Signature of Hindhead (Operations) Ltd

Signature Moorlands Lodge Care Home

Inspection report

Moorlands Lodge
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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?	**Requires improvement**

Overall summary

Signature Moorlands Lodge Care Home provides facilities and services for up to 106 older people who require personal or nursing care. The service is purpose built and provides accommodation and facilities over three floors.

The home is known and referred to as Moorlands Lodge. People live in apartments that include studio, one and two bedroom flats. On the ground floor a separate area of the home has been allocated to the care of people living with a dementia as a prime care need. This is known as Livingstone, accommodates up to 20 people and has a secure entrance arrangement. The main building provides care for people described as requiring assisted living. These people are allocated packages of care according to their needs which is provided by the staff working within the home. People have varying needs

Summary of findings

many leading independent lives with the support of the homes facilities. Couples, where one person required care and support were accommodated, this enabled people to continue living together and for both people to get the support they needed to facilitate this. A few people also lived with mild dementia that required regular prompting and supervision. Other people had more complex health and physical care needs that required management and nursing care. For example people living with Multiple Sclerosis or Diabetes. Moorlands Lodge also provided end of life care under the supervision of the registered nurses and community specialist support.

At the time of this inspection 19 people were living on Livingston and 75 were accommodated within the main building. This inspection took place on 9 and 10 November 2015 and was unannounced.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The quality monitoring systems and governance systems needed further development to ensure they were used to ensure best practice and to identify shortfalls and demonstrate effective responses. This included robust recruitment practice for staff and volunteers and the establishment of care documentation that was accurate up to date and completed in a consistent way.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. All feedback received from people and their representatives through the inspection process was very positive about the care, the approach of the staff and atmosphere in the home. Comments included, "I feel totally safe, nothing is too much trouble, it's amazing, the staff are superb," and "I have no grumbles, I'm looked after very well."

All feedback from visiting professionals was very positive. They appreciated the skills of staff in responding to people's needs especially in relation to people who lived with a dementia. They also complimented the team work within the service and with them.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training to update and ensure their nursing competency.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was readily available for people to use.

People were complementary about the food and the choices available. Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them.

People were supported to take part in a range of activities maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered in the home was transparent listened and responded to people and staff's views.

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?

Good

The service was safe.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

The environment and equipment was well maintained to ensure safety.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. There were enough staff on duty to meet the needs of the people.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the GP and community mental health team as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

Summary of findings

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually. People had their social arrangements assessed and responded to.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The registered manager and other managers in the service were seen as approachable and supportive.

Staff and people spoke positively of the management team's leadership and approach.

Signature Moorlands Lodge 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 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 9 and 10 November 2015 and was unannounced.

The inspection team consisted of three inspectors and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection the provider completed a Provider Information Return (PIR). This 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.

During the inspection we spoke with 14 people who lived in the main building of Moorlands Lodge, six people in Livingston were able to share their views on the service and we engaged with most other people who lived in Livingston. We spoke with four relatives and two visiting health care professionals including a local GP. In addition we spoke with various staff including the registered manager, the nominated individual for the organisation, the chef, the activities manager, the human resources manager, three registered nurses, one of which managed Livingston and seven care staff. After the inspection we spoke with two further health care professionals from the community mental health team.

Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning on Livingston. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care in communal areas to get a full view of care and support provided across all areas, and in individual rooms. We observed lunch and breakfast sitting with people in the dining room in both areas of the home. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We attended a morning management meeting that was held each morning and listened to a staff handover completed in the main building.

We reviewed a variety of documents which included seven care plans and associated risk and individual need assessments. This included 'pathway tracked' people living at Signature Moorlands Lodge Care Home. This is when we looked at people's care documentation in depth and

Detailed findings

obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three volunteer and five staff recruitment files, and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Moorlands Lodge. They felt they received safe care in a safe environment and staff worked in a way that protected them from unsafe practice and possible risks to them. One person said, “I feel very safe, I had a problem with my patio door swinging open but the maintenance staff have put a safety chain on it now.” Another said, “The staff know how to help, there’s no need to worry.”

Staff were vigilant and challenged unknown visitors and asked who they were to ensure they had a legitimate reason for entering the service. People felt safe with the presence of staff throughout the service one said, “There is always someone around, they offer practical sensible help and make it easy for you.”

