

Bondcare (London) Limited

# Moorland Gardens Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moorland Gardens Care Home is a care home registered to provide nursing and personal care for up to 80 people. The service was taken over by a new provider and re-registered in January 2019. The service consists of three floors, with different units accommodating people with specific care needs, such as dementia and nursing care. At the time of the inspection, 47 people were living at the service.

### People's experience of using this service and what we found

People said they received good care and supported well to meet their needs. They told us staff were kind, caring and provided care in a respectful manner. Relatives were happy to be involved in their family members' care. Everyone commented positively about the improvements to the premises since the provider took over the running of the service. They also said the provider was more responsive and the service was well managed.

Staff told us the stability provided by the provider had helped them to feel supported to provide good care to people. One staff member said, "There have been four provider changes since I worked here, and the current provider is the best. They have done a lot to improve the service and the atmosphere is better than before."

The service was safe because people were protected from harm by staff who were trained to identify and report concerns. Potential risks to people's health and wellbeing had been managed well. Staff were recruited safely and there were enough staff to provide the care and support people required. People were supported to take their medicines safely. Lessons were learnt from incidents to prevent recurrence. Staff followed set processes to prevent the spread of infections.

Staff had been trained to meet people's needs, and further training was provided when shortfalls in staff skills were identified. People had been supported to have enough to eat and drink. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received personalised care, and the use of an electronic care planning system had improved the quality of care records. The registered manager was supporting staff to further improve the information in people's daily records so that these clearly reflected people's experiences and their individuality. Complaints were followed up and improvements made when required.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to provide the best service they could for people and their relatives. They were keen to learn

and take steps to further improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 17/01/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the registration date.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Moorland Gardens Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Moorland Gardens Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC. This included information sent to us by the provider or shared with us by the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted the local Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also received feedback from a representative of the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people, six relatives and 11 staff including two nurses, five care staff, an activity assistant, a chef, the provider's regional support manager, and the registered manager. We observed how staff supported people in communal areas of the service.

We reviewed a range of records. This included care records for six people and multiple medicines records. We looked at five staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including some policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records, information on how staff numbers were calculated, and activities provided to support people to pursue their hobbies and interests.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. One person said, "They make sure I am okay. The family want me to be safe before I go home, and they are happy with me being here." One relative said, "[Person] is very safe."
- Staff knew how to recognise when people were at risk of harm. They said they reported any concerns to the nurses and registered manager, who then took appropriate action to ensure people were safe.
- Records showed the registered manager reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People's individual risk assessments guided staff on how to support them safely. Areas such as mobility, falls, nutrition, bedrails, and skin care had been assessed to ensure systems were in place to reduce risks to people.
- The risk rating determined the level of support people needed. For example, some of the people were constantly supervised by staff because their health conditions meant they presented a risk of harm to others. Staff understood what triggered changes to people's behaviour and they knew what to do to help them relax.
- Staff carried out regular health and safety checks of the premises to identify and minimise hazards that could put people at risk of harm. The provider employed staff to carry out maintenance work. They also had external contractors who completed checks to ensure the premises were safe for people to live in.

Staffing and recruitment

- Some people and relatives said there were not always enough staff, particularly at night. They felt staff were always busy and they did not spend much time chatting with people. However, everyone said they were always supported quickly when they rang their call bells. One person said, "They come quite quickly. I try not to ring the bell, so I think they know that when I do I need them, and they are here." Another person said, "They come quite quickly, but at night there is fewer staff on duty, so it's much slower then."
- People and relatives told us that people received consistent care because there were not many agency staff working at the service. One relative said, "There are not many agency staff anymore, which is good for the residents."
- Staff told us staffing numbers were good and they were able to support people safely. One nurse said, "Staffing is really good at the moment. The other good thing is that we don't use agency now."
- There was an ongoing recruitment programme to increase staff numbers in preparation for more people moving to the service.

