EHC Moston Grange Limited

Moston Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 6 and 8 September 2016 and was unannounced.

Moston Grange Nursing Home is registered to provide nursing care and accommodation for up to 64 people who require treatment or support. There are four individually named single-storey residential houses. Deanvale, Hollybank and Mapledene which provides care for both men and women, and Woodside providing care for men only. There is a separate central administration block which lies in between the houses. During our visit there were 59 people residing at the home.

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

The registered manager was supported by a deputy manager and a clinical nurse manager who ensured the home ran well.

Checks were made to the premises, servicing of equipment and fire safety. Staff told us there was enough equipment available to promote people's safety and independence. We saw people being supported appropriately with hoists and with wheelchairs.

Improvement was needed to ensure there were sufficient numbers of staff deployed to meet the needs of all people living at the home. There was a plan in place to address the issue of staffing with more staff being employed over the coming weeks.

People had their nutritional needs assessed and were provided with a diet which met their preferences. There was mixed feedback about the food but people told us there was always a choice of meals and they had enough of it.

Staff received appropriate training to ensure they were competent to meet people's needs however we saw agency staff used did not support people in the correct way. We found more could have been done to ensure people were supported effectively by staff who knew them well.

People received their medicines safely from staff who had received specialist training in this area and were offered prescribed pain relief regularly to maintain their comfort.

Systems were in place to safeguard people from abuse. Staff we spoke with were knowledgeable about the correct procedures to follow to ensure people were kept safe and the home followed the correct processes to ensure people were not unlawfully deprived of their liberty.

Some areas of the home were not well maintained and attention was needed in some bathroom and toilet areas.

A safe system of staff recruitment was in place. This helped to protect people from being cared for and supported by unsuitable staff. Disciplinary processes were effectively used, to manage poor performance of staff, when required.

We found improvement was needed to ensure each person had an opportunity to engage in meaningful and stimulating conversations or activities. We recommend the home accesses best practice guidance to promote the health and wellbeing of people who are living with dementia.

We also found a breach in relation to person centred care as not all people received an appropriate level of care at all times.

You can see what action we have asked the provider to take on the back page of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some areas of the home were not kept clean.

Suitable arrangements were in place with regards to the management and administration of people's prescribed medicines. Improvement was needed in relation to recording the times medicine was administered.

Staff had safeguarding procedures to guide them and had received training on what action to take if they suspected abuse.

Is the service effective?

Requires Improvement

The service was not always effective

There was a high percentage of agency staff used who did not know people well. This had impacted on the quality of care some people had received.

Training for staff was planned and there was a clear programme for staff training to take place over the next few months.

The home worked in line with the principles of the Mental Capacity Act 2005 and people's rights were protected.

Is the service caring?

Good

The service was caring.

We saw, and people told us, that they had good relationships with the staff team.

People were involved in decisions about their own care and treatment.

Staff spoke positively about the service and were clear about their commitment to provide good person centred care

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were good and written in a person centred way. However this had not yet been embedded across all areas of the service for all people.

There was a system for recording and responding to complaints. People told us their complaints had been listened to and action had been taken.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality
Commission (CQC).

Good systems were in place to monitor and review the service and these were being utilised effectively.

We saw action plans were completed whenever improvements had been identified via internal quality checks and audits.

There was a clear vision for the home and improvements needed had already been identified by the senior management team within the company. f findings

Moston Grange Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 8 September and was unannounced.

The inspection team consisted of one adult care inspector and an expert by experience on the first day and an adult social care inspector on the second day. 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 advocacy and mental health services.

Before the inspection we reviewed all the information we held about the service. This included 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 what improvements they plan to make. We also reviewed notifications submitted by the service, local authorities and information we had received from members of the public and relatives of people using the service.
We contacted the commissioning officers in the local authorities which commissioned services from Moston Grange Nursing Home. We did not receive any information of concern and people spoke positively about the home.