Staff, relatives and people told us there was enough staff to ensure people had their care and support needs met on a daily basis in a safe way. One relative reflected on the safe staffing and told us when they stayed overnight with their relative, “When I got up at around five or six am, I saw people were up and about, it was very calm, but they were not alone staff were aware, I have huge respect for staff.” People said, “The staff are very good. If you need help, they come like a shot to sort you out saying, That's what we're here for,” “There are a great number of carers, nearly always on hand when needed,” and “I feel safe and I have a call button to use if necessary.” However some people felt there were times when staff were not so available and said, “They are generally a bit short staffed but they cope very well” and “Sometimes I have to wait quite a while – twenty minutes or more - to be taken back to my room after lunch. I sit there and look at the table cloth.” During our inspection we found there was enough staff to respond to people’s needs and requests.

The management team used a staffing dependency tool to assess the staffing requirements which was based on the needs of people. These levels were maintained with the use of some agency staff when required. Care staff available for direct care included 13 for the morning and nine for the afternoon in the main building with six through the day on Livingston, six care staff were available at night in the home. Care staff were supported by at least two registered nurses throughout the whole home day and night with additional registered nurses providing supervision and management. Staff deployment ensured a skill mix was provided within the staffing provision. Livingston had a designated staff who had received additional dementia training and each floor within the main building had a lead care staff member to co-ordinate the care. We found that additional staff were provided when required for example when people required a high level of supervision. All areas of the home had call bell facilities and staff had ensured people were able to use these when they needed any help. Pendants were also available and this allowed people to call for assistance where ever they were in the home or in the garden.

There were robust systems in place to ensure the safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. People told us they received their medicines when they needed them. One person said, "They administer my medication competently.” However one person who self-administered his medicines felt a clearer ordering system would be beneficial. This was raised with the registered manager to review. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and the drug trolley used on Livingston was secured to the wall when not in use. Individual storage facilities were available in each apartment and used for people in the main building. We observed medicines being given in the morning and at lunchtime staff demonstrated that they followed best practice guidelines. Medicines were administered by registered nurses or senior care staff who had undergone additional training and competency checks.

Some people had been were prescribed ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also well managed. For example some people had health needs which required varying doses of medicine related to specific test results. These were accurately reflected on the MAR chart and within individual care plans. Homely remedies were used safely in accordance with suitable procedures agreed with the local GPs to promote people’s health. Homely remedies are non-prescription medicines or other over-the-counter-products for treating minor ailments such as coughs or minor aches and pains.

Good

Is the service safe?

One person had their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. To protect people with limited capacity to make decisions about their own care or treatment, the service followed correct procedures when medicines needed to be given to people without their knowing. Staff linked with specialist healthcare staff to ensure their practice was safe.

Moorlands Lodge was clean and was well decorated and maintained internally and externally. The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been maintained. The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation.

Staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. Records confirmed that systems were in place to ensure any suspicion of abuse was referred appropriately.

Staff had a good understanding of people's risks and how to respond to them. During a staff handover staff discussed people's individual risks and how these were responded to in order to keep people safe. For example, staff discussed risks associated with a possible urine infection for one person at high risk and how this was to be monitored. We found risk assessments were used appropriately to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented and responded to. When people were at risk of pressure damage to skin staff ensured appropriate equipment including pressure relieving mattresses when needed. Staff checked that these were working and set correctly to ensure people's safety. We also found people were moved safely and appropriately by staff.

The service had a designated person to co-ordinated staff recruitment. There was a recruitment procedure in place. We found staff records included application forms, confirmation of identity and of the person's right to work. The appropriate numbers of references were sourced. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Good

Is the service effective?

Our findings

People and relatives spoke very positively about the service and the care and support provided by a committed team of staff. People told us they were looked after very well by staff who knew what they were doing. The SOFI and general observations showed the staff were skilled in responding to people's specific care needs. For example, where one person was receiving one to one support for safety reasons. Staff were providing a very skilled level of communication, monitoring and responsiveness whilst providing the person with respect and dignity to keep the person and other people using the service safe. Staff used a calm approach that provided a good level of reassurance to people throughout the home.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. When they started work at the home staff received a comprehensive induction programme. This included a workbook of competencies which they were required to complete.

