Moorlands (Strensall) Limited

Moorlands Care Home

Inspection report

10-12 Moor Lane
Strensall
York
North Yorkshire
YO32 5UQ

Tel: 01904491694

Date of inspection visit:
18 January 2016

Date of publication:
18 April 2016

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Moorlands Care Home provides nursing care for up to 68 people who may have dementia care needs, a disability or require end of life care. The home is situated in a residential area of the village of Strensall a short drive from York.

The home is divided into two units; the Jasmine Unit which provides nursing care and the Lavender Unit which provides nursing care for people who may also have dementia. All accommodation is on the ground floor and people living on both units have access to a small courtyard. The home has a large car parking area.

The inspection took place on the 18 January 2016. The inspection was unannounced. We previously inspected the service on the 3 and 5 August 2015 and identified five breaches in regulation. These included breaches in regulations governing person centred care, meeting nutritional and hydration needs, premises and equipment, good governance and staffing. Due to the severity of our concerns, we issued two warning notices telling the provider that significant improvements were required. This was a follow up visit to check whether the required improvements had been made.

There were 35 people living at the home when we carried out our inspection.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The registered provider is required to have a registered manager as a condition of registration. 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. At the time of our inspection the service did not have a registered manager in post. We were told a new manager had been recruited and, once in post, they would be applying to become the homes registered manager. In the interim, the home was being managed by three managers, with the regional operations manager in charge on the day of our inspection.

During the inspection we found that staffing levels had improved and the registered provider was consistently using agency staff to ensure staffing levels were maintained at a safe level. However, there was no system to proactively review and reassess staffing levels and skill mix. This is important to ensure that there are enough staff to meet people's needs as the number of people using the service changes. We have made a recommendation about monitoring staffing levels in our report.

The system used to manage medication was not safe and this increased the risk of medication errors occurring.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

People did not receive appropriate support to ensure they drank enough. We received a significant amount of negative feedback about the quality of the food provided and a number of complaints that food was served cold. We identified concerns that staff did not have the appropriate skills and knowledge to meet people's specific dietary requirements.

This was a breach of Regulation 14 (4) (a) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

We found that appropriate support was not given to ensure that a person using the service received appropriate healthcare treatment in a timely manner.

This was a breach of Regulation 12 (2) (f) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

The home did not have a registered manager in place and was managed by three different managers at the time of our inspection. The management of the service was disjointed and the lack of a registered manager had created uncertainty for staff and people using the service.

Quality assurance processes and the management of the home was ineffective. There had not been an appropriate management response to address knows risks and areas of concern. This placed people using the service at on-going risk of receiving poor care and support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We are still considering our enforcement powers in relation to these breaches and we will report on this in future inspections of the service.

We found that there were systems in place to identify and respond to safeguarding concerns and care plans and risk assessments had been updated since our last inspection.

Staff did not always appropriately record that they had sought consent to care and treatment in line with relevant legislation. We have made a recommendation about this in our report.

We could see that parts of the home had been refurbished; however, further work was needed to maintain a dementia friendly environment. We have made a recommendation about this in our report.

There was a system in place to respond to complaints; however, the registered provider had not taken appropriate action in response to complaints and concerns they had received about the quality of the food provided. We have made a recommendation about this in our report.

People told us their privacy and dignity were respected and we observed staff treating people using the service in a kind, caring and respectful way. However, we found that the high number of agency staff used within the home impacted on people's ability to develop meaningful caring relationships with the staff that were supporting them. We likewise found that the high number of agency staff impacted on the level of person centred care provided to people using the service.

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.

Staffing levels had improved and were being maintained with the use of agency staff. However, the registered provider was not closely monitoring staffing levels and skill mix to ensure people's needs continued to be met.

The processes used to assess and manage risks had improved. Risk assessments were in place and were updated regularly.

The system used to manage medications was not robust, increasing the risk of medication errors occurring.

Is the service effective?

Inadequate

The service was not effective.

Staff received training and supervision to support them in their roles; however, not all staff had completed safeguarding, dementia awareness and moving and handling training.

People did not receive appropriate support to ensure they drank enough and we received negative feedback about the quality of the food provided.

Staff did not always appropriately record when people had given consent to the care and treatment provided.

We saw that refurbishment was on-going, but further progress was needed to create and maintain a dementia friendly environment.

Is the service caring?

Requires Improvement

The service was not always caring.

The high number of agency staff made it difficult for people using the service to develop positive caring relationships with the staff supporting them.