During the inspection we spoke with eight people who used the service, three visiting relatives, and three visiting healthcare professionals, including physiotherapists and a psychiatrist, and looked at five care plans in different units of the home.

We spoke with eleven staff, including the deputy manager, clinical nurse manager, support staff, registered

nurses, laundry staff and the chef. After the inspection we spoke with the provider of the service.

We reviewed records about training, and complaints, and we looked at policies on safeguarding, whistleblowing, and complaints.

Requires Improvement

Is the service safe?

Our findings

We observed there were sufficient staff on duty to meet the needs of the service users but some of the staff were agency staff which meant there were variations on two units we visited about how well people were supported. We spoke with family members and people who used the service about this, they told us, "There is always a member of staff around who I can speak with, all the staff are friendly. But there are new staff all the time and you have to get used to them." And "Staff do as much as they can, but if I am honest I think sometimes they could do more. He has good and bad days. When I visited him one day I was told it was a good day, he had been up since 8.30. You would have thought staff would have taken this window of opportunity, to shower him, dress him and give him a shave, but when I arrived at 12.30 he was still in his dressing gown."

People told us they felt safe at the home and with the staff who supported them. One person said, "Yes, I feel safe, I have nothing to worry about here." Some people were unable to fully express their views to us because they were living with dementia so we observed interactions between them and the staff. We saw that generally people were very relaxed with the staff who supported them. However we saw one example where this did not happen. This was because the member of staff was from an agency and they did not know about the care needs of the person they were supporting. The care plan for this person stated that they would become agitated if they were supported by unfamiliar staff. We observed them becoming agitated when the member of the agency staff tried to support them. The situation was diffused by a regular staff member who was able to reassure the person and direct the agency staff in how best to support the person.

We found there were sufficient numbers of staff to meet people's basic care needs but the level of positive interaction differed from unit to unit. On one of the units we observed that for long periods during the day some people were left in the lounge to watch television and had little or no interaction from staff other than for personal care. Staff were kept busy supporting people with their personal care needs and also directing two of the team who were from the agency. This was different on the other units where people were more independent and staff on these units were able to spend more time interacting with the people they supported. We spoke with the deputy manager who showed us plans they had to introduce more staff which would reduce the need for agency. We will check this at the next inspection.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse. One member of staff said, "We know what to look for even if people can't tell us if something is wrong. We are a good team, if we saw anything that concerned us I am confident all of us would go straight to the nurse or the manager." Another member of staff said, "If I was worried about anything at all I would report it to the manager to make sure it was sorted out."

Risks of abuse to people were reduced because the provider had a robust recruitment procedure in place. Before commencing work all new staff were checked to make sure they were suitable to work at the home.

This included references from previous employers and a disclosure and barring service (DBS) check. The DBS provides information on prospective staff member's suitability to work with vulnerable people. Staff personnel files showed staff had not commenced work until satisfactory checks had been received.

We looked at how the home managed people's medicine. Medicines were stored securely and medicine was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of.

Nurses administered medication and there were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. A medication administration record (MAR) was used to confirm people had had their medicines as prescribed. The nurse told us the MAR charts had been redesigned to enable times to be recorded as previously they could only sign to say medicine had been given in the morning, at lunch time and at night. We checked a sample of these and found improvement was needed because the actual times people took their medicine was not recorded in all of the units. This meant people needing time critical medicine could be placed at risk of harm because there was no clear record of when the medicine was taken. We spoke with the nurse who agreed this should be recorded on the MAR. We will check this at the next inspection.

Care plans contained personal emergency evacuation plans to make sure people could be safely assisted to leave the building in the event of an emergency. Visitors were also reminded to sign the visitors book to make sure there was a record of who was in the building should an emergency occur.

