have lost a bit of weight and I'm happy about that."

Six of the seven people who used the service gave positive feedback about the quality of the food in Moorland View. Comments people made to us included, "The food is wonderful. I eat it all" and "The food is lovely." One person told us they considered the quality of meat provided in the service could be improved. During the inspection we observed the lunchtime meal on both days. We saw that it was freshly cooked and appeared to be of good quality. We noted that people who did not want either of the hot meals on offer were provided with an alternative of their choice.

We spoke with the cook on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks and snacks were served to people throughout the inspection.

We found the kitchen was clean and tidy. The service had received a 5 rating from the national food hygiene rating scheme in October 2016 which meant they followed safe food storage and preparation practices. The provider had also developed a new breakfast kitchen/utility area which helped to improve food hygiene practices as care staff did not need to access the main kitchen to provide people with breakfast cereals, toast or snacks.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. They told us that all important information was also recorded in the diary so that staff could refer to this throughout their shifts.

People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from and appointments with district nurses and GPs. The district nurse we spoke with during the inspection told us they were very impressed with the standard of care provided in the home. They commented, "Staff are really knowledgeable about the residents. They are proactive and you can trust them to do everything required to meet a person's needs."

Is the service caring?

Our findings

People who used the service gave us positive feedback regarding the attitude of staff. They told us staff were always kind, caring and respected their dignity and privacy. Comments people made to us included, "I have two special carers who are wonderful. The others are OK but these two are really wonderful", "All the staff are lovely and are there for you night and day." One person told us that they had initially been admitted to the home for a period of respite but had been so well looked after that they had decided to stay permanently. They told us, "It is the best decision I have ever made. It's wonderful here, I could not ask for anything better."

Relatives we spoke with also told us they found staff to be kind and caring. One relative commented, "[Name of relative] is well cared for, the staff are lovely and she is very happy with everything." Another relative told us, "Staff are so friendly. It's a small place so the staff know all the residents and are very kind."

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted that staff spoke with people discreetly to ensure their personal care needs were met in a timely manner. On the second day of the inspection we particularly noted two staff members took the time to speak with and reassure a person who had been extremely agitated partly due to our presence in the home; we noted this had a positive and calming effect on the person concerned.

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff.

Staff we spoke with demonstrated a commitment to maintaining the independence of people who used the service. One staff member told us that they always asked people how much support they wanted as they recognised this could change from day to day.

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history and important relationships and interests. This information helped staff to develop caring and meaningful relationships with people. The registered manager and staff we spoke with clearly demonstrated they knew people who used the service well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. One staff member told us, "I would be happy for a family member to live here. I think people get good care."

We saw that care records included limited details about the care people wished to receive at the end of their life. The registered manager told us they recognised there was scope for further improving this information to help ensure staff were aware of people's wishes and preferences regarding end of life care. However they told us they worked closely with the district nursing service as soon as it was identified that a person was

nearing the end of their life. They told us this ensured people had the equipment and medication they required to help ensure they had a pain free and dignified death. They told us they would ensure end of life care plans were reviewed with people who used the service where they were willing to discuss these matters.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they or another senior member of staff always completed a detailed assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. The registered manager told us they had turned down a number of referrals to the service as they had felt they would be unable to meet the person's needs. We noted that the service provided both short term and respite care which could be used to help people to decide if they wished to remain at Moorland View on a permanent basis.

We saw that the initial assessments completed were used to develop person-centred care plans and risk assessments. These included information about people's needs in relation to personal care, mobility, health conditions, communication, medication, skin care and eating and drinking. The records we looked at provided good information for staff about how to respond to people's individual needs.

People who used the service told us they always received the care and support they needed. One person commented that they really appreciated all the help they received and that, "It is a really nice place to be in and I am lucky to be here." Another person told us, "I am very happy with the care and support I receive from the home."

We saw that all care records had been regularly reviewed and updated to ensure they reflected people's current needs. Some people had signed their care plans to show they had been involved in reviewing the content of these plans. A relative we spoke with confirmed that staff regularly went through their family member's care plan with them both.

We looked at the opportunities available for people to participate in activities. On both days of the inspection an external instructor visited to provide a range of armchair exercises for anyone who wanted to participate. We observed one of the sessions and noted it was very much enjoyed by all the people who participated. Two people told us they enjoyed the sessions so much that they wished the instructor could visit every day.

We were told that, other than the exercise sessions there was no planned daily schedule of activities to allow for people to choose what they wished to do. On the first day of the inspection we observed the two students on placement at the service arranged games in which people could participate if they so wished. We were told trips out were also organised occasionally and a company had recently visited the home with exotic small animals for people to look at. A volunteer also attended the home on a weekly basis to encourage people to sing and read poetry.

One member of staff told us they always made a point of encouraging people to join in with activities but also tried to spend one to one time with people in their rooms if they wished to remain there. They also gave us an example of how they had encouraged a person with visual impairment to join in with discussions and

other activities where sight was not the main pre-requisite.

We looked at the systems in place to enable people to provide feedback on the care they received in Moorland View. We noted information about the complaints procedure was included in the service user handbook which people received on admission. A complaints policy was also in place which provided people with information about how complaints would be responded to and investigated.

We looked at the complaints log maintained in the service and found it was not always easy to determine what action had been taken in response to any complaints received. The registered manager told us that any complaints had been resolved to the satisfaction of each complainant but advised us that the records would be improved to clearly show what investigations and action had been taken.

People we spoke with were generally confident that any issues or concerns they raised would be dealt with by the registered manager. One person told us, "The boss is very approachable and if I do not like something I tell him and he does his best to put it right." This person told us they and another person who used the service were regularly invited into staff meetings by the registered manager to discuss any improvements they thought necessary to the care they received; this demonstrated the registered manager sought and acted upon feedback from people.

We saw that there had been regular meetings between the registered manager, people who used the service and their relatives. Records from these meetings showed that people had been asked their opinion about the quality of the food, particularly when a new cook was appointed, and activities people would like to see on offer in the home.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. The registered manager was also the owner of the service.

At the last inspection we found the quality assurance systems in the service needed to be improved. Since the last inspection the provider had employed a person to support them on a part time basis with the running of the home; this person assisted the registered manager in completing regular audits including those in relation to medication, care plans, infection control, catering and health and safety. They also completed a monthly management report for the registered manager. We noted that any identified shortfalls in this report had been actioned by the registered manager.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as serious injuries, had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

People we spoke with during the inspection were generally positive about the registered manager and senior staff in the service. One person commented, "[Name of registered manager] is very caring."

All the staff we spoke with told us they enjoyed working at Moorland View. They told us the registered manager, senior staff and colleagues were all approachable and supportive. They told us all staff worked well as a team to help ensure people received high quality care. One staff member commented, "The staff team in general are very supportive of each other and are striving to deliver a quality service to all residents and their families."

We saw that staff meetings had been held within the service. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member told us they had asked for additional PPE to be provided around the home at a staff meeting and that immediate action had been taken by the registered manager to put this in place.

The registered manager had completed regular quality assurance surveys with people who used the service, their relatives and visiting professionals. We looked at the 10 responses received from the most recent surveys completed in July 2016 and saw that most of the feedback had been very positive. Comments people had made included, "I can't praise the attention of staff enough. In a word all the staff I have any dealings with are fabulous" and "The home has cared for my relative in a safe and clean environment."

We noted the registered manager has also completed surveys with people who used the service in relation to their satisfaction with the call bell system and the responsiveness of staff to their requests for assistance; all the responses to these surveys had been positive.

The registered manager had a business development plan in place which identified the improvements they wished to make to enhance the environment for people who lived in Moorland View.