People were supported to make decisions and people using the

service told us their privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans had been updated to reflect people's current needs and contained person centred information. However, there was limited evidence that people using the service or their families had been involved.

The high number of agency staff impacted on the ability to provide individualised person centred care.

The registered provider did not always listen and respond to people's feedback about the quality of the service.

Is the service well-led?

Inadequate

The service was not well-led.

The home did not have a registered manager at the time of our inspection and was managed by different managers on different days. There was uncertainty and a lack of stability in the management of the home.

The systems used to monitor the quality of the care and support provided and to drive improvements were not robust enough meaning concerns were not identified and addressed.

The registered provider had failed to appropriately respond to known risks placing people using the service at risk of harm.

Moorlands 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 registered 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 18 January 2016 and was unannounced. The inspection team was made up of one Adult Social Care (ASC) Inspector, an Inspection Manager, an Expert by Experience (ExE) and a Specialist Advisor (SPA). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. An SPA is someone who can provide specialist advice to ensure that our judgements are informed by up to date clinical and professional knowledge and experience. The SPA who assisted with this inspection was a specialist in nursing care.

We did not ask the registered provider to complete a Provider Information Return (PIR) before our visit. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we spoke with the local authority to gain their feedback about the service provided at Moorlands Care Home. They had been carrying out their own monitoring visits as they had identified concerns about the care and support provided at the home. We also looked at information we held about the service, which included information shared with us via the Care Quality Commission's public website and notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

During the inspection, we spoke with nine people using the service, eight visitors who were their relatives or friends and one health and social care professional. We spoke with the regional manager, two nurses, six care workers, the administrator, the chef, kitchen assistance and domestic staff. We observed interactions throughout the day between staff and people using the service. This included observations of planned activities and lunch being served on both the Lavender and Jasmine units. We also carried out a tour of the premises and, with permission, looked in people's bedrooms.

We looked at six care plans and five staff recruitment and training files. We reviewed records relating to the management of medication, meeting minutes and records used to monitor the service which included health and safety records, maintenance records and quality assurance checks.

Requires Improvement

Is the service safe?

Our findings

During our last inspection of the home in August 2015, we found that there were insufficient staff on duty. We found that call bells were ringing for long periods, people were shouting for help and a lot of staff had left or were leaving. Staffing levels were impacting on the care people received. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the severity of our concerns, we issued a warning notice telling the registered provider that significant improvements needed to be made. During this inspection we checked whether the required improvements had been made.

The registered provider had a medication policy and procedure in place and staff had training on medication management. Care plans contained information about the level of support people needed to take their prescribed medication.

We reviewed the process used to order, store, administer and record medication given to people using the service on both the Lavender and Jasmine Units. We found that there was a system in place for ordering monthly medications. New or repeat prescriptions were sent to the home by the G.P. This enabled staff to check and make a copy of the prescription before they were sent to the pharmacy. Medications were supplied in blister packs along with printed Medication Administration Records (MARs). Blister packs are a monitored dosage system and contain a 28 day supply of that person's medicines, colour coded for the times of administration. We saw that the following months' supply of medication was delivered on the day of our inspection; this ensured there was sufficient time for staff to check and address any issues before the new supply started.

We found that medications were stored in trolleys, which were kept in a treatment room on each of the two units when not in use. The treatment room door had a key pad entry system allowing access to all staff who knew the key code. This showed us that medication was not stored securely as access was not restricted to those staff responsible for its administration. We addressed this with the regional manager who told us they would change these to key locks to ensure that only staff responsible for administering medication had access.

We noted that a daily record was kept of the treatment room and fridge temperatures and these were found to be within safe limits. This showed us that medicines were stored at the correct temperature.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were checked when given. However, we noted that neither controlled drugs books were correctly indexed making it difficult to find the correct page. The nurse we spoke with agreed that this was poor practice and agreed to address this.

We observed medication being administered and saw that the member of staff responsible was approachable, caring and spoke patiently with people using the service. We spoke with staff responsible for

administering medication on both the Lavender and Jasmine Unit and found that they understood the process for ensuring the correct administration of medication, for discarding spoilt medications, for administering covert medication and for self-administration.

We reviewed the MARs used to document medication given to people who used the service. We found that six MARs we looked at contained examples where staff had not signed to say they had administered that person's medication. This meant that staff were not following guidance on best practice for the safe administration of medication and we could not be certain that these people had received their medication as prescribed. Poor recording on MARs could lead to medication errors placing people at risk of harm. These errors had occurred at different times over a twelve day period. We noted that robust drug audits had not been completed to identify and address the issues we found.