The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home. However some areas of the of the home was not well maintained. During a walk around of the building we noted three bins contained clinical waste which was not stored appropriately and there was a strong smell of faeces from the toilet area. We noticed the cleaning schedule in one of the toilet areas was dated July 2016. We found improvement was needed to ensure the toilet areas were kept clean and free from odour at all times. The deputy manager assured us they would make sure this was done as a priority. We will check this at the next inspection.

Requires Improvement

Is the service effective?

Our findings

People had a good, well balanced diet, were offered choices about what they wanted to eat and their individual needs were catered for. People's diet and weight was monitored as necessary. Most people told us that they liked the food and we observed mealtimes were generally a pleasant experience for most people.

However we saw on one of the units one person was brought into the dining area. This person was clearly agitated and proceeded to bang their fists on the table. We saw staff respond well by giving re-assurances to this person in an attempt to calm them down. There was already a person seated at the table eating their lunch. We then observed the person who was agitated took a handful of the other person's food whilst they were eating. Staff immediately responded by offering more assurances to the person who had taken the food. The person whose food had been hand held was not asked if they were alright and was not offered alternative food. We asked the staff about the incident and they told us it was not possible to separate people due to space nor did they consider arranging different times for this person to eat to ensure the mealtime experience was pleasant for everybody. We found improvement was needed to ensure everybody was given an opportunity to enjoy their mealtimes. We will check this at the next inspection.

We looked at whether the environment was suitable for people who were living with dementia. People living with dementia can often spend time walking round their living space. A home providing good dementia care will look at ways to facilitate this as well as providing objects of interest to help stimulate people's minds. We spoke to the deputy manager who was keen to improve the service for people who were living with dementia and agreed more work was needed to facilitate this within the home.

We noticed on most of the units there was a dining area attached to a small kitchen and a small lounge area. Each of the units had access to a small enclosed garden in which people could smoke if they wanted to. We saw consideration had been given to the design and layout of each of the units and attempts had been made to improve the décor to make it more homely. We saw some areas of the home had dementia friendly signage to help people orientate themselves and consideration given to colours and aromatherapy products to help with moods and senses. Whilst we saw some areas of good practice to support people who were living with dementia we found further improvement was needed to ensure walls in the lounge areas were clear of posters and signage which may create disorientation and confusion. We also found some areas of the home were institutionalised, with chairs lined up formally in some lounge areas and staff notices up on the wall, although improvements had already been made in other areas by way of new carpets and décor which made those areas more homely. Overall we found further improvements were needed in relation to the environment to support people who are living with dementia. The deputy manager told us part of the home's improvement plan, moving forward, was to become more "specialist" in dementia care. We therefore recommended the home accesses best practice guidance in relation to the environment to promote the health and wellbeing of people who are living with dementia.

There were assessments and care plans related to all aspects of people's health and wellbeing and the records we saw showed that people's health was monitored, and any changes which required additional

support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed. We spoke with a visiting healthcare professional who told us, "Moston Grange is a good home, I know the staff understand people well and they always make sure I have the information I need when I come."

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).

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. We saw records in people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider had made DoLS applications to the local authority where required and Independent Mental Capacity Advocates (IMCAs) had also been involved, as appropriate.

We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. Staff had been supported to undertake National Vocational Qualifications and additional training. There was a comprehensive training programme in place and the staff we spoke with knew when their refresher training was due. Staff told us they felt the training available was "excellent". Staff also had a good understanding of the principles of the MCA and DoLS which meant people were supported by competent staff who knew how to protect people's rights.

Good

Is the service caring?

Our findings

People told us,"I like it here, most of the staff are good to me you cannot get on with everybody, if you are good with them they are good with you. I am happy here."

We saw the regular staff work well with people requiring support. We saw staff had positive relationships with the people they supported and engaged in "banter" which people appeared to enjoy. Staff told us they enjoyed working at the home and with the people who used the service. One member of staff told us, "I love my job, we have a great team, we need more staff but I think they are sorting that. When everyone pulls together it works really well and people get good care."
People's privacy was respected and they were able to spend time alone in their bedrooms if they wished to. People had been encouraged to personalise their rooms with pictures and small items of furniture which gave bedrooms an individual homely feel. One person said, "I like my room, it's my private space and it suits me."
Throughout the day we saw that people moved freely around the units. There was a lounge area, a quiet room and a dining area where people could spend time if they preferred somewhere quiet away from their bedroom.

