

Veatreedy Development Ltd

# Moorland Nursing Home

## Inspection report

Moorland Road  
Poulton Le Fylde  
Lancashire  
FY6 7EU

Tel: 01253883457

Date of inspection visit:  
10 March 2016

Date of publication:  
28 April 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 04 and 13 November 2015, at which a two breaches of legal requirements were found. This was because medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment.) We also identified a breach of legal requirement in relation to the recruitment processes in place. We found not all recruitment checks were carried out prior to a staff member starting work at the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed.)

We carried out this unannounced focused inspection on the 10 March 2016 to see if improvements had been made. We also checked complaints were responded to appropriately. This was because we received some information of concern the processes for complaints were not always followed.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Moorland Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Moorland Nursing Home is situated in a residential area in Poulton-le-Fylde. The service provides accommodation for up to 22 people. It is a care home that provides nursing and personal care. All areas of the home are accessible and there are aids to assist people with their mobility. Some rooms have en-suite facilities. At the time of the inspection there were 14 people living at the home.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During the inspection we spoke with the manager. They told us they had recently started to work at Moorland Nursing Home and were committed to ensuring improvements were made.

At our focused inspection on the 10 March 2015 we found some improvements had been made. We found safe recruitment processes were in place to ensure people of suitable character were employed by the registered provider. Although we found the management of medicines had improved, we also found further improvements were required. This related to the risk assessment of medicines and the application of topical creams. In addition we found improvements were required in relation to the medicine audit being used. We have made a recommendation about the management of some medicines.

We looked at a completed complaint. We found this had been responded to within the timeframe specified within the registered provider's complaints policy. However the response was not detailed and did not respond to the concerns raised. We have made a recommendation regarding this.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People could not always be assured they would receive some of their medicines safely.

Recruitment checks were carried out to ensure prospective employees were of suitable and good character.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

There was a complaints policy in place to enable peoples' complaints to be addressed; we found this was not always followed.

**Requires Improvement** ●

# Moorland 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 was carried out on the 10 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor. A specialist advisor is someone who has specialist knowledge. The specialist advisor at this inspection was a pharmacist.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection carried out on 10 March 2016, we spoke with three people who lived at Moorland Nursing Home and three relatives. We spoke with the registered provider and the manager. We also spoke with three care staff and a registered nurse.

We looked at a range of documentation which included four care records and a sample of medication and administration records. We also looked at the complaints policy and the complaints file.

# Is the service safe?

## Our findings

People who lived at the home told us they received their medicines safely. Comments we received included, "I get all my medicine on time and the right ones." And, "Staff are good with my ointment. They put it on if I ask or if my skin's sore they'll tell me and put it on if I agree."

At our comprehensive inspection of Moorland Nursing Home on 04 and 13 November 2015 we found medicines were not always managed safely. For example we found ordering of medicines was not always well managed; we saw two people had not been administered their prescribed medicines because nursing staff had not acted appropriately to obtain new supplies. This was a breach of Regulation 12 of the health and Social Care Act 2014 (Safe care and treatment.)

During this inspection carried out in March 2016, we found some improvements had been made.

We looked at six medicine administration records and found that people's allergy status was clearly recorded. Medicine administration records were clear and there were no gaps in administration signatures seen. This indicated people had received their medicines as prescribed. We found two medicine charts had been handwritten by staff. These had been double checked for accuracy. This minimised the risk of error occurring.

We looked at medicine records for two people who had been newly admitted to the home. We found complete and accurate information about people's medicines had been received and recorded. This helped ensure people received their medicines as prescribed.

We looked at four medicines prescribed 'when required' (PRN.) PRN medicines may be given when they are needed. We found clear written protocols were in place for staff to follow. This helped ensure medicines were given appropriately when they were needed.

One person was prescribed a medicine to prevent strokes and blood clots. This required regular blood testing. We found national guidance from the National Patient Safety Agency was followed. There was a copy of the appropriate prescribing record kept of the current dose so the risk of error when the medicine was administered was minimised.

We looked at eleven topical records for creams and found care planning information in place for eight creams. The information included a body map showing exactly where the cream was to be applied and also details of what it was for. Overall, there were improvements found with the recording of topical creams. We spoke with two people who confirmed they received their topical creams as they needed them. They told us they were confident staff knew what the creams were for and how to apply them. In addition we spoke with one member of staff who was knowledgeable regarding a person's needs in relation to this.

We noted two discrepancies. We found one person was prescribed and received a treatment cream once a day. Their care planning information detailed the dose to be applied twice a day. Another person was

prescribed a topical cream. The medicines administration record was marked with 'discontinued' but the cream was in the person's room and was still being applied daily. We discussed this with the manager. They told us they carried out a documented medicine audit which checked medicine records, creams and stock levels of medicines. The documentation we viewed did not clearly evidence the checks in place.

We spoke with one person who told us they managed their own inhaler. They told us this was their preference. They showed us the inhaler and told us staff were supportive of their right to manage their own medicines. The medicines administration records documented the person administered their own inhaler. We found there was no risk assessment in place to ensure any risks were identified, documented and managed.

At the inspection carried out on 04 and 13 November 2015 we found improvements were required to ensure people of good character were employed. For example we found one person had been permitted to start work prior to their DBS check being received. This is a check that helps ensure suitable people were employed. In addition we found two staff members had been permitted to work with personal references and no employer's reference. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Fit and proper persons employed.)

During this inspection carried out in March 2016 we found improvements had been made. We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member started work at the home. We spoke with one staff member who told us they had completed a disclosure and barring check (DBS) prior to being employed. They also told us suitable references had been obtained before they started to work at the home. We reviewed the files of four staff who had recently been employed and saw the required checks were completed. This demonstrated safe recruitment checks were carried out.

We recommend the registered provider seeks and implements best practice guidance in relation to the auditing of medicines.

We recommend the registered provider seeks and implements best practice guidance in relation to the risk assessing of medicines administered by people who live at the home.

## Is the service responsive?

### Our findings

Prior to this inspection carried out in March 2016, we received information that complaints were not always responded to appropriately. We checked to see a complaints process was in place and followed in practice. We asked two people who lived at Moorland Nursing Home if they were knowledgeable of the complaints process. Both the people we spoke with told us they would speak with the manager or the registered provider if they had concerns they wished to raise. We also spoke with three relatives. They told us they would speak with the registered provider if they had any concerns.

We spoke with staff who told us if a complaint was made, this would be passed to the manager or registered provider. Staff told us they would use the on-call system to pass on this information, if this was necessary.

We viewed the complaints policy in place at the home. We saw this detailed formal complaints would receive a written response within 28 days. In addition the response would outline the findings of any investigation and any actions proposed. We viewed the most recent complaint and saw this had been responded to within the timeframe specified in the policy. We viewed the investigation findings and the response sent. We noted the response did not outline the findings of the investigation. The registered provider had not adhered to the policy in place at Moorland Nursing Home. We discussed this with the registered provider who agreed with our findings.

We recommend the registered provider seeks and implements best practice guidance in relation to the management and response of complaints.