We carried out random sample checks of medication and found discrepancies between stock levels and the amount recorded on MARs. We found three examples where there was either more or less medication in stock than records indicated. We found that prescribed creams for topical administration were not dated when opened. This meant we could not be certain that medications with a limited expiry once opened, were being monitored and discarded when past their expiration date.

We saw that body maps were used to guide staff as to what part of the body topical creams needed to be applied. However we found one prescription for a topical cream that did not have a body map with directions for use. This cream could be used for a number of different medical conditions and without a body map there was no clear direction for staff on where to apply it.

In the drug trolley on the Lavender Unit, we found a box marked 'homely medication'. This is medication that does not require a prescription and could be administered by the nurses on duty as needed. However, there was no record book detailing when and who this medication was administered to. This was subsequently found on the Jasmine Unit, but our checks showed the record of stock levels to be incorrect. From this it was clear that the home did not have a robust procedure in place to manage 'homely medication'.

These concerns showed us that processes and procedures in place to manage and administer medications were unsafe.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

People using the service generally told us they felt safe and visitors we spoke with commented "[Name] is treated well; they're well cared for and safe overall. I've no complaints." However one person shared concerns regarding the care their relative received, which they had also shared with the local authority safeguarding team.

The registered provider had a safeguarding vulnerable adult's policy in place to guide staff on how to identify and respond to safeguarding concerns. Staff we spoke with described the different types of abuse they might see and said "I've never seen anything, but I would go and speak to the manager if I was concerned." We saw that safeguarding concerns had been referred to the local authority safeguarding team and notifications sent to the Care Quality Commission informing us of these incidents.

We looked at how risks were managed. We saw that people's needs were assessed and risk assessments put in place to detail the steps taken and care and support provided to minimise those risks and keep people

using the service safe. People had risk assessments in their care files which included manual handling risks, falls risk, nutritional risks and risks of pressure care. We saw risk assessments had been reviewed and updated since our last visit. We saw that staff used risk assessment tools to determine the level of risk, including the Malnutrition Universal Screening Tool (MUST), to identify people's risk of malnutrition, and a Waterlow Risk Assessment to identify the level of risk of developing pressure sores. Where, for example, a Waterlow Risk Assessment identified a high risk, we saw the corresponding risk assessment and care plan documenting the steps taken to manage this. We saw that one person using the service had an air-mattress (designed to reduce the risk of developing pressure sores) and was supported by staff to reposition every four hours to ensure that they were not left in one position for too long. This showed us that steps were being taken to manage and reduce risks to keep people safe.

We saw risk assessments for the environment, which included personal emergency evacuation plans (PEEPs); these are documents which record the level of support people needed in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the home knew what action to take if the alarms sounded.

We looked at maintenance certificates and checks which were carried out on the environment. These included weekly fire and emergency lights checks. We saw the fire safety log book which was completed by the handyperson. We were shown a copy of the maintenance file, which included up to date certificates for legionella, gas safety, portable appliance testing, the nurse call and fire panel. We also saw that environmental health had carried out a food safety inspection and had awarded the home a rating of 4 (with 5 being the highest score which can be achieved).

We saw that the registered provider had a policy in place to manage and respond to accidents and incidents. We saw that individual accidents and incidents were reported and recorded with documentation showing what action had been taken. We saw that monthly accident and incident analysis was recorded and displayed on the office wall. This enabled mangers to look for any trends and patterns and to take action to reduce any risks.

We looked at the recruitment files for five staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

We looked at systems to prevent the control and spread of infection. The home employed domestic staff to clean the home. We did not note any unpleasant odours during our visit and areas of the home seen during our inspection were generally clean, tidy and well maintained.

During this visit we found that staffing levels across the home had improved although noted that the registered provider was using a high number of agency staff to maintain safe staffing levels. There were two agency nurses and eight care workers on duty on the day of our inspection. We reviewed staff rotas for the four week period before our visit and saw that the registered provider had used agency staff where necessary to ensure that there were two nurses and eight care workers on duty during the day and one nurse and four care workers on duty at night. This was an improvement on staffing levels we observed during our last inspection. Staff we spoke with confirmed that staffing levels had improved and were being maintained, with one person commenting "We have eight carers; four each side, if there is a shortage they use agency. Since I started there have always been two nurses when I've been on shift."