As part of our inspections we look at how well people are supported at the end of their lives. The deputy manager told us there was nobody currently receiving end of life care but they had done previously. They told us they had ensured the person was able to stay at the home as it had been where they wanted to be and they had also provided space for their family members to stay over if they wanted to. Staff we spoke with spoke affectionately about this person. This told us that the home and the staff cared about people and understood the importance of ensuring the wishes of people at the end of their lives were carried out in the way they wanted.

We also check to see how well people are kept informed of things they need to know about. A visiting family member told us, "I think being here has saved her. Because of her particular illness they said she could deteriorate but that is not the case since she came here. They have always phoned me if she is unwell. They like her they know how to respond when she gets in her shouting ways. Staff are all helpful; they keep an eye on her. Staff tell me if she needs anything. They phone me if there are any meetings to attend. One staff member was really very good with her but she was moved somewhere else. I wanted her to stay because she was so good with her."

During our inspection we saw that people were encouraged to retain as much of their independence as possible. We saw staff assisting people to mobilise around the home whilst allowing them to do as much as they could with minimal assistance. This was a good example of how the service respected and promoted people's independence to increase their sense of wellbeing and confidence.

Requires Improvement

Is the service responsive?

Our findings

We asked people to tell us if they thought the service was responsive. Comments included, "I want him to get out as much as possible but this does not happen. He has a one to one carer from early morning until eight o'clock at night. He spends most of his time in bed. He likes music, football and T.V. but I sometimes think they could do more for him. There are two activity nurses but they have to cover everywhere which is not enough."

We looked at the activity calendar and saw there were 20 activities scheduled a week on one of the units. These included breakfast clubs, supper clubs and Sunday lunch as well as baking sessions, a music quiz and relaxation. We did not see activities taking place during our inspection, other than a small pool table in one of the lounge areas on one unit, but we did see plants and vegetables which had been grown as a result of one of the scheduled activities. The deputy manager told us they would be recruiting more staff on each of the units who would have responsibility for activities on that unit. This would mean that each unit would have activities available which were suitable for the people living on those units. We will check progress of this at the next inspection.
Another person's family member told us, "When his hair needs cutting I tell staff but nothing seems to get done, the way he looks, neglected, clothes not always clean. It upsets my son." We saw a notice on one of the doors advertising a hairdressing service. We asked staff about this they said staff usually did people's hair but if someone requested a hairdresser they would ask someone to come in. Given the nature of the service and the fact that some people were wholly reliant on staff we found improvement was needed to ensure people were clean, presentable and maintained in a way they would have chosen if they were able to do so themselves.

People's care plans contained a section detailing communication with healthcare professionals such as the GP and some care plans contained information on people's life histories which gave staff information about the person's life before they moved into the home.

We saw some people's care plans were person centred, which is important for people who are unable to tell staff about their needs. The deputy manager told us this was being introduced across all service areas which we will check at our next inspection. The care plans we saw enabled staff to see the person before they became unwell and was a powerful tool to help staff understand why people may behave like they do. Staff told us they were excited by the new care plans and were looking forward to being able to support people better. Dementia support plans are important because they contain crucial information about the person before they had dementia and how their dementia affects them. Quite often people living with dementia become stuck in a time or place from their past and relate people in the present to those they knew in the past. It is therefore important for staff to know about the people and things which were important to them during their lives as this may be their reality now. All the staff we spoke with, including the deputy manager, agreed they wanted to do more to improve the home for people who were living with dementia. This told us the service was committed to making improvements to the dementia care it provided to ensure it was responsive to people's individual needs.

We found improvement was needed to ensure the needs of people with complex care needs were met. For example in the care plan for one person it was noted that they required the input from a physiotherapist due to a right sided weakness. It was also noted that they had been prescribed medication used to treat depression. We looked at the care plan and were not able to see anything in relation to this person's mental health needs. It was noted that the person was not able to speak English and did not like to be supported by strangers. An interpreter attended the home for three hours every day. We asked the nurse if this person received input from physiotherapist. They said they no longer did because of difficulties with communication. We carried out an observation of how this person was supported during the day. Due to the risk of falls the person received one to one support during waking hours. We noted that staff sat outside their bedroom and made no attempt to engage with or talk to the person despite the interpreter being present. We asked them about the care needs of this person, they told us, "I am from the agency, I sit here, no I don't talk to her, I make sure she doesn't fall." We then saw the person become distressed and agitated when they attempted to get out of bed and the agency worker tried to help them get back into bed. The situation was diffused when a regular member of staff came and offered reassurance to the person.

We asked the nurse about the mental health needs of this person. They told us they did not have a mental health diagnosis. We asked if the person had a history of depression given the amount of medicine they were on and the number of incidents they had involving low mood and elevated behaviour. The nurse was unable to ascertain this information as this person did not have a person centred plan. The nurse made an immediate referral for a physiotherapist and requested a review of medicine from the GP. We spoke with the deputy manager about the person who told us their mental health needs had been discussed at a recent review meeting but this had not yet been recorded anywhere.

We found the lack of proper care assessment, planning and review of care records was a breach of Regulation 9 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service well-led?

Our findings

The service had 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.
Staff we spoke with described the culture of the home as being open and supportive. They said that this had not always been the case and the change was due to the registered manager and the deputy manager who they said had much more of a presence within the home which they said they felt was positive. Staff comments included, "[The registered manager] is always happy to hear what we think," and, "[The registered manager] is open to new suggestions. Things have definitely improved. There is a much better atmosphere now."
One visiting relative told us how things had improved in recent months. They said, "The toilets were not cleaned properly, there was a hole in the wall. The look of the place felt unloved. I brought it up in the relatives meeting five or six months ago and things have improved a lot."

The registered manager was not present during the inspection as they were on leave. The deputy manager, who we spoke with during the inspection, had been in post for approximately eight months but was already well respected by staff and people using the service, as was the registered manager. People we asked said they knew who the management team were and were able to name them. This demonstrated the management team had a positive influence over the running of the home and had spent time getting to know people who lived at the home.

Staff were well supported which enabled them to provide a good standard of care to people. All staff had regular supervision with a more senior member of staff which was an opportunity to share ideas and request additional training to enhance their skills and knowledge.

There were formal quality assurance systems which monitored standards and encouraged on-going improvements. Various audits were carried out to maintain people's safety and welfare. These included conversations with people, auditing records, regular health and safety checks and medicine audits. This meant the registered manager had good oversight of the quality of the service and was therefore able to make improvements when needed.

For example progress against action plans was checked by the registered manager or deputy manager on a monthly basis. Areas for improvement were discussed and monitored by the management team at the home and by the senior management team and governance committee.

For example we saw some the actions which had been identified were the same as those we had identified during the inspection. This meant the provider knew about and was committed to improving the service through robust quality monitoring systems and a strong management team.

All accidents and incidents which occurred in the home were recorded and analysed by the service and the

provider. There was sufficient information to enable any trends or patterns to be identified and concerns about specific people to be addressed. For example when a person had a fall increased monitoring and observation was put in place when they were in their room. This ensured the safety and wellbeing of the people living at the home.

The registered manager had the skills and experience required to manage the home. They kept their skills and knowledge up to date by ongoing training and networking with other managers and colleagues within the provider's services.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Some people who used the service were not protected against the risks associated with unsafe or unsuitable care because their assessments and care plans were not person centred.