New staff started the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. New staff had a period of shadowing more senior staff and were then monitored to ensure appropriate skills and competences were developed within their practice.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling and safeguarding. The training programme consisted of both e learning and direct training. Additionally, they said there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. Staff told us there was plenty of training and 'updates were always useful reminders.'

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager organisation and other senior staff in the service. The registered nurses were supported to update their nursing skills, qualifications and competencies. For example, staff had recently attended end of life care provided by the local Hospice. The registered nurses were also completing mentorship training to develop their role within the home. Clinical supervision had not been formally established although some reflection on practice was completed. The registered manager was aware that all registered nurses needed further support to maintain best practice and their ongoing registration with the UKCC, the registering authority for nurses.

All staff told us they received supervision and had received an annual appraisal. Supervision sessions had provided the opportunity to discuss individual training needs and development with their line manager. The registered manager had also recognised the need for further supervision sessions and was monitoring the provision along with direct supervision which reviewed staff providing direct care.

All staff had completed training on the Mental Capacity Act (MCA) and DoLS. The staff understood the principles of the MCA and gave us examples of how they ensured people were able to consent to their care and support. Staff were constantly asking people for their agreement and gave choices. For example, staff showed people different meal choices at lunch time and in this way promoted individual preference and agreement to the meal provided.

Mental capacity assessments were completed on each person on admission as a baseline assessment. Senior staff confirmed that these would be completed again in relation to any individual decision. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and would include appropriate representation for the person concerned and this was reflected within the care documentation.

The service was meeting the requirements of Deprivation of Liberty Safeguards DoLS. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Senior staff had applied for individual DoLS when necessary and this had been completed as part of a multidisciplinary decision. We were also told that the restriction imposed by the locked doors on Livingston were being followed up with the local authority to ensure the least restrictive practice was used whilst keeping people safe in the home.

Nearly all feedback about the food provided was very positive. People said that the food was provided to a good

standard and there was always a choice. Comments included “They're good plain English meals”; “The quality is good and I have plenty to eat”; “The food is super but I don't work up enough of an appetite to enjoy it properly,” “On the whole, the catering side is well done, the food is very good, no complaints at all” and “The food’s very good, I would tell them if it weren’t”. Other feedback indicated the food could be cold and repetitive at times. During the inspection the food was served at an appropriate temperature and menus demonstrated a varied choice. People were encouraged to feedback any comments about the food to the catering team via comment cards placed on each table or through ‘resident’s meetings’ or regular catering forum meetings

We observed breakfast and lunch in both areas of the service. The dining experience for people was pleasant and unrushed and staff were available to attend to people’s individual needs quickly and in an individual way. People eating in their own rooms were allocated specific staff members who ensured they spent time supporting people as they needed. Menus were used and people chose from a choice within this and this included a wine list.

Food was provided in different forms to allow people to eat safely and in different places if they wished and this promoted people to eat as and when they fancied food. For example one person on Livingston requested a cooked breakfast at 10.30 am and this was provided. Fresh fruit was readily available as were drinks throughout the day. Other snacks were left for people to help themselves if they wished. We found that people in their own rooms had drinks close by to encourage them to drink appropriately. One person, “I always have lemonade or water within reach”.

Nutritional assessments were completed and recorded people’s weight and any risk factors effecting peoples nutritional status. When people were identified as being at risk or had lost weight additional monitoring was undertaken. This included daily recording of fluid and foods and a weekly weight, a fortified diet was also commenced. The dietician was used when concerns about nutrition were identified. Risks associated with eating were also identified and referred to Speech and Language Specialist. (SALT). Recommendations from professionals were shared with catering staff for them to accommodate.

The chef and catering team had established systems for providing nutritional food to meet individual choice and need. Catering staff knew people’s individual needs well and responded to dietary needs that included those relating to nutrition, dementia, belief and medical condition.

For example pureed food was attractively presented and recognisable as separate foods. When people were assisted with eating pureed foods were kept separately so people could appreciate the individual taste.

There were systems for organising work and for communicating information between staff. Each shift began with a handover on each area of the service and staff were allocated people to look after and specific roles. Staff working in the main building were allocated to a specific floor and had allocated visits to individual people rostered within a scheduling profile. Wipe boards were used in the offices to communicate specific care needs for example for those people who were having dressings or blood tests. The staff handover heard demonstrated that staff were knowledgeable about people and their individual needs. They reminded people of these needs, and updated staff following a recent visit from the GP. For example, staff were advised of changes in prescribed medication and how this may affect people. Daily records and charts were used to communicate how people’s needs were being attended to. These were well completed and included checks on people who were at risk. For example hourly checks on people who had high care needs.