We observed that staff did not appear rushed or hurried during our visit. We noted that it took approximately five minutes for staff to respond to one call bell, but saw other instances where staff responded promptly. We generally observed that call bells were not left ringing for long periods and people were not constantly shouting for help. People using the service said "Maybe there's a wait of two or three minutes or longer before they come after I've used my buzzer", "They usually come fairly soon when I press my call bell" and "All I've got to do is ring my bell and staff come. It's never a problem." Other people we spoke with said "I think there is enough staff" and "Most of the time there's enough staff. The staffing is not a big problem. It's pretty well all right." A visitor we spoke with told us "Generally there is enough staff. Normally there are 4 carers on each unit." This was an improvement on the feedback we received regarding staffing levels at our last inspection of this service.

Although we noted that higher staffing levels were now being maintained, we found that the registered provider did not use an effective dependency tool to assess the number of staff and skill mix required to meet people's needs. We discussed with the regional manager the importance of proactively reviewing staffing levels as the number of people using the service changed in the future.

We recommend that the registered provider continually reviews staffing levels and staff deployment to ensure that there are suitable numbers of staff to meet people's needs across a 24 hour period.

Inadequate

Is the service effective?

Our findings

During our last inspection of the home in August 2015, we found that people were not being appropriately supported to ensure that they ate and drank enough. We saw that people were not served a drink either mid-morning or mid-afternoon and we did not see people being offered snacks or drinks between meals. Although fluid monitoring charts were in place, these showed that people were not receiving enough to drink. We also found that people at risk of malnutrition were not being weighed often enough. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the severity of our concerns, we issued a warning notice telling the registered provider that significant improvements needed to be made.

During this inspection we checked whether the required improvements had been made. We found that the registered provider had not taken appropriate action to address our concerns and people using the service were still at risk of dehydration because of the lack of effective care and support. Although we observed people being served drinks both mid-morning and mid-afternoon, one person told us "I generally get my mid-morning and afternoon cup of tea. Some bring it automatically, but with others you've got to ring for it. It depends who's on." We were concerned that a number of people using the service would be unable to ask for a drink and were reliant on staff to provide this support. We noticed that there was a cold drink dispenser in one of the dining rooms, but this was empty when we checked.

We saw that fluid charts were in place to monitor the amount people at risk of dehydration were drinking. A nurse we spoke with told us "We feed people and help them with drinks so we can tell when people are not having enough and we have to push fluids…we collect and review the food and fluid charts at the end of the day. In 24 hours, people must have 1500mls." We looked at 11 people's fluid charts and they showed that people using the service were not supported and encouraged to drink enough. We saw multiple examples where records indicated that people had drunk very little on consecutive days. This was not effective care and support and placed people using the service at risk of dehydration. We were concerned that these issues had not been identified or appropriately addressed by staff or management.

We looked at two records for people who were unwell. These records showed inadequate levels of hydration. We could see that staff were encouraging them to drink as much as they could tolerate, however, there were no risk assessments for dehydration in place and no documentation to inform staff, for example, whether or not to admit people to hospital if they were consistently not drinking enough.

We saw that people's nutritional needs were assessed and information recorded in their care plan about how those needs would be met. For example, we looked at one person's nutritional care plan which stated 'Pureed diet, full assistance needed with diet and fluids, has build up drinks and puddings.'

Where people's nutritional status was at risk, we saw that staff were recording what people had eaten and the quantity. However, we observed only one person having a mid-morning snack and saw limited other evidence that people were supported to eat in between meals. Food charts we looked at did not always show that people had been offered or encouraged to eat snacks between meals. Eating between meals is

particularly important where people may be at risk of malnutrition.

We observed that people using the service were being weighed each month or weekly if recent weight loss had been identified. This was documented along with a person's Malnutrition Universal Screening Tool (MUST) score, used to identify the level of risk of malnutrition, and people's Body Mass Index (BMI). BMI is a measure that can be used to see if people are a healthy weight. We saw that people had been seen by their G.P or referred to the dieticians where there were concerns about weight loss. For example, one person had been referred to their G.P who had prescribed high calorie drinks, a high protein diet and extra snacks and chocolate due to recent weight loss.

However, given that a number of people using the service were at risk of malnutrition, we were concerned about the significant amount of negative feedback we received with regards to the food available. We asked people using the service if they enjoyed the food provided; comments included "The food is a bit dry. No salt and not much taste" and "The food's not too good. It's either tepid or cold. The plates are never warm. Its good food wasted. It's not cooked right. It's not right for older people…whether we get offered anything else that's okay depends. There's not enough variety. We hardly ever get parsnips, celery, leeks, or greens like peas and beans." Other people we spoke with told us "Why do they put hot food on cold plates? It's cold by the time it gets here. It's not just today. It happens lots of times. The quality is terrible too at times" and "Last night the soup was cold. We had to wait a long time for the sweet too and that was cold when it came."

