

Caring Homes Healthcare Group Limited

Moorlands Nursing Home

Inspection report

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Date of inspection visit: 15 June 2015
Date of publication: 10/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 December 2014 and a focused inspection on the 30 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to people's consent to care and treatment, assessing and monitoring the quality of the service and how staff were supported.

We undertook this focused inspection to check that they had followed their plan and to confirm that they have now met legal requirements. This report covers our findings in relation to those requirements and additional

concerns that were found on the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorlands Nursing Home on our website at www.cqc.org.uk.

There have not been sufficient improvements to the safety of the environment. On this inspection people continued to be at risk. The provider had not taken appropriate steps to minimise the risk of an unsafe environment. Rooms were in a state of disrepair and bathrooms and other rooms which were accessible to people were being used to store equipment.

We found that there were areas around the service that were not clean and posed an infection control. People's rooms were dusty and areas around the home were not clean including hallways and the sluice rooms. The carpet

Summary of findings

throughout the service was stained and dirty. The service was not visibly clean or free from dust and dirt to be acceptable to people living at the service their visitors and staff. There was a strong smell of urine coming from some people's rooms even after personal care had been given. Cleaning schedules showed that rooms were not always cleaned by staff.

Whilst we were at the inspection we were made aware of practice that suggested that restraint was being used inappropriately on a person whose behaviour could be challenging for staff. This has been reported to the local authority as a safeguarding alert.

Staff understood what their roles were and felt more supported by the registered manager. However there were still no systems to facilitate the registered manager meeting with staff on a one to one basis. The service policy stated that all records of clinical supervision with nurses and supervisions with care staff were to be kept confidential and stored appropriately in their personal files. There was no evidence of any of these supervisions on the day of the inspection. Supervisions were only taking place in the format of team meetings. Staff told us that they wanted to meet with their manager on a one to one basis to give them the opportunity to discuss any confidential concerns that they had.

On this inspection we found that people's capacity was still not being assessed for specific decisions. This included decisions around the front door being locked from the inside and people having bed guards. The registered manager showed us that the only applications

that had been made to the Local Authority was for people who did not choose to stay at the service and not where their liberties were restricted. We saw that where 'Do not resuscitate' (DNAR) forms had been completed for people who lacked capacity there was no evidence that capacity assessments had been completed. Staff did not have a good understanding of best interest meetings or the meaning of DoLS. This meant that people's rights were not being protected.

Staff felt more supported as there was now a registered manager at the service. One person said that the manager was "Nice and friendly. They felt they could go to the registered manager if they were worried or concerned about anything. Staff felt that things are changed for the better since the manager had been in post. They felt they could go to the registered manager about any problems and one said things were "A lot more flexible now and not as rushed."

Systems to assess the quality of the service were still not effective. Internal audits mentioned that supervisions should be undertaken with staff six times a year and we found that this was still not happening. An infection control audit had been carried out in May 2015 that did not identify the concerns with the cleanliness or the environment.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that insufficient action had been taken to improve safety of people living at the service.

There have not been sufficient improvements to the safety of the environment.

Not all areas of the service were clean and there were not adequate systems in place to help prevent the spread of infections.

Inappropriate restraint was being used by staff on a person when care was being provided.

Inadequate



Is the service effective?

We found that insufficient action had been taken to improve the effectiveness of the care for people living at the service.

Staff were not receiving the appropriate support they wanted which was not in line with the service policy on supervision and appraisal.

People's rights were not protected as staff did not have a good understanding of the Mental Capacity Act 2005.

Inadequate



Is the service well-led?

We found that some but not all action had been taken to improve the governance of the service.

There were not appropriate systems were in place that monitored the safety and quality of the service.

People and staff felt that there was now a stable management structure at the service.

Inadequate



Moorlands Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Moorlands Nursing Home on the 15 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 17 December 2014 inspection had been made. The team

inspected the service against three of the five questions we ask about services: is the service safe and effective for people's needs and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by three inspectors. During and after our inspection we spoke with the registered manager, the regional manager, six members of staff and one person. We looked at care plans, minutes of staff meetings, staff files and audits of the service. We observed some care being provided during the inspection.

Is the service safe?

Our findings

At the previous inspection on the 17 December 2014 the service was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of the 17 December 2014 we found that areas of the service were in disrepair. There were holes in the ceiling in one en-suite bathroom and rubble had not been removed from this room. The bathroom door had not been secured and there was a risk that the person who used the bedroom could hurt themselves.

At this focused inspection we found there had not been sufficient improvements to the safety of the environment. On this inspection people continued to be at risk because the provider had not taken appropriate steps to minimise the risk of an unsafe environment. In one person's room there were holes in the floor by the wall covered by a thin piece of carpet. There was a patch of wall behind a small chest of drawers that had been roughly repaired from a previous leak with the left over wallpaper roll left on the floor which was removed on the day of the inspection. In another room the door had been propped open with a slipper as the door stop was not working which was a risk as it was a fire door and would not have shut automatically in the event of a fire. One room had torn wall paper and there was a damp patch on the ceiling of one of the bathrooms. Rooms were used to store boxes, paint pots and brushes, large planks of wood and bed rails. Some of these rooms were bathrooms and all were accessible by people causing a risk to their safety. One member of staff said that they aware that the bathroom was used to store equipment but they just worked around this. The registered manager said that they were aware that there was areas around the service where items were not being appropriately stored and would address this again with staff.

The window restrictors in some of the rooms were not safe. On one window frame you could see where two attempts had been made to secure the chain to the frame which had splintered. The registered manager told us that these had been deemed safe by an external contractor however to date we have not been provided evidence of this. We have also received concerns from the local fire authority that

included equipment that posed a fire risk that was not unplugged overnight, a ground floor fire escape was partially blocked and a fire door to one of the rooms was wedged open.