People said they were supported to have medical advice when they needed it and said they could see a GP whenever they wanted to. One relative told us, “Although my relative was deteriorating in illness, they are so much better, that is purely down to staff”. The local GP practice visit routinely twice a week and the staff co-ordinate the visits required according to priority appropriately, in this way people have regular contact with their GP to review their health needs. The GP told us this system worked well and communication and care was enhanced in this way this included close effective links with the community mental health team.

Staff worked collaboratively and ensure timely access to health and social care professional to promote the best outcomes for people. We found staff worked proactively with other professionals and adopted a multi-disciplinary approach to care with evidence that any recommendations made are put into practice. Staff knew their routine health needs and preferences and consistently kept them under

Good

Is the service effective?

review and responded to any changes quickly. For example, contacting the community psychiatric nurse for advice and guidance before behaviours escalate. A member of the community mental health team confirmed the proactive work of the staff reduced the need for hospital admissions.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their every day care and contact. People who used the service, relatives and visiting professionals were consistently positive about the caring attitude of the staff and said the staff were kind, attentive and very caring. One relative said "I cannot fault the staff." Visiting professionals were impressed by the care staff and the way they 'really cared.'

People's comments included, "The staff are very caring and understanding," "I am very, very content, the staff are very caring, for example, I had a bad night last night with a spillage on the bedroom floor at about 2.00 in the morning. Although I hadn't called for help, someone came and was very supportive; I cannot speak too highly of her," "The staff are very caring, I returned from lunch today to see a carer peeping through the corridor window into my room, 'just to see if you're alright, they are so caring."

We saw staff who provided care and support in a happy and friendly way and who were respectful and polite to people. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. Staff were actively including people and there was an overall stimulated and 'happy' atmosphere in the service. One person told us, "it's always very nice here".

The SOFI and other observation during the inspection showed good interaction with staff approaching people in a way that demonstrated respect. When staff spoke with people it was meaningful and staff made it an important interaction. One visiting professional said, "Staff always talk and engage with people when passing them." We observed how comfortable people were in responding to staff. Staff approached people with a smile and maintained a genuine kindness and used touch appropriately to confirm that they were listening or were close for support. One relative said, "It's absolutely extraordinary. Staff are very aware and deal with people as people." This demonstrated that staff understood the approach needed when caring for people living with a dementia.

All staff had a good knowledge and understanding of the people they cared for and were committed to providing care and support in a caring and compassionated way. They were able to tell us about people's choices, personal histories and interests. Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. One said, "We make sure people are happy and content ad have a choice on how they want to live." The nurse manager of Livingston takes a lead on promoting dignity for everyone in the service and provided an ongoing training programme for all staff.

Relatives also told us they appreciated the support and kindness shown to them. One relative said, "Staff look after relatives, brilliant at giving a hug, spending time talking and caring for family and looking after families." Another relative said, "Staff are amazing, like extended family, truly amazing. The home stands out alone, in a class of its own." The home encouraged people to maintain relationships with their friends and families. Visitors were attending the home regularly throughout the time of our visits they came for short and longer visits and brought family pets, staff engaged with them positively during these times. Relatives told us they could visit at any time and they were always made to feel welcome. One person said, "There's no restriction on my visitors." Staff told us how they were supporting people to stay in touch with relatives in a variety of ways. For example, they were planning to use skype so that one person could see their new grandchild that lives overseas. All rooms had their own post box for mail, Wi-Fi was available for email and several people had their own laptops.

Within the main building people were encouraged to live their lives as they would in their own home and to maintain as much of an independent lifestyle as possible. People didn't feel restricted, "I walk out to Marks and Spencer for bread"; "It's not regimented here, I can come and go as I want and I don't have to say where I've been"; "I have my car here and take that out now and again"; "They don't restrict you although I do let them know if I'm out for the day".

People told us they considered they were treated with respect and dignity. Their individual flats were very personalised with people having their own furniture and possessions around them. People's own flats were seen as peoples own accommodation. One person said, "They always knock before coming in" and "They treat you as an individual person." Relatives and a visiting professional talked about the homely and pleasant atmosphere maintained by staff. People always received consultations

Good

Is the service caring?

with professionals in private and visitors were supported to see people where they wanted to. The laundry service ensured people had their clothes well laundered and returned quickly to them. We found people were supported when need be to dress according to their own preference in clean clothes.