Meals were prepared in the kitchen and delivered in a 'hot trolley' to each unit at mealtimes. We observed staff serving meals at lunchtime and noted that a temperature probe was not used to check the temperature of food being served. People could be at risk of becoming unwell if food is not served at the correct temperature.

We saw that there was a chalk board detailing food available that day, but no weekly menu. We spoke with a member of staff who said "We have never had a monthly menu properly nutritionally designed." We also found that staff lacked the knowledge and skills required to cater for people who required a diabetic diet.

We observed that the food served looked bland and unappetising. A member of staff told us "We are allowed lunch if there is any left and there always is as it is so bland and tasteless, in fact this chicken is so hard I can't eat it", whilst a person using the service said "Last week [Name] made us some jam and bread as we couldn't eat the food." The regional manager said that they had received complaints regarding the food and were aware that additional training was needed. We were concerned given the range of negative feedback we received, that more robust action had not been taken to address the concerns about the food provided.

We concluded that people using the service had not received effective care and support to ensure that they ate and drank enough, and their reasonable requirements for food were not being met.

This was a breach of Regulation 14 (4) (a) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Care files contained 'My health care plans' detailing information about people's health needs and medical history. Care plans also contained 'Transfer to hospital' plans, which enabled information to be shared with other health professionals should that person need to be admitted to hospital.

We saw that support was provided to enable people to access healthcare services. One person we spoke with told us "The doctor visits regularly and staff take me to the eye hospital." We saw that people were able to see their GP when unwell as a weekly GP surgery was held at the home. However, one person using the

service told us "Why do I have to order the doctor. If I'm ill I need them. I've got to wait till Wednesday when they come. They [staff] say 'We'll put your name down for them to see you'."

Professional visits were recorded in people's care plans and records we reviewed documented examples where healthcare professionals had been contacted appropriately. We saw that people using the service were seen by speech and language therapists, dieticians, the tissue viability nurse, respiratory nurse, optician, dentist and chiropodist where necessary.

However, we noted that one person using the service had been visited by their G.P and prescribed antibiotics for an infection. On the day of our inspection (three days later) this prescription had not been fulfilled and the person had not started on their course of antibiotics. This lack of communication had caused an unnecessary delay in this person receiving appropriate medical treatment and showed us that people were not always supported effectively to maintain good health.

This was a breach of Regulation 12 (2) (f) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

We saw that the registered provider required staff to complete induction training and on-going refresher courses to maintain their skills and knowledge. A member of staff we spoke with said "There's always lots of training courses." Training provided covered topics including health and safety, dementia, safeguarding, emergency first aid at work, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, fire safety, moving and handling, food hygiene and infection control.

People using the service told us "The staff are very good", whilst a visitor said "Staff don't tick all the boxes, but they do the job."

We looked at the induction, training and supervision records for five staff. We were told that all new staff had commenced the care certificate as part of their induction. The care certificate is a nationally recognised training resource. We saw that work was on-going to update training files to evidence staff induction and on-going training. Since our last inspection we saw that the registered providers had developed a training matrix to provide an overview of training completed by staff and to identify gaps or where training needed to be updated. This showed us that staff had completed a significant amount of training since our last inspection; however, further improvements were still needed. We noted that there were still gaps in staff training, for example, 17 staff needed to complete dementia awareness training, four staff needed to complete safeguarding training and five staff needing to complete moving and handling training. The regional manager explained that they had recently commissioned a new provider who would be delivering all staff training from February 2016. The regional manager told us the new training provider would be responsible for ensuring all staff training was up-to-date and kept up-to-date in future.

We noted at our last inspection that staff had not received regular supervisions. During this inspection, we found that some staff we spoke with had recently had supervision; however, further improvements were needed to ensure all staff had regular supervision. We were sent a copy of an action plan which showed us work was on-going to train staff to facilitate supervision sessions and to continue to provide supervision to the rest of the staff team.

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 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 were being met. We saw that 12 people who lived at the home had a DoLS in place. We saw that the correct documentation and authorisations were in place. Staff had received training in the MCA and understood the steps to take if they felt someone was unable to consent due to changes or fluctuations in capacity.

We saw that people had signed their consent to some parts of their care plans, however, there were inconsistencies and it was not always clear whether people had agreed to the care and support provided or whether this was being provided in their best interests. We saw other examples where care files recorded '[Name] has capacity and is able to give consent', but did not document that consent had been sought either verbally or through a signed consent form.

We recommend that the registered provider seeks advice and guidance from a reputable source about recording consent to care and treatment.