- The provider carried out robust staff recruitment checks to ensure staff were suitable to work at the service.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff had been trained to manage medicines safely.
- People were happy with how they were supported with their medicines.
- We looked at multiple medicines records and found these clear and easy for staff to use. Records showed that staff consistently signed when people had been given their medicines. Nurses carried out regular audits of medicine records to ensure errors were identified quickly and dealt with.

#### Preventing and controlling infection

- The service was clean and offered a pleasant environment for people to live in. There was a team of housekeeping staff who cleaned all areas of the service daily. People and relatives said the service was always clean. One relative said, "Everything here is spotless, really spotless."
- The provider had systems to reduce the risk of the spread of infection. This included staff being trained to follow infection control measures. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons, and we observed these being used.

#### Learning lessons when things go wrong

- There were records to show that incidents had been investigated and the registered manager had put systems in place to reduce the risk of recurrence. The registered manager told us they were supporting all staff to know how to record incidents rather than relying on senior staff and nurses to complete the necessary forms. This would improve accuracy and timeliness of the records.
- Staff told us outcomes from incidents were shared with them through team meetings or individual staff supervision. For example, some of the staff had been retrained and their competency assessed following concerns about moving and handling practices.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People had care plans that detailed what support they needed, and staff told us they followed these to provide effective care. Staff used an electronic care planning system which meant people's care plans could be reviewed and updated quickly.
- People told us they were happy with how staff supported them with their care needs. One person said, "The carers are very good." One relative said, "[Person] is very well looked after." Another relative said, "I can't commend them enough. In all the time [person] has been here, there have never been any pressure sores."
- The service was purpose-built to meet people's needs. There were wide enough doorways and corridors to allow people who used walking frames and wheelchairs to move around easily. There were two lifts people could use to access all three floors. There was an accessible garden which people and staff told us it was used more during warmer months. The service had been redecorated to add dementia friendly signage and décor, particularly on the first floor where some of the people lived with dementia. We observed people using the sitting areas created along the corridors, and some people sat at the bus-stop within one of the units.

Staff support: induction, training, skills and experience

- People said staff knew how to support them with their needs.
- The provider had an induction for new staff, and they trained staff in subjects relevant to their roles. One staff member said, "Training is good, we do both face to face and e-learning."
- Nurses told us they had the training they required to maintain their clinical skills and knowledge or to further develop this. One nurse said, "They have offered me a lot of training. I will be doing catheter care and wound care training soon."
- Staff told us, and records showed they received regular supervision. Staff said they felt supported in their work and they worked closely with the nurses and the registered manager. One staff member said, "I have supervision every three months and it's good. I can make suggestions and I feel senior staff and the manager listen."

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that planned menus offered people a variety of food to eat. The chef told us they regularly checked with people if they were happy with the food offered. They said there was always enough food for people, and they provided alternative food if people did not like what was on the menu.
- People told us they had enough to eat and drink, and they mostly liked the food. Relatives were happy

with the quality of the food too. One relative said, "The food is good here. I eat here most days. [Person] is on a pureed diet and it's always good and always properly done."