Staff talked about the friendly and family feeling when they went to work and appreciated the team support that they received. One staff member said, “The whole team look after each other too, staff and the managers care about you.” Staff felt this was important and encouraged a caring approach throughout the service.

Confidential Information was kept secure and there were policies and procedures to protect people’s confidentiality. Staff had a good understanding of privacy and confidentiality and told us they had received training on this subject. Care records were stored securely in the office areas and within peoples own flats. One staff member showed us the cupboard in each room where care records were kept ‘to protect confidential information’.

Good

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the service listened to them. They told us that their choices were respected and felt they were treated in an individual way. Staff responded to people's choice and accepted them. For example people had a later breakfast if they wanted and for people who got up early drinks and breakfast was available for them. This was important to people living with dementia who chose to eat at different times and needed to be supported when they wanted to eat. Medication times were also changed to facilitate these patterns to ensure a safe and person centred approach to care. People told us they enjoyed the entertainment and activity provided by the home and joined in what they wanted to.

Before people moved into the service the admission process and criterion was explained by the 'senior client liaison manager'. This process ensures an understanding of the services facilities and costs involved. This was followed by an assessment of need undertaken by the registered manager or clinical manager to make sure staff could provide them with the care and support they needed and people were at the centre of any discussions. Where people were less able to express themselves verbally people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and any cultural or lifestyle choices. Life histories were being recorded by the activities staff and staff recognised these as an important tool to understand people.

Care plans were written following admission and were mostly reviewed on a monthly basis. Care plans gave guidelines to staff on how to meet people's needs while promoting an individual approach. Care plans were mostly detailed and supported staff to view people as individuals. Some people had complex care needs in relation to their health and behaviours that needed specific support. We found staff had a good understanding of these people's specific care needs and responded to them appropriately and used some imaginative interventions with people who were living with dementia. For example, a set of brightly painted drawers was positioned outside one flat and we were told how one person liked to move their belongings on a regular basis. The provision of these drawers enabled them to pursue this activity which was meaningful to them. Staff ensured any items were returned later in the day and this prevented any anxious responses if they were not located in their original position. Staff had identified this was an important activity for this person and had found a safe and respectful way to respond to them.

A range of activities were provided throughout Moorlands Lodge the service was found to be active and vibrant with the communal areas being well used for interaction that suited people's individual preference. People told us they enjoyed the activities on offer and their interests were responded to. Their comments included, "They're always asking what you're interested in, we're never ignored," "There is always plenty going on to keep us occupied," "I don't get involved in activities and there's no pressure to do so, I'm content managing my investments from my laptop in my room". Relatives were positive about the activity and facilities in the service saying they enjoyed using the Bistro in the main building. The garden was also attractive and inviting to people when the weather allowed. One relative told us "My relative loves the activities, loves going to church, loves the singing, dancing, being taken to pantomime, going to a live ballet performance, the cinema soon, makes life bearable, I think the staff are amazing".

A team co-ordinated the activities and provided a wide, varied and creative provision. This took account of people's hobbies, interest, lifestyle, mental and physical health. It is important that older people in care homes have the opportunity to take part in activity that they enjoy, and creates normal life interactions. This helps maintain or improve their health and mental wellbeing and prevents social isolation. We found a range of activity was available within the service and this was advertised on a weekly activities programme which was given to everyone, daily activity was displayed in key areas in the service including the passenger lift. The activities advertised included an exercise class, group scrabble, and creative writing. Individual time for people was also provided along with small group activity that tended to be less structured for people on Livingston. This included a recent outing to a swimming pool, group activities at a local museum where museum staff facilitated activities to interest people, a focused group activity planning an enactment of a wedding. Staff used IPADs to interact with people for example with sourcing television programmes they might recall, looking at familiar landscapes. Creative additional activities discussed included the development of

Good

Is the service responsive?

Moorlands Lodge 'choir' and a Christmas Pantomime. People were also supported and encouraged to pursue their own interests such as playing bridge, reading newspapers, driving their cars and surfing the internet.