Some people had 'Do not attempt cardio pulmonary resuscitation' (DNACPR) forms in place, which enable people to express their wishes regarding resuscitation.

During our tour of the home we saw that brightly painted doors and signage were in place to help orientate people living with dementia. However many of the bedroom doors did not have people's names on or any personalised visual images and reminders to help them identify their room.

A programme of redecoration had commenced and the regional manager said that there were plans to refurbish and redecorate the home, which was needed as some areas looked tired and worn. Each unit had access to an enclosed garden space although the furniture was in a poor state of repair and in need of replacement.

We recommend that the registered provider seeks advice and guidance from a reputable source on designing and maintaining a dementia friendly environment.

Requires Improvement

Is the service caring?

Our findings

People who used the service told us "It's lovely. I've been here 2 years. The staff are good. They are happy and that makes me happy", "The staff look after me" and "Lots of the carers are caring, but some of them talk to each other rather than attending to their work." Other people told us "Some of the staff are nice, but it varies as some treat me like a bag of rubbish."

A visitor we spoke with told us "I'm impressed no end with the staff here. A few months ago [Name] was in hospital and when we put them in here they were shouting, distressed and their memory had gone. Well [Name's] transformed here. The shouting and distress has gone." Other people we spoke with told us "The best thing about this home is the care. It's good."

We observed that there were planned activities during the day and we saw staff engaged in practical tasks supporting people living in the home; however, we saw limited examples of staff spending any individual time listening to, talking with or otherwise nurturing people living in the home. A visitor told us "I'd like more interaction"; whilst a member of staff said "There are not enough staff with time to chat to residents."

Care plans contained 'This is me' which recorded information about what was important to the person and about how they would like to be cared for. We also saw that 'Map of life' information was being implemented. This included past and current information about people's family, occupation, pets, memories and hobbies which enabled staff to get to know the person. Having information such as this is important, particularly where people have memory impairment, as it enables staff to communicate with people about things which matter. This showed us that there were systems in place to gather individualised information to support staff to get to know people using the service. However, we saw that sections containing person centred information had not yet been completed in all the care plans we looked at.

People we spoke with told us they had developed positive caring relationships with some of the staff. The home had a core group of permanent staff, which was supplemented by agency workers. Permanent staff we spoke with were knowledgeable about the people using the service and were able to tell us about different aspects of people's lives, their likes and dislikes. This showed us that staff knew and took an interest in the people they were supporting. One person using the service told us "I love gardening and [Name] helps me with my windowsill pot plants. In the summer they take me out into the garden. I love potatoes too. I asked them if I could grow potatoes and we grew some in a grow bag. [Name] takes a real interest and that helps a lot."

However, we noted that the high level of agency staff impacted on the continuity of care. Records showed that in the three week period before our visit 21 different agency staff had been used to provide care and support. Whilst this was necessary to maintain safe staffing levels, it impacted on people's ability to develop meaningful caring relationships with staff. One member of staff said "Someone different going in every time, it's unsettling for people", whilst a person using the service told us "These agency staff don't know us." The regional manager told us that they were actively recruiting permanent staff.

We observed that staff generally reacted quickly to situations, giving choice and promoting independence. For example, people were encouraged to choose what they ate for lunch.

People using the service told us they were treated with dignity and respect, with comments including "They're very respectful and treat me all right" and "Every morning they wash me from head to toe. They say 'please don't be embarrassed. We've seen it all before.' They also treat me with respect when I go to the toilet too."

During our last inspection we identified concerns that people were not supported to shower or bath regularly. This did not maintain people's dignity. During this inspection feedback received was more positive, with comments including "I can normally have a shower once a week, but all I've got to do is ask for a shower and I can have one" and "I have regular showers and the staff are very good. I get my hair done every week and my nails done too every six weeks."

We observed a number of positive interactions throughout the day between staff and people using the service. We saw staff treating people with dignity and respect in the way they spoke with and provided support to people. We noted that staff consistently knocked on people's doors before entering and that appropriate care and support was provided in communal areas.

Requires Improvement

Is the service responsive?

Our findings

We looked at six care files for people living at the home. Care plans had been reviewed and updated since our last visit. Care plans included lifestyle profiles, which held information about people's routines and what they enjoyed doing. We saw care plans for eating and drinking, mobility, personal care needs, communication, pain, social needs and end of life wishes. We found that care plans were generally person centred and not task led and we could see that work had gone in to improving these. However, we saw limited evidence that families or carers had been involved in this process. A visitor told us "When we first came here a lady interviewed us, but since then there's not been any review. It's overdue. I've not been kept in the loop. I want something formal."

