Brampton Meadow Limited

Moorleigh Nursing Home

Inspection report

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Leeds
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection was carried out on 7 and 8 November 2017. The inspection was unannounced on the first day and we told the registered provider we would be visiting on the second day.

We last inspected Moorleigh Nursing Home in July 2016 when the home was rated 'Requires Improvement' overall. We identified four breaches of regulations. We found medication systems were not robust to ensure safety, known risks identified in the property were not mitigated to prevent harm to people and risk assessments did not cover all known risks and where they were completed guidance from assessment was not always followed. As a result we served a warning notice for Regulation 12 (Safe care and treatment). We also found assessments of people's capacity and records of decisions made in people's best interests were not completed where required. This was a breach of Regulation 11 (Need for consent). Quality assurance systems were not robust enough to ensure quality and safety. This was a breach of Regulation 17 (Good governance). We also saw that staff training was not up to date. Clinical training and competencies for nursing staff were not in place for all areas of clinical practice. This was a breach of Regulation 18 (Staffing).

Following our July 2016 inspection, the registered provider sent us an action plan detailing the changes and improvements they intended to make to improve the quality of service provided to people living at the home. We took this into account when planning this inspection to make sure we checked these actions had been completed. At this inspection, we found the provider had made all the required improvements and addressed all the concerns that had been highlighted last time we visited the home.

Moorleigh Nursing Home is a large property which consists of a Victorian main building with modern extensions. People have access to extensive gardens which are accessible to people with mobility difficulties. The service provides accommodation care and support for up to 36 older people who require personal care and nursing. The service is close to all local amenities.

There was 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.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how to keep people safe. There were sufficient numbers of staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with suitable amounts of food and drink and were happy with the meals they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to any comments made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The management of medicines had improved and was now safe.

Safety checks on the environment and equipment were completed to ensure it was safe to use.

The provider and manager responded positively to safeguarding concerns and took action to address these.

Risks were assessed and managed safely. Care plans and risk assessments provided information and guidance to staff.

Appropriate recruitment checks were carried out before staff began work.

Is the service effective?

Good

The service was effective.

Staff training was up to date and competencies for nurses had been completed.

Staff received regular supervision and appraisals to support them in their role.

Staff understood the requirements of mental capacity legislation and put this into practice.

People told us they received enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of how to maintain people's dignity and respected people's rights.

We observed positive interactions between staff and people who used the service.

People told us they received a good standard of care and that staff were kind.

Is the service responsive?

Good

The service was responsive.

An activity programme was in place that offered people a choice of events that they could participate in and enjoy.

Care plans were person-centred and provided individualised information on how to care for and support people.

Complaints were managed and responded to.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to ensure there was good governance and leadership within the service.

People said the home was well led. Staff felt supported and said that the manager was approachable.

People and their relatives were asked for their views about the service.

There was an effective quality monitoring system to help ensure the care provided met people's needs.

Moorleigh 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 7 and 8 November 2017. The inspection was unannounced on the first day and we told the registered provider we would be visiting on the second day.

The inspection was carried out by one adult social care inspector 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 by experience had experience in providing care for their relatives.

We contacted the local authority prior to visiting the home. We also reviewed the information we held about the service which included notifications of significant events that affect the health and safety of people that use the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people living at the home and eight visiting relatives. We spoke with five members of staff, the clinical lead, the registered manager and the registered provider. We looked at the records of four people which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of six members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Good

Is the service safe?

Our findings

At our last inspection in July 2016, we found medication systems were not robust to ensure safety, known risks identified in the property were not mitigated to prevent harm to people. Risk assessments did not cover all known risks and where they were completed guidance from assessment was not always followed. The provider sent us an action plan telling us about the improvements they intended to make. At this inspection, we found improvements had been made.

People told us they felt safe living at the home. One person said, ''I feel very safe living here'' and another said, ''Yes, absolutely.'' One visiting relative told us, ''It's very safe here, I wouldn't have wanted my relative to go anywhere else. I've never had any concerns but would speak to the carers first if I had any problems."

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse.

People received their medicines safely, when they needed them. The care plans had identified how each person liked to take their medicine and we observed staff followed the directions carefully. Some people were prescribed medicines to be given 'when required' for example pain relief. There was clear information available in people's care plans about these medicines which provided staff with guidance as to the circumstances in which a dose would need to be given. Separate records were kept of creams or other external items that were applied.

The home held large stocks of some medicines which they said was related to the prescribing and dispensing of medicines by the GP and local pharmacy. We saw evidence of on going correspondence regarding this issue. The registered manager told us the service had to destroy large amounts of medicines on a monthly basis, because once medicines were accepted onto the premises, these could not be returned. They told us they would continue to liaise with all parties involved and were hopeful they could resolve the issue.

Medicines were stored securely and temperatures were monitored daily in the refrigerators for medicines which required cold-storage. Medicines were disposed of safely and clear records were kept of medicines received and disposed of, so medicines could be easily audited and checked. Regular medicines audits had been completed. All staff who administered medicines had received appropriate training and in addition to this, competency checks were also carried out.

Risks to people's health and safety had been identified. People's care plans included detailed risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary

restrictions were placed upon them to maintain people's independence. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, so lessons could be learned.

The provider followed robust recruitment procedures. Recruitment records demonstrated staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevent unsuitable people from working with particular groups of people.

We had some mixed feedback about staffing levels at the home. Two people told us they thought there were not enough staff, and they often had to wait for assistance. One person said, ''Could do with more. Staff never stop. Seem to be working all the time.'' Another person told us, ''Not enough staff. I think they are well overworked.'' One visiting relative told us, ''By and large there's enough staff, but sometimes more than others." A visiting relative told us ''Staff are marvellous, honestly, can't fault them at all.''

Staff we spoke with told us there were enough staff to meet people's needs. They said that the home was busy but if staff were organised in how they cared for people there was no problem. We discussed the comments made about staffing levels with the registered manager. They told us that there was on going recruitment for nursing staff at the home with the use of agency staff to cover night shifts. They said they did a daily 'walk around' the home and always made a point of observing the response times to people who required assistance but they would continue to monitor this.

We observed the care provided on each floor of the home throughout our inspection. We saw there were enough staff on duty to support people's needs throughout the inspection. We observed people were not waiting for long periods before being attended to. The registered provider monitored the staffing levels and skill mix of staff closely to ensure that appropriate levels of staff were working in the home to meet people's care and support needs and to maintain their safety.

There were plans to deal with any risks from emergencies. Staff had received regular fire training and knew how to respond in the event of a fire. They took part in regular fire drills and records showed that these included night staff. There was suitable evacuation equipment in place and personalised emergency evacuation plans for people were easily accessible in the event of an emergency. Staff knew what to do in response to a medical emergency and received first aid training which included cardio-pulmonary resuscitation. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for a range of different scenarios.

Equipment at the home was routinely serviced and maintained which helped reduce risks to people. There was a maintenance book for staff to record any identified equipment issues and these were promptly dealt with. Equipment such as bed rails and hoists were checked frequently to ensure they were in good working order. There were regular checks on the safety of the premises such as hot water, radiator and window restrictor checks. We also reviewed relevant certificates of work completed with regards to gas safety, electrical installation, portable appliance testing, legionella and fire safety. These were up to date and the registered manager also maintained a matrix of when any future safety checks were scheduled. These measures helped to ensure the building was safe for people to live in.

Good

Is the service effective?

Our findings

At our last inspection in July 2016, we found assessments of people's capacity and records of decisions made in people's best interests were not completed where required. We also found staff training was not up to date. Clinical training and competencies for nursing staff were not in place for all areas of clinical practice. The provider sent us an action plan telling us about the improvements they intended to make. At this inspection, we found improvements had been made.

People we spoke with told us they thought staff were well trained and able to meet their needs. We reviewed records of staff training which were held by the registered manager in the form of a matrix. This showed all of the training staff had attended and were due to attend. Reminders were sent when refresher training was required. This demonstrated staff received a range of training to support them in their roles. Training included food safety and hygiene, first aid, equality and diversity, movement and handling, communication skills and the principles of dementia care. When we discussed the availability of training with staff, they confirmed the provider supported them with a range of courses. One staff member told us, "It seems like we do a lot of training but we are keen to keep up to date. There is always something new and a lot of the staff really enjoy the training." We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, such as, diabetes care.

Staff received monthly supervisions. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Supervision also included feedback from colleagues and people who lived at the home. Appraisals were also held and focussed on staff strengths, difficulties, development/improvement and an agreed action to work towards for the next 12 months. This was a good system to monitor and support staff to provide effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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).

At the time of the inspection we were told six people living at the home were currently subject to DoLS (Deprivation of Liberty Safeguards). Care records showed people's capacity was kept under review, with relevant assessments held within people's care plans. We saw that where appropriate, people had given written consent with regards to staff taking responsibility for their medication and personal finances. Staff had received training in the MCA to help them to develop the skills and knowledge to promote people's rights under the legislation. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required.

People were encouraged to maintain their independence and enjoy their meal time experiences by staff who offered them the choice of where they would like to dine. We observed lunch being served to people and saw it looked and smelled appetising. Portion sizes were generous and people were offered second helpings. We received mixed feedback from people about the food at the home. One person told us, ''I don't like the food, it isn't very nice. I always had bacon and egg for my breakfast, but not here. Here it's always cereals and toast and they can't make decent toast.'' A visiting relative told us, ''Food is the worst aspect of this place." During our observations of lunch we saw visiting relatives in the dining room who came in to assist their family members were offered a hot drink by staff. One visiting relative told us, ''I come here everyday to ensure my relative has their lunch. It usually takes an hour and a half for them to eat their meal. The manager got these specially designed spoons for me to assist my relative, and they really work.''

We spoke with the registered manager about the comments we received about the food. They told us that these comments had not been raised with them but they would add this to the agenda for the relatives meeting they held regularly at the home.

Staff had a good understanding of people's individual dietary requirements. People were weighed monthly and these records were held within people's care plans. People at risk of not eating or drinking enough had been identified and this risk was managed through their plans of care. The provider used the Malnutrition Universal Screening Tool (MUST) to identify if people were at risk of not eating or drinking enough. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition. Staff told us if they had concerns about a person's weight then they would speak with the manager first, or seek advice from either the GP or dietician service. This meant people were protected from the risks of inadequate nutrition and dehydration.

Relatives told us staff supported their family members to see health professionals so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. We could see from care records that people had accessed doctors, dentists, physiotherapists, dieticians and opticians as required. This showed people living at the home received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

Throughout both days of out visit we observed many examples of friendly, good natured interaction. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying.

We saw people were clean, tidy and presentable. They were dressed appropriately and clothing was clean and un-creased. Hair was combed, nails cut and clean and the men shaved and well groomed. This indicated that staff had taken the time to support people with their appearance.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of their care; for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and were checked at regular intervals to identify if they needed any support. People who were supported to move around the home in wheelchairs chose where they wished to sit in the main lounge so that they were able to see the television or look into the dining area or garden.

Feedback from people and their relatives was mostly positive in relation to staff approach. Comments included, ''I wouldn't want to change any one of them. One carer is amazing, so kind. Staff seem to listen, they are always so kind.'' One person's relative told us, "Staff are ways in and out checking on my relative. Feel like staff here are family. I can ask them anything.'' One persons comments were not as positive when they told us about the approach of one staff member. They told us, "It all depends how busy they are.''

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people and relatives we spoke with who said staff were professional in their approach and they were treated with dignity and respect. One person told us, "It's a big thing with my relative. I wait outside. Staff always close the curtains and shut the door to maintain privacy when my relative has toileting needs." This demonstrated staff respected people's privacy and their dignity was maintained when providing personal care.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Relatives confirmed, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited. Comments included, ''I've always been involved in setting up my relative's care plan and all decisions regarding best interest, health and welfare.'' Another visiting relative told us, ''I am involved in all aspects of my relative's care, medication and diet. I've been involved in all decisions. Very good communication here.''

Individual care plans contained details regarding people's personal history, their likes and dislikes. This

enabled staff to meet people's care and support needs in a structured and consistent manner. Staff were aware of individual needs and personal preferences. They supported people in the way they liked to be cared for. One member of staff told us, "I think it's a good home and people receive a good level of care. I would not hesitate to recommend the home to someone needing to come into a home."

People were encouraged to make decisions and choices about the care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death. Having an end of life care plan in place meant that the person's wishes were known and could be respected at the end of their life.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. People were able to give us examples of how they had choice and control over their daily routines. One person told us, told us ''Yes, I have my breakfast when I want.'' Another person told us, ''Very much so. As I've seen, staff here treat everyone as individuals. Care is very personalised, staff really get to know everyone.''

Each person was assessed prior to moving into the service. The assessment aimed to include as much information as possible about the person's needs and life so that the service could be sure they could meet the person's needs and preferences. Care records contained a variety of information and a range of assessments and care plans about people's individual health care needs and their preferences, to help care staff support their individual wishes. For example, people's preferred routines, gender of staff and food preferences.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

People and their relatives told us the home had a varied programme of activities such as musical evenings, external trips, craft sessions and weekly 'Movement to Music' sessions. The service employed an enthusiastic activity co-ordinator to assist with planning meaningful activities, life biographies and an activity profile had been completed for each person. These contained detailed information about the person's past life, interests, diverse needs, abilities and preferences. Everyone we talked with, spoke highly of the activity coordinator. Comments included, "They always go the extra mile'' and "They are a godsend, it's a good atmosphere" and "They all enjoy taking part in whatever's going on."

Activities were being engaged with on both days of our inspection. These included arts and crafts in a group setting and gentle exercise which people appeared to enjoy. We saw an activity plan was in place which showed that events were planned on a monthly basis. These included pampering and massage, pet visits and discussions and quizzes. Entertainment such as visits from musicians and 'sing-a-longs' were also booked.

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was displayed and people knew how to raise a concern. The provider had systems in place for handling and managing complaints. The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary,

acted upon.

Good

Is the service well-led?

Our findings

At our last inspection in July 2016, we found quality assurance systems were not robust enough to ensure quality and safety. The provider sent us an action plan telling us about the improvements they intended to make. At this inspection, we found improvements had been made.

There was a registered manager in post at the time of our inspection. 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.

People and their relatives were mostly positive about the registered manager and said they liked the way the service was run. Comments included, ''Always been alright with me. Certainly always ready to listen'' and ''Very efficient, very 'in touch' with what's going on.'' Relatives we spoke with told us, ''Very 'up beat' culture here, maybe not fully appreciated by people living here but relatives are aware of it and appreciate it.'' ''Manager was a big help when my relative first came here. Always available. Feel I could discuss anything with any of the staff or management.''

People and their relatives were asked for their opinions of the quality of service provided through customer feedback questionnaires. Visiting relatives told us relative meetings were held. One relative told us, ''I attend those meetings but no one ever says anything.'' The registered manager told us they advertised the relatives meetings as much as possible but attendance was often low. We saw there were plans in place for future meetings where the timings differed to enable more relatives to attend.

There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced and long-standing registered manager. One member of staff said, "She is a good manager, very approachable and always very supportive." Another member of staff said, "The manager and clinical lead are easy to talk to and so supportive. It's really important to me that they are prepared to roll their sleeves up and get on with it."

Staff we spoke with described the open culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and fully involved in contributing towards the development of the service. They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil, such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager and the clinical lead carried out checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicines and health and safety. Any concerns with the quality checks were recorded and included how they had made improvements and action taken for future learning.

The registered manager had appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had notified other relevant agencies of incidents and events when required. They were also aware of their responsibilities, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.