People told us they were able to express their opinion and were always listened to. One person told us they were pleased with how problems were dealt with and said, "If you have a problem with your TV or laptop, help will arrive within 24 hours". People told us they knew how to make a complaint and would make a complaint if they needed to. One person said, "The staff are excellent, they listen to you if you have a problem." Another said, "If I had a complaint, I'd have confidence in bringing it to the manager's attention."

The service had a clear complaints procedure that was available to people and their representatives to use if they needed to. Records confirmed that complaints received were documented investigated and responded to. A complaint raised by a relative was investigated by an external manager to ensure an unbiased review with clear recommendations. People were encouraged to share their views on the service on a daily basis during discussion with staff. The registered manager advised that she maintained regular contact with people and their relatives to facilitate communication and feedback. Residents meetings were also held on a regular basis and used to gain additional feedback.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy living at Moorlands Lodge and felt the home was well managed with senior staff and managers readily available to talk with. People said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. People's comments included, "I know the manager and I occasionally go to residents' meetings; overall, there's a very nice settled atmosphere here," "I don't know any unhappy residents, it's a tight ship," "They deserve praise, a pat on the back," "It is well run, there's nowhere better and the manager is a lovely lady." This positive reflection was supported by feedback from relatives and visiting health care professionals who said the staff had good leadership and were well organised and worked well as a 'team'. One healthcare professional told us, "it's a good service, well managed, the manager is supportive of her team".

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. We found the Organisational policies and procedures and supporting audit systems did not ensure safe and best practice was followed in all areas. For example, there was no system in place to ensure staff working in the service as volunteers had all appropriate checks completed. In addition two staff references had not been sourced for all staff before employment. Therefore the provider had not assured themselves that systems were in place that could assure them that staff and volunteers were suitable to work with people who could be at risk. This was an area identified as requiring improvement. The registered manager followed both these issues up immediately establishing a system for checking the suitability of volunteers and ensuring all staff working in the service had two appropriate references.

There were a number of quality audits in place and some were followed through with action plans to address any shortfalls and to confirm good practice was being followed by staff. For example the need for more regular staff supervision had been identified and was being addressed. However, we found the audit system for some areas was not robust. We found some care documentation was not fully completed and some was not completed in a consistent way. For example, not all care plans were reviewed on a monthly basis. Care records relating to dressings were poorly completed and did not reflect the care plan. In addition one person with specific health care needs that were changing including the close monitoring and review of medicines did not have a care plan to reflect this. This could lead to incorrect or out of date information being used when planning and caring for people. These areas were identified for improvement to the senior registered nurse and registered manager.

There was a clear management structures in place at Moorlands Lodge that staff were familiar with. This included head of departments that supported the registered manager who had an overview of the service. There was a designated clinical manager who oversaw the care and treatment of people. The current clinical lead had recently been promoted within the Organisation and this post was being recruited to at the time of the inspection. The registered manager was also a registered nurse and took an active role in monitoring the care within the service. The service worked in partnership with key organisations to support the care provided and worked to ensure a holistic approach to care. Visiting healthcare staff told us about team work and collaborative working to enable positive experiences and outcomes for people. One healthcare professional told us "we work as part of a team. Staff are prompt in asking for assistance. It's lovely here".

Staff were aware of the line of accountability and who to contact in the event of any emergency or any concerns. Staff said they felt well supported within their roles and said they could talk to the registered manager and other managers within the service. The registered manager fostered an open, relaxed rapport within the home at all levels. Staff and people appeared very comfortable and relaxed with her and approached her freely. There was on call arrangements to ensure advice and guidance was available every day and night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

Systems for communication for management purposes were well established and included a daily head of departments meeting to share information. For example, the on call manager who covered the week end gave an update which included one person being admitted to hospital. Regular staff meeting were held and provided a forum for communication. These were used to convey management messages and to praise staff for good practice and making improvements. Staff told us they sought to continually improve and put changes into

Requires improvement

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practice and sustain them. Some staff had been nominated for national awards that had been supported by the registered manager. Staff told us they felt they had been listened to and gave an example when they had raised a concern about staffing and this had been responded to with a corresponding increase.

All staff had the opportunity to complete an annual staff survey that was analysed at an Organisational level. Signature Moorlands Care Home had clear values and principles established at an organisational level. All staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings forums satisfaction surveys and regular contact with people and their relatives. Meetings with people were used to update people on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about the quality of the food and activities in the home.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager showed us the procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.