We saw that staff met at the beginning of each shift to receive a handover of important information and we saw that a handover record was maintained for staff to reference during their shift. Care plans contained a running record of the care and support given to people using the service and this ensured that staff had access to information about people's changing needs.

However, we noted that the high number of agency staff needed to maintain safe staffing levels did impact on the level of personalised care given to people using the service. Some staff we spoke with were knowledgeable about people's needs and were able to use this information to ensure they provided responsive and personalised care to individuals. However, other staff we spoke with were less familiar with people's needs. For example, we asked one member of staff about the needs of the person they were supporting, they told us "I'm sorry, but I don't know the residents. I'm an agency carer. This is only my third visit." A visitor said "They need nurses desperately. They're all agency ones. There's no continuity" and a member of staff we spoke with commented "There's been a lot of improvements, but we need regular nurses." We saw that the registered provider kept a record of agency staff used and this showed that between three and nine agency staff had been used each day for the three week period before our visit. The regional manager told us that there was on-going recruitment, including recruitment for permanent nursing staff to reduce the use of agency workers.

We had a tour of the home and, with permission, looked in people's bedrooms. We saw that these were decorated to people's personal preferences. We observed that they were generally clean, tidy and most residents had personalised their rooms. A visitor told us "[Name's] room is nice. They've got everything they need. A TV and things."

We saw that people using the service had visitors throughout the day and that staff responded positively towards them and encouraged this. Visitors we spoke with told us they were made to feel welcome with one person commenting "The staff are nice. Every time we come they always stop and say hello."

The service employed an activities coordinator and there was evidence that people were supported to engage in a range of activities throughout the week. We were given a copy of an 'Activity folder' to look at. This contained laminated A4 cards each detailing different activities including bingo, dominoes, film, quizzes, hairdresser, exercises, cake making and painting. However, on the day of our inspection there were

no visible weekly activity programmes put up around the home and that week's activity programme was being written during the inspection.

Staff we spoke with told us "There are activities every day. Bingo, baking, quizzes, dominoes. We go out to the shop. We've had guitarists and singers, brass bands and even a donkey we took around people's rooms." People using the service said "I get to go to the activities. It helps in meeting people. This afternoon we have a singer, though it's not normal to do things in the afternoon and not much happens at weekends" and "It's very good. We've just had the singer and we do flower arranging. We've not done any trips I don't think. But my son comes and takes me out for walks."

We received mixed feedback from visitors about the activities with one person commenting "[Name] seems to be stimulated. They do quizzes and win prizes" and another person saying "There's just too little engagement…they don't do enough to help them interact with other people and things going on in the home."

During our inspection we watched three activity sessions including a game of bingo, a quiz and a visiting singer. These were attended by five, seven and 13 people respectively. We observed that some staff were more enthusiastic than others and more skilled at encouraging and supporting participation with the activities on offer. Outside of these planned activities we observed that people using the service predominantly spent time in their rooms, with only a few people eating in the communal dining rooms or making use of communal spaces. Staff we spoke with told us this was people's choice; however, we were concerned that people had become accustomed to spending time in their room due to historic problems with low staffing levels and the lack of stimulation and activities within the home.

The registered providers had a compliments and complaints policy in place at the time of our inspection. We saw that a copy of the complaints procedure was displayed in the entrance to the home. We reviewed records of compliments and complaints and saw that issues were documented and written responses provided. A visitor told us "If I have a problem I go straight to the office to get it sorted. We had a problem last week with the pureed food. I got it sorted. Normally they're responsive if there's an issue."

However, one person we spoke with told us "I'm afraid of victimisation. I'm so vulnerable. People have suffered here in the past when they've spoken up." This showed that people using the service did not always feel safe or able to speak out if there were issues or concerns worrying them. We also had concerns that despite criticisms and complaints about the food provided at Moorlands Care Home, there had been limited action taken to address this. One visitor told us "Nothing seems to get done about this chef or if it does, nobody tells us, We have no meetings and there are so many people in and out I don't know who to ask." This showed us that further work was needed to ensure that there were robust systems in place to listen and respond to feedback about the service.

We recommend the registered provider reviews the systems used to listen and learn from people's experiences.

We asked visitors if there were any relatives meetings and comments included "They used to have meetings, but we've not had one in a while" and "I think they're due to have a meeting with relatives in February. But they're waiting for the new manager."

Inadequate

Is the service well-led?