There were areas around the service that were not clean and may pose an infection control risk. People's rooms were dusty and one person's room had a large amount of dried fluid marks on the wall. There were cobwebs at some of the windows and there was a dead spider hanging beside the toilet in one bathroom. The bin in one bathroom was dirty and the foot pedals were not working properly which meant that they had to be opened by hand. The carpet throughout the service was stained and dirty. Both sluice rooms were not clean and smelled strongly of urine. People did not have their own individual slings for use with mobility hoists when being toileted, which meant there was a risk of cross infection. The laundry trolleys plastic tops were dirty.

Spillages of body fluids may be hazardous to health and should be cleaned up promptly to avoid the risk of people becoming unwell. There was a strong smell of urine coming from some people's rooms even after personal care had been given. This smell remained throughout the day. Staff said they all had a responsibility to keep the service clean. One member of staff said that there were two housekeepers on duty who were both there on the day of the inspection. They said some rooms are cleaned daily and others every other day. We looked at the 'deep' cleaning logs and found that between January 2015 and June 2015 four rooms had not been deep cleaned and on several occasions there were no records of any cleaning at the service.

As there were safety concerns regarding the premises and equipment these are all breaches of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Whilst we were at the inspection we were made aware of practice that suggested that restraint was being used inappropriately on a person whose behaviour could be described as challenging when staff provided personal care. The registered manager told us that they thought there was information in the person's care plan around how this person should be supported when personal care was being given but was not aware of the way in which some

Is the service safe?

staff did this. This has been reported to the local authority as a safeguarding alert. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At the previous inspection on the 17 December 2014 the service was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 17 December 2014 we found that the one to one clinical supervisions for nurses were not being undertaken and staff were not given an opportunity to discuss any additional training and support needs. Staff said that they did not feel supported and were unclear as to what their roles were within the service.

At this focused inspection, staff were clearer about their roles and felt more supported. However there were still no systems where the registered manager met with staff on a one to one basis. The manager told us (and we saw) that each monthly team meeting was treated as group supervision. There was no mention at these meetings of staffs individual performance or training needs at the service nor would this be appropriate to discuss this in a team meeting environment. The service policy on staff supervision and appraisal stated that all records of clinical supervision with nurses are to be kept confidential and stored appropriately. The registered manager was not able to provide us with any evidence of any supervision on the day.

The registered manager told us that there was no requirement for them to meet with staff on a one to one and that if this was needed then the member of staff could approach them to do this. This did not match the service policy which stated that each member of staff must be given the opportunity to meet with their line manager for supervision at least six times per year (to include the appraisal) and that the notes from each supervision were to be kept on each staff file. These were not taking place other than in the format of team meetings. Staff told us that they wanted to meet with their manager on a one to one as this gave them the opportunity to discuss any confidential concerns that they had. This is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection on the 17 December 2014 the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not aware of their responsibilities in relation to Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

We found on this focused inspection that people's capacity was still not being assessed for specific decisions that needed to be made. Care plans we looked at did not contain MCA assessments to determine if people who lacked capacity could make decisions about the care they received. Where bed guards were in place no capacity assessments had been completed. This meant that people that consent was not being obtained appropriately. The front door had a coded door entry system. There had been no DoLS applications in relation to people who lacked capacity not being able to access the code. The registered manager showed us that the only applications that had been made to the Local Authority was for people who were unable to make the choice as to whether they wanted to stay at the service.

Staff did not have a good understanding of best interest meetings or the meaning of DoLS. The registered manager said that a talk had been arranged for staff next month on MCA and DoLS. This meant that people's rights were not being protected.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Is the service well-led?

Our findings

At the previous inspection on the 17 December 2014 the service was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 17 December 2014 we found that staff felt unsupported. They said that as had not been a permanent manager at the service for some time it was 'unsettling' for them. We found that although there were systems to assess the quality of the service provided in the home these were not always effective. Where shortfalls had been identified systems were not in place to make the necessary improvements.

At this focused inspection, there was now a registered manager at the service. One person said that the registered manager was "Nice and friendly. They felt they could go to them if they were worried or concerned about anything. They said they saw the registered manager around the home a lot and they had a laugh together. Staff said they felt more supported by the registered manager. Staff felt that things are changed for the better since they had been in post. They felt they could go to the registered manager about any problems and one said things were "A lot more flexible now and not as rushed."

However systems to assess the quality of the service were still not effective. Where medicines audits had taken place there was no evidence to show that where shortfalls had been found these had been rectified. For example in relation to using the medicines in date order and putting photo's on all medicine charts to reduce the risk of people being given the wrong medicine. Other internal audits mentioned that supervisions were not being undertaken and should be held with staff six times a year and we found this was still not happening. An infection control audit had been carried out in May 2015 which indicated that there was no concern with cleanliness and infection control, but this was not the case when we inspected. A general audit had been carried out by the regional manager which covered areas including MCA/DoLS and infection control and again this was rated positively at 99%. One statement on the audit was, 'A MCA is present in each care record' which was not the case when we inspected. Despite audits being undertaken they were not identifying all of the concerns that we found when we inspected. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
People were not protected against inappropriate restraint.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Appropriate supervision was not carried out for staff to enable them to carry on their duties.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
People's rights were not being protected and people's capacity was not being assessed appropriately.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
People were not protected against the risk of unsafe premises.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

People were not protected against the risks of inappropriate or unsafe care or treatment because effective systems were not in place to assess the quality of care.