- Where required, we observed that staff supported people to eat in a respectful and caring manner.
- People's weight was monitored to identify and act on concerns they might not be eating enough. Staff worked closely with health professionals to ensure people ate well to maintain their health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People said staff supported them to access various health services if required. Relatives agreed with this. One relative said, "It doesn't matter who is on, they will ring [person]'s GP if there is a problem and then phone me or my sister straight away."
- The local GPs visited the service when needed to see people. We observed a nurse calling a GP service when a person was unwell. They were advised to call for an ambulance and they did so without delay.
- Staff told us they worked well with other agencies to provide effective care to people.
- Staff told us they had been trained on the importance of good oral health. They said they supported people to clean their teeth daily, and they cleaned dentures for people who had these. The registered manager told us about their approach to improve oral care, particularly for people whose health meant they were no longer able to brush their teeth. They had sourced and ordered equipment they would use to help people to maintain effective oral care. Staff were excited about this development because it would help them to better support people.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Where required, DoLS applications had been made to the relevant local authorities. Some people had authorisations, while the process was still ongoing for others.
- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They understood their responsibility to promote people's rights to accept or refuse support. They also spoke of their duty of care to ensure they found creative ways of encouraging people to accept essential support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind, caring and friendly. One person said, "They are really lovely here." They then laughed and pointed to one staff member and said, "He's the best. I like him, he is so kind." Another person said, "They are very caring all the time. All the staff are lovely." One relative said, "The carers are very nice. I'm happy with them and they are accommodating."
- People told us they enjoyed chats with staff when they were not busy. We observed friendly and respectful interactions between people and staff, with some staff being chattier than others.
- We heard staff making caring and kind comments about people. They showed care and concern for people, and they supported and encouraged people in a respectful manner.
- One relative told us, "They all talk to [person], he's comfortable."
- There was a culture where all staff, regardless of their role, were encouraged to interact with and support people. We saw a member of the housekeeping staff bring wet wipes to help a person clean their hands. They were laughing and joking with the person while doing this.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about how they lived their lives at the service. They told us they chose when they got up and went to bed, what they wore, and how they spent their day. One person said, "I like to be woken up with a cup of tea about 9am, then I have breakfast and then they help me get dressed. It works for me." Another person said, "I like to have my door shut, that's my choice."
- Staff recognised that some people's health conditions meant they benefitted from being given limited options to choose from. This helped them to exercise choice with support to understand what they need to do.
- People living with dementia received more support to express their views about their care and to make choices. Relatives told us they were involved in helping people when needed. There was information about an independent advocacy service that could also help people to make decisions. This was important for people who did not always have the mental capacity to understand what support they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always promoted their privacy and dignity, particularly when providing personal care. Staff told us it was always important that they supported people discreetly in communal areas and they provided personal care in private. We observed that staff closed people's bedroom doors when supporting them with personal care.
- Staff helped people to remain as independent as possible. They told us they let people do as much as they could for themselves and they only provided support when required. Most people needed staff support to

meet all aspects of their daily activities, and staff were happy to provide this support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received personalised care to meet their needs. They said they were supported quickly when their needs changed, and they were helped to maintain good health and wellbeing.
- The provider worked closely with the local hospital as part of the 'Delirium pathway'. This meant they provided short-term nursing care to people assessed as having resolving delirium before they were either discharged back to their homes or found long-term care placements. People on this care pathway told us they were happy with how staff supported them.
- Staff told us access to people's care plans had greatly improved since the provider introduced an electronic care planning system. They said this meant they could update people's care records quickly, with the use of portable electronic devices. They could also easily check what support people needed so that they provided this in a timely way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- People's communication needs were assessed when they moved to the service. Some people could communicate verbally and they understood information given to them.
- For those who could not, staff said they spoke slowly and gave fewer options to make it easier for people to understand the information given to them. We saw the provider's complaint procedure was available in large print to help people with poor vision. The registered manager told us they would seek to provide information in other formats if it was necessary to make information available to everyone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people told us they were sometimes bored because there were not enough activities and opportunities for them to pursue their hobbies and interests. However, we saw that there was a weekly activity plan which detailed what was available each day to support people to socialise and do things they enjoyed. There were also records that showed what people did each day and these showed most people had regular interactions with staff or other people.
- The health needs of most people living at the service meant they were not always able to take part in group activities. Activity assistants provided mainly individual support with activities, with some group ones

when possible.

- There were photographs that showed different group activities took place, including those provided by external entertainers. For example, on the second day of the inspection, external musicians provided music therapy to some people.
- One person told us they went out regularly to buy items for their art and crafts projects. We heard them asking staff when they could next go out to buy more wool for a rug they were making.
- An activity assistant, the registered manager and the provider's regional support manager told us of their plans to further develop activity provision at the service. There was a planned interview for another activity assistant. They also told us of different ideas they had to enhance people's social experiences including increasing their engagement with the local community.
- Staff welcomed relatives' involvement in providing emotional support and regular social interaction, particularly for people cared for in bed. One relative said, "I am always welcome here. I have lunch here and we can come and visit anytime we want to and spend as long as we want as well."
- Staff told us they checked people in their bedrooms regularly to reduce the risk of social isolation. Some people preferred their bedrooms doors left open so that they could see and talk to other people and staff as they walked by.

#### Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. We discussed with the registered manager about a complaint we had received prior to the inspection and we saw they had acted appropriately to deal with this. Other complaints had been acted on too.
- People and relatives told us they would speak with staff or the registered manager if they had concerns. One relative said, "We have a very good relationship with staff, so if we have any issues we could just talk to them." Another relative said, "I haven't made a complaint, but if I had a problem with anything, I would feel comfortable talking to the manager here. She is very good."
- Staff meeting minutes showed that the registered manager discussed issues raised by people with staff. This helped staff to improve their practice.

#### End of life care and support

- The service supported people at the end of their lives when this support was required.
- Where people were on end life care, their care plans had information about what support they needed at the end of their lives. However, information needed to be included in everyone's care plans about how they wanted to be supported at the end of their lives.
- The registered manager acknowledged that this was a difficult subject to talk to people and relatives about, but they said they would continue to ensure care plans included people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's daily records were not always detailed and lacked personalisation. These needed to be more reflective of people's individual experiences and personalities, not just the support they received. Positively, we saw that the registered manager was already supporting staff to improve the quality of all care records.
- We spoke with the registered manager about staff needing to do more to create a social atmosphere during mealtimes. This was because we observed that staff did not talk much with people sitting in the dining rooms, apart from when giving them food and support. It would have helped people to talk more if staff encouraged chit-chats.
- Staff were respectful in how they supported people and they said they knew people's needs well. Staff told us information about people's needs was appropriately shared during shift handovers. Senior staff also had daily 'flash meetings' to ensure that important information was shared with everyone and to plan for the day.
- People and relatives were involved in discussions about people's care so that care plans reflected what people wanted.

Working in partnership with others

- Some people on the 'Delirium Pathway' told us they were frustrated by delays in social care professionals arranging their discharge plans. The registered manager agreed that these were not always arranged as smoothly as they could be. They told us they would continue to advocate for people in their dealings with other agencies.
- Overall, feedback from people and relatives showed that staff worked well with other health and social care professionals to achieve good care outcomes for people.
- The registered manager told us they worked closely with the commissioners of the service, which included the local authority and local clinical commissioning groups. This was important to ensure everyone checked that people consistently received the support they required and expected. The service was monitored regularly by the local authority and was rated good when they inspected it in 2019.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Everyone said the service was well managed, and the registered manager provided guidance and effective support to staff. Staff told us the registered manager was always ready to support people with their care when needed.

- Staff said the service was good. They understood their roles and responsibilities, and they were supported well to provide good quality care to people.
- The provider had systems to assess and monitor all aspects of the service. The registered manager and senior staff carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed, and that they provided good care. The provider had senior staff who monitored the service on their behalf, and they provided support and guidance to the registered manager. Records showed actions were taken to deal with any shortfalls in quality found during audits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us they were familiar with the standards of care required by the local authority and the regulations, and they ensured they provided care in line with this. Where necessary, the registered manager contacted the local authority or the Care Quality Commission (CQC) for advice so that they continued to operate in line with regulations. They also had the support of the provider's quality team.
- The registered manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority and they investigated these when asked to do so. They spoke with people about their care and where appropriate, they also shared information about people's care with relatives and other health and social care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were meetings with people and relatives to discuss different aspects of the service. Quarterly meetings were planned, but the registered manager also met with people and relatives when needed.
- People and relatives were asked for their views and feedback during people's care reviews. The provider was arranging for questionnaires to be sent out to relatives soon.
- People, relatives and staff could also leave comments on the service's social media page and a website managed by another organisation. We reviewed these comments and saw that people were quite positive about the quality of care at the service.
- Staff told us they had regular team meetings where they discussed various issues relevant to their roles. They found these supported good information sharing and learning. The results of the staff survey completed in 2019 showed staff were mainly happy with their work environment and the support they received. The provider had acted on staff's comments. For example, staff now used a social media application to improve communication, information sharing, share good practice guidance and learning. Staff said they found this useful.