Our findings

During our last inspection of the home in August 2015, we found that people were not being appropriately supported to ensure that they ate and drank enough. Due to the severity of our concerns we issued a warning notice telling the registered provider that improvements must be made. During this inspection we found that the registered provider had not addressed our concerns and people were still not receiving appropriate support to ensure they drank enough. This showed us that there was ineffective leadership within the home as the registered provider had failed to appropriately and sufficiently act on a known risk placing people using the service at continued risk of harm.

We identified other areas where know issues and concerns had not been addressed. During our last inspection of the home in August 2015 we found that the care and treatment provided was not always safe and that the systems in place to monitor the quality of care and support were not robust enough. During this inspection we identified that the care and treatment provided was still not safe as people's medication was not managed effectively. We also identified that the systems in place to monitor the quality of the care and support were still ineffective in identifying and addressing concerns to drive improvements within the home. This showed us that the home was not well-led as there was an inability to appropriately respond to known concerns.

Moorlands Care Home did not have a registered manager in post at the time of our inspection. During the inspection the regional service manager was present and we were told that management of the home was being split between three managers. We were told that a new manager had been employed and they were due to commence in post at the end of February 2016.

We were told that different managers were in charge on different days and were each responsible for making improvements in particular areas, for example, addressing concerns with training and supervision or updating care plans and risks assessments. We were told that information was shared and then compiled onto an action plan detailing the changes and improvements made.

We found this approach to be disjointed. We found that different managers and the lack of a registered manager had caused confusion and uncertainty. A visitor said "Some days there's no manager. If there's an issue we have to go to the carers", whilst a health and social care professional we spoke with told us that they recently contacted the home and asked to speak to the manager, but the member of staff they spoke with was unclear of who to contact.

We found that changes in management and disjointed management had impacted on the running of the home and the improvements that needed to be made. For example, we identified concerns around staffing levels in the home during our inspection in August 2015. Whilst staffing levels had improved through the use of agency staff there had been limited progress in recruiting permanent members of staff in the intervening five months. At the time of our inspection an average of six agency staff were used each day for the three week period before our visit. People we spoke with raised concerns about the impact of using a high number of agency staff on the quality of care and support provided.

We asked to look at audits which were in place to monitor and improve quality at the home. The regional manager advised that they would be implementing a new audit tool. They told us that improvements were ongoing, but recognised that a lot of additional work was still needed.

We saw that audits had been carried out on care files, food and fluid charts, complaints, CQC compliance, infection prevention and control, record keeping, service user involvement, staff recruitment files, medication and the kitchen. However, although audits were being completed, they were not recording what actions were required and were not followed up to ensure that these actions had been completed. We were concerned that audits had not been used to identify and address the concerns we found during our inspection and which are documented throughout this report. We shared our concerns about the quality assurance system with the regional manager who agreed that further work was required.

We concluded that the management of the home was ineffective. Issues were not consistently identified and addressed; where issues were identified or had been reported to the registered provider, appropriate action had not been always been taken. This put people using the service at continued and on-going risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with expressed the hope that things would get better once a permanent manager was in post, one member of staff told us "We can't go any further down, the only way is up." Staff we spoke with told us they hoped the new manager would bring stability to the service and give clear leadership and direction. Comments included "I love it here, but things need to get so much better with the new manager", whilst one person told us "My great fear is that when a new manager comes in everything will change. I am very worried at the moment."

Although we had significant concerns about the management of the home people we spoke with said "I could recommend this place to your relative"; "They look after us well" and "It's all right. I've always got people to talk to. I couldn't do better than that. I like living here." However, feedback we received was not consistently positive with other people telling us "Would I recommend this home? You must be joking. I wouldn't recommend this place."

Visitors told us "If you'd have come here a while back it was bad, but this lot are trying. We can't fault them" and "I'm happy there's new management. My hope is things may change. On my last visit I noticed that [Name's] records had improved."

Staff we spoke with said "The atmosphere has changed, everyone is more positive", "There's been a big improvement since July - staffing levels, the atmosphere has improved. We've got a good team on days and have regular agency workers who work well as a team. We have been receiving positive feedback about the changes" and "It's a happy place to work and we all cover for each other." However, other people told us "I don't see that much has changed, there's still no manager and still not getting service users in. They are looking to recruit new nurses, but we're not moving on, not seeing the changes, lots of talk."

We saw that staff meetings were held, the last being in December 2015. We saw that a range of topics were discussed to bring about improvements to the service. This showed us that the registered providers were sharing information with staff. The registered provider had also introduced a new updated policies and procedure to support staff in carrying out